Substance Abuse Treatment
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OxyContin®: Prescription Drug Abuse—2006 Revision

From the CSAT Director

by H. Westley Clark, M.D., J.D., M.P.H., CAS, FASAM

The media have issued numerous reports about the apparent increase in OxyContin® abuse and addiction. Some of these reports include the following:

- In Madison, Wisconsin, a task force reported a dramatic increase in OxyContin cases since 2003. Most OxyContin making its way onto the streets of Madison and nearby communities was believed to have been stolen from local pharmacies.[1]
- The police chief in Billerica, Massachusetts, reported a "dramatic increase in OxyContin abuse."[2]
- The distribution of OxyContin in Virginia was reported to be well above the national average. In the counties of far southwest Virginia, where the hard physical labor of coal mining and farming leads to a higher incidence of injuries, OxyContin prescriptions were generally 500 percent above the national average.[3]
- Sixty-nine percent of police chiefs and sheriffs said they have witnessed an increase in the abuse of painkillers such as OxyContin. The areas most affected are eastern Kentucky, New Orleans, southern Maine, Philadelphia, southwestern Pennsylvania, southwestern Virginia, Cincinnati, and Phoenix.[4]

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OxyContin® Frequently Asked Questions

Q: What is OxyContin?

A: OxyContin is a semisynthetic opioid analgesic prescribed for chronic or long-lasting pain. The medication's active ingredient is oxycodone, which is also found in drugs like Percodan® and Tylox®. However, OxyContin contains between 10 and 80 milligrams (mg) of oxycodone in a timed-release tablet. Painkillers such as Tylox contain 5 mg of oxycodone and often require repeated doses to bring about pain relief because they lack the timed-release formulation.

Q: How is OxyContin used?

A: OxyContin, also referred to as "Oxy," "O.C.," and "Oxycotton" on the street, is legitimately prescribed as a timed-release tablet, providing as many as 12 hours of relief from chronic pain. It is often prescribed for cancer patients or those with chronic, long-lasting back pain. The benefit of the medication to people who suffer from chronic pain is that they generally need to take the pill only twice a day, whereas a dosage of another medication would require more frequent use to control the pain. The goal of chronic pain treatment is to decrease pain and improve function.

Q: How is OxyContin abused?

A: People who abuse OxyContin either crush the tablet and ingest or snort it or dilute it in water and inject it. Crushing or diluting the tablet disarms the timed-release action of the medication and causes a

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
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From the Director

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These reports may reflect some of your experiences: We know many of you are treating clients addicted to OxyContin.

OxyContin has been heralded as a miracle drug that allows patients with chronic pain to resume a normal life. It has also been called pharmaceutical heroin and is thought to have been responsible for a number of deaths and robberies in areas where its abuse has been reported. Patients who legitimately use OxyContin fear that the continuing controversy will mean tighter restrictions on the medication. Those who abuse OxyContin reportedly go to great lengths—legal or illegal—to obtain the powerful drug.

At the Center for Substance Abuse Treatment (CSAT), we are not interested in fueling the controversy about the use or abuse of OxyContin. As the Federal Government's focal point for addiction treatment information, CSAT is instead interested in helping professionals on the front line of substance abuse treatment by providing you with the facts about OxyContin, its use and abuse, and how to treat individuals who present at your treatment facility with OxyContin concerns. Perhaps these individuals are taking medically prescribed OxyContin to manage pain and are concerned about their physical dependence on the medication. Perhaps you are faced with a young adult who thought that OxyContin was a "safe" recreational drug because, after all, doctors prescribe it. Possibly changes in the availability or quality of illicit opioid drugs in your community have led to abuse of and addiction to OxyContin.

Whatever the reason, OxyContin is being abused, and people are becoming addicted. And in many instances, these people are young adults unaware of the dangers of OxyContin. Many of these individuals mix OxyContin with alcohol and drugs, and the result is all too often tragic.

Abuse of prescription drugs is not a new phenomenon. You have undoubtedly heard about abuse of Percocet®, hydrocodone, and a host of other medications. What sets OxyContin abuse apart is the potency of the drug. Treatment providers in affected areas say that they were unprepared for the speed with which an OxyContin "epidemic" developed in their communities.

We at CSAT want to make sure that you are prepared if OxyContin abuse becomes a problem in your community. This revised issue of the original *Substance Abuse Treatment Advisory* on OxyContin will help prepare you by

- Answering frequently asked questions about OxyContin
- Providing you with general information about semisynthetic opioids and their addiction potential
- Summarizing evidence-based protocols for treatment
- Providing you with resources for further information

For more information about OxyContin abuse and treatment, see our resource boxes on pages 6 and 7. Feel free to copy the information in the *Substance Abuse Treatment Advisory* and share it with colleagues so that they, too, can have the most current information about this critically important topic. ■

Three Ways To Obtain Free Copies of All CSAT Products:

1. Call SAMHSA's NCADI at 800–729–6686; TDD (hearing impaired) 800–487–4889
2. Visit NCADI's Web site, www.ncadi.samhsa.gov
3. Access TIPs on line at www.kap.samhsa.gov

Treatment and Detoxification Protocols

OxyContin® is a powerful drug that contains a much larger amount of the active ingredient, oxycodone, than other prescription opioid pain relievers. Whereas most people who take OxyContin as prescribed do not become addicted, those who abuse their pain medication or obtain it illegally may find themselves becoming rapidly dependent on, if not addicted to, the drug.

Two types of treatment have been documented as most effective for opioid addiction. One is a long-term, residential, therapeutic community type of treatment, and the other is long-term, medication-assisted outpatient treatment. Clinical trials using medications to treat opioid addiction have generally included subjects addicted to diverted pharmaceutical opioids as well as to illicit heroin. Therefore, there is no medical reason to suppose that the patient addicted to diverted pharmaceutical opioids is any less likely to benefit from medication-assisted treatment than the patient addicted to heroin.

Some patients who are opioid addicted who have very good social supports may occasionally be able to benefit from antagonist treatment with naltrexone. This treatment works best if the patient is highly motivated to participate in treatment and has undergone adequate detoxification from the opioid of abuse. Most patients who are opioid addicted in outpatient therapy, however, do best with medication that is either an agonist or a partial agonist. Methadone is the agonist medication most commonly prescribed for opioid addiction treatment in this country. Buprenorphine is the only partial agonist approved by the Food and Drug Administration for opioid addiction treatment.

The guidelines for treating OxyContin addiction or dependence are basically no different than the guidelines the Center for Substance Abuse Treatment (CSAT) uses for treating addiction to or dependence on *any* opioid. However, because OxyContin contains higher dose levels of opioid than are typically found in other oxycodone-containing pain medications, higher dosages of methadone or buprenorphine may be needed to appropriately treat patients who abuse OxyContin.

Methadone or buprenorphine may be used for OxyContin addiction treatment or, for that matter, treatment for addiction to any other opioid, including the semisynthetic opioids. Medication-assisted treatment for prescription opioid abuse is not a new treatment approach. For instance, in 2002, Alaska estimated that 15,000 people abused prescription opioids in the State and that most patients receiving methadone were not addicted to heroin. In addition, a significant percentage of patients in publicly supported methadone programs were not being treated for heroin addiction but for abuse of semisynthetic opioids (e.g., hydrocodone). The Substance Abuse and Mental Health Services Administration (SAMHSA) Drug Abuse Warning Network emergency room data show that both oxycodone and hydrocodone mentions increased dramatically in the United States between 1995 and 2002.[9] And when Arkansas opened its first methadone maintenance clinic in December 1993, the vast majority of its clients were not admitted for heroin addiction but for semisynthetic opioid abuse. These individuals had been traveling to other States for treatment because methadone treatment was not available near their homes.

Using the criteria on page 5 describing the difference between addiction to and dependence on OxyContin, you may be able to determine whether a patient requires treatment for opioid addiction. If this is the case, methadone or buprenorphine may be used for withdrawal. For certain patient populations, including those with many treatment failures, methadone or buprenorphine is the treatment of choice.[10]

"As substance abuse treatment professionals, we have the responsibility for learning as much as we can about OxyContin and then providing appropriate treatment for people addicted to it. Appropriate treatment will nearly always involve prescribing methadone, buprenorphine, or, in some cases, naltrexone," says H. Westley Clark, M.D., J.D., Director of CSAT. "Programs that do not offer medication-assisted treatment will need to refer patients who are addicted to OxyContin to programs that do," he adds.

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Treatment and Detoxification Protocols

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It is important to assess an individual's eligibility for medication-assisted treatment with methadone or buprenorphine to determine whether he or she is eligible for this type of treatment and whether it would be appropriate. The assessment may take place in a hospital emergency department, central intake unit, or similar place. Final assessment of an individual's eligibility for medication-assisted treatment must be completed by treatment program staff. The preliminary assessment should include the following areas:[11]

- Determining the need for emergency care
- Diagnosing the presence and severity of opioid dependence
- Determining the extent of alcohol and drug abuse
- Screening for co-occurring medical and psychiatric conditions
- Evaluating an individual's living situation, family and social problems, and legal problems ■

"...we have the responsibility for learning as much as we can about OxyContin, and then providing appropriate treatment for people who are addicted to it."

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OxyContin Frequently Asked Questions

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quick, powerful high. Those who abuse OxyContin have compared this feeling to the euphoria they experience when taking heroin. In fact, in some areas, the use of heroin is overshadowed by the abuse of OxyContin.

Purdue Pharma, OxyContin's manufacturer, has taken steps to reduce the potential for abuse of OxyContin and other pain medications. Its Web site lists the following initiatives: funding educational programs to teach healthcare professionals how to assess and treat patients suffering from pain, providing prescribers with tamper-proof prescription pads, developing and distributing more than 1 million brochures to pharmacists and healthcare professionals to help educate them about medication diversion, working with healthcare and law enforcement officials to address prescription drug abuse, and endorsing the development of State and national prescription drug monitoring programs to detect diversion. In addition, the company is attempting to research and develop other pain management products that will be more resistant to abuse and diversion. The company estimates that it will take significant time for such products to be brought to market.

For more information, visit Purdue Pharma's Web site at www.purduepharma.com or call the company at 203–588–8069.

Q: How does OxyContin abuse differ from abuse of other pain prescriptions?

A: Abuse of prescription pain medications is not new. Two primary factors, however, set OxyContin abuse apart from other prescription drug abuse. First, OxyContin is a powerful drug that contains a much larger amount of the active ingredient, oxycodone, than other prescription pain relievers. By crushing the tablet and either ingesting or snorting it, or by injecting diluted OxyContin, people who abuse the opioid feel its powerful effects in a short time, rather than over a 12-hour span. Second, great profits can be made in the illegal sale of OxyContin. A 40-mg pill costs approximately $4 by prescription, yet it may sell for $20 to $40 on the street, depending on the area of the country in which the drug is sold.[5]

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OxyContin Frequently Asked Questions

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OxyContin can be comparatively inexpensive if it is legitimately prescribed and if its cost is covered by insurance. However, the National Drug Intelligence Center reports that people who abuse OxyContin may use heroin if their insurance will no longer pay for their OxyContin prescription because heroin is less expensive than OxyContin that is purchased illegally.[6]

Q: Why are so many crimes reportedly associated with OxyContin abuse?

A: Many reports of OxyContin abuse have occurred in rural areas that have housed labor-intensive industries, such as logging or coal mining. These industries are often located in economically depressed areas, as well. Therefore, people for whom the drug may have been legitimately prescribed may be tempted to sell their prescriptions for profit. Substance abuse treatment providers say that the addiction is so strong that people will go to great lengths to get the drug, including robbing pharmacies and writing false prescriptions.

Q: What is the likelihood that a person for whom OxyContin is prescribed will become addicted?

A: Most people who take OxyContin as prescribed do not become addicted. The National Institute on Drug Abuse reports: "Long-term use [of opioids] can lead to physical dependence—the body adapts to the presence of the substance and withdrawal symptoms occur if use is reduced abruptly. This can also include tolerance, which means that higher doses of a medication must be taken to obtain the same initial effects. . . . Studies have shown that properly managed medical use of opioid analgesic compounds is safe and rarely causes addiction. Taken exactly as prescribed, opioids can be used to manage pain effectively."[7]

One review found, "A multitude of studies indicate that the rate of opioid addiction in populations of chronic pain sufferers is similar to the rate of opioid addiction within the general population, falling in the range of 1 to 2 percent or less."[8]

In short, most individuals who are prescribed OxyContin, or any other opioid, will not become addicted, although they may become dependent on the drug and will need to be withdrawn by a qualified physician. Individuals who are taking the drug as prescribed should continue to do so, as long as they and their physician agree that taking the drug is a medically appropriate way for them to manage pain.

Q: How can I determine whether a person who uses OxyContin is dependent on rather than addicted to OxyContin?

A: When pain patients take an opioid analgesic as directed, or to the point where their pain is adequately controlled, it is not abuse or addiction. Abuse occurs when patients take more than is needed for pain control, especially if they take it to get high. Patients who take their medication in a manner that grossly differs from a physician's directions are probably abusing that drug.

If a patient continues to seek excessive pain medication after pain management is achieved, the patient may be addicted. Addiction is characterized by the repeated, compulsive use of a substance despite adverse social, psychological, and/or physical consequences. Addiction is often (but not always) accompanied by physical dependence, withdrawal syndrome, and tolerance. Physical dependence is defined as a physiologic state of adaptation to a substance. The absence of this substance produces symptoms and signs of withdrawal. Withdrawal syndrome is often characterized by overactivity of the physiological functions that were suppressed by the drug and/or depression of the functions that were stimulated by the drug. Opioids often cause sleepiness, calmness, and constipation, so opioid withdrawal often includes insomnia, anxiety, and diarrhea.

Pain patients, however, may sometimes develop a physical dependence during treatment with opioids. This is not an addiction. A gradual decrease of the medication dose over time, as the pain is resolving, brings the former

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OxyContin Frequently Asked Questions

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pain patient to a drug-free state without any craving for repeated doses of the drug. This is the difference between the patient treated for pain who was formerly dependent and has now been withdrawn from medication and the patient who is opioid addicted: The patient addicted to diverted pharmaceutical opioids continues to have a severe and uncontrollable craving that almost always leads to eventual relapse in the absence of adequate treatment. This uncontrollable craving for another "rush" of the drug differentiates the patient who is "detoxified" but opioid addicted from the former pain patient. Theoretically, a person who abuses opioids might develop a physical dependence but obtain treatment in the first few months of abuse, before becoming addicted. In this case, supervised withdrawal (detoxification) followed by a few months of abstinence-oriented treatment might be sufficient for the patient who is not addicted who abuses opioids. If, however, this patient subsequently relapses to opioid abuse, then that behavior would support a diagnosis of opioid addiction. If the patient has several relapses to opioid abuse, he or she will require long-term treatment for the opioid addiction. (See the section titled Treatment and Detoxification Protocols on page 3 to learn more about treatment options.)

Q: I work at a facility that does not use medication-assisted treatment. What treatment should I provide to individuals addicted to or dependent on OxyContin?

A: The majority of U.S. treatment facilities do not offer medication-assisted treatment. However, because of the strength of OxyContin and its powerful addiction potential, medical complications may be increased by quickly withdrawing individuals from the drug. Premature withdrawal may cause individuals to seek heroin, and the quality of that heroin will not be known. In addition, these individuals, if injecting heroin, may also expose themselves to HIV and hepatitis. Most people addicted to OxyContin need medication-assisted treatment. Even if individuals have been taking OxyContin legitimately to manage pain, they should not stop taking the drug all at once. Instead, their dosages should be tapered down until medication is no longer needed. If you work in a drug-free or abstinence-based treatment facility, it is important to refer patients to facilities where they can receive appropriate treatment. (See SAMHSA Resources, page 7.) ■

Treatment Improvement Protocols (TIPs) and Collateral Products Addressing Opioid Addiction Treatment

TIP 40 *Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction* **BKD500**

Quick Guide for Physicians Based on TIP 40: Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction **QGPT40**

KAP Keys for Physicians Based on TIP 40: Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction **KAPT40**

TIP 43 *Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs* **BKD524**

Quick Guide for Clinicians Based on TIP 43: Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs **QGCT43**

KAP Keys for Clinicians Based on TIP 43: Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs **KAPT43**

Notes

1. WISC-TV. *OxyContin: The Good, The Bad, The Deadly.* Broadcast transcript. Madison, WI: WISC-TV, February 14, 2006. www.channel3000.com/health/7013912/detail.html [accessed March 2, 2006].

2. Crane, J.P. Drug use by young raises flag. *The Boston Globe,* February 5, 2006. www.boston.com/news/local/articles/2006/02/05/drug_use_by_young_raises_flag [accessed March 2, 2006].

3. Hammack, L. Painkiller prescriptions up significantly in region. *The Roanoke Times*, March 28, 2004. www.roanoke.com/roatimes/news/story164817.html [accessed March 2, 2006].

4. Reuters. Powerful painkillers fueling U.S. crime rate. Redmond, WA: MSNBC.com., March 10, 2005. ww.msnbc.msn.com/id/7141313 [accessed March 2, 2006].

5. National Drug Intelligence Center. *Intelligence Bulletin: OxyContin Diversion, Availability, and Abuse.* Johnstown, PA: National Drug Intelligence Center, U.S. Department of Justice, August 2004. www.usdoj.gov/ndic/pubs10/10550/10550p.pdf [accessed March 3, 2006].

6. National Drug Intelligence Center. Pharmaceuticals. In: *National Drug Threat Assessment 2004.* Johnstown, PA: National Drug Intelligence Center, U.S. Department of Justice, April 2004. www.usdoj.gov/ndic/pubs8/ 8731/8731p.pdf [accessed March 3, 2006].

7. National Institute on Drug Abuse (NIDA). *NIDA Infofacts: Prescription Pain and Other Medications.* Washington, DC: NIDA, National Institutes of Health, 2005. www.drugabuse.gov/infofacts/PainMed.html [accessed March 3, 2006].

8. Fisher, F.B. Interpretation of "aberrant" drug-related behaviors. *Journal of American Physicians and Surgeons* 9(1):25–28, 2004.

9. Substance Abuse and Mental Health Services Administration (SAMHSA). *Emergency Department Trends From the Drug Abuse Warning Network: Final Estimates 1995–2002*. DAWN Series D-24. DHHS Publication No. (SMA) 03-3780. Rockville, MD: SAMHSA, 2003. dawninfo.samhsa.gov/old_dawn/pubs_94_02/edpubs/2002final [accessed March 2, 2006].

10. Center for Substance Abuse Treatment. *Detoxification and Substance Abuse Treatment.* Treatment Improvement Protocol (TIP) Series 45. DHHS Publication No. (SMA) 06-4131. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2006.

11. Center for Substance Abuse Treatment. Initial screening, admission procedures, and assessment techniques. In: *Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs*. Treatment Improvement Protocol (TIP) Series 43. DHHS Publication No. (SMA) 05-4048. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2005, pp. 43–61.

SAMHSA Resources

To find a substance abuse treatment facility near you, visit the Substance Abuse Treatment Facility Locator at www.findtreatment.samhsa.gov. Call the Substance Abuse and Mental Health Services Administration Substance Abuse Treatment Hotline at 800–662–HELP for substance abuse treatment referral information.

For More Information About Treatment for Opioid Addiction

Sign up for SAMHSA's Information Mailing System (SIMS) to receive information about the following topics:

- Grant announcements
- Funding opportunities such as competitive contract announcements
- Prevention materials and publications
- Treatment- and provider-oriented materials and publications
- Research findings and reports
- Announcements of available research data sets
- Policy announcements and materials

To sign up for this free service, use one of the following methods to contact SIMS:

Web: http://sims.health.org

Mail: SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI)
Attn: Mailing List Manager
P.O. Box 2345
Rockville, MD 20847–2345

Phone: 800–729–6686

Fax: 301–468–6433
Attn: Mailing List Manager

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