

Oxycodone

What is oxycodone?

Oxycodone is a pharmaceutical opioid commonly used for the management of pain. Common brands of oxycodone include Oxycontin, Oxynorm and Endone. There are also oxycodone products that also contain naloxone (e.g. Targin).

Opioids are depressant drugs, which slow down the activity of the central nervous system and messages going between the brain and the body. Opioids, which include pain medications and the drug heroin, can cause sedative and euphoric feelings.

Oxycodone is used to manage acute and chronic pain, as well as cancer-related pain. In Australia, oxycodone can only be obtained with a doctor's prescription. It is not legal to possess, use or distribute oxycodone without a prescription from a doctor.

Non-medical use of pharmaceutical opioid medications refers to use that occurs outside a doctor's prescription, and is an increasing concern in Australia. Non-medical use of pharmaceutical opioids includes when medications are taken orally outside of a doctor's instruction, in addition to snorting or injecting the crushed and dissolved tablets.

A new, abuse-deterrent formulation was introduced to the Australian market in 2014 in response to a growing trend of injection of oxycodone tablets. The new oxycodone formulation makes the tablets more difficult to break up and dissolve. Early findings from a study conducted by NDARC show that the new formulation has been effective in reducing tampering.

How many people use oxycodone?

According to the [2013 National Drug Strategy Household survey](#), 14.5% of Australians aged 14 years or older reported having used oxycodone in the previous 12 months; however the survey did not distinguish between medical and non-medical use.

The survey showed that two in 500 people (0.4%) reported recent use of some form pharmaceutical opioids for non-medical purposes. In this survey males were twice as likely to use pharmaceutical opioids for non-medical purposes as females, and use was highest among people aged 55 and older.

The number of prescriptions for oxycodone increased about 15-fold in 20 years from around 200,000 in 1992 to almost three million in 2012.

What are the effects?

- The immediate effects of opioids such as oxycodone include **analgesia** (relief from pain) and **euphoria** (feeling of wellbeing).

What are the risks?

Adverse consequences are associated with opioid use, even when used in accordance with medical directions.

Some side effects from normal doses may include nausea, vomiting, respiratory depression, constipation, drowsiness and confusion. Inappropriately high doses can produce respiratory depression and circulatory failure.



Between 2001 and 2011 oxycodone-related deaths increased by seven-fold with around 800 deaths in total. Almost half of these deaths involved people with chronic pain and around four in ten were people who had a legal prescription.

When medications are used outside the guidelines for safe and effective use, adverse effects may be more likely, particularly overdose if higher doses are used, opioids are injected, or opioid medications are combined with other sedatives, such as alcohol or benzodiazepines.

Additional risks of injection include:

- **harms from injecting tablet particles** that can lodge in blood vessels and small capillaries in the lungs
- **risks of blood-borne viral infections** (BBVIs) if injection equipment is shared
- **harms related to injection of non-sterile preparations** not intended for injection
- **risks of polydrug use**
- **harm related to pre-existing conditions** for which opioids may be contra-indicated

Because of the dependence liability of opioids, the risk of developing dependent use may also be particularly great if used outside, or without, medical supervision.

Treatment for opioid dependence

Research from NDARC has shown that the number of people seeking treatment for oxycodone dependence is increasing (around three-fold between 2002 and 2011).

One of the more common treatments for opioid dependence is opioid substitution treatment. There is growing evidence to demonstrate that opioid substitution treatment is effective for pharmaceutical opioid dependence, and the effectiveness for heroin dependence is well established.

Opioid substitution treatment is also called medication-assisted treatment of opioid dependence (MATOD). The most common medicines used in Australia are methadone, buprenorphine and naltrexone.

More information on MATOD is available at: <https://ndarc.med.unsw.edu.au/resource/medication-assisted-treatment-opioid-dependence-your-questions-answered>.

Other treatment options include residential rehabilitation, a drug-free treatment modality, requiring residence in the treatment agency, subsequent to having undertaken detoxification. Programs may be of short (approximately 1 month) or longer (at least 3-6 months). Counselling and withdrawal-management are other forms of treatment that are available.