



## OxyContin Use and Abuse

**QUESTION:** OxyContin® (Purdue Pharma, Stamford, CT) use by recreational users and people with substance abuse histories has received a great deal of media attention lately, and patients with cancer are worried that this medication—or any other opioids—will not be available when they need pain relief. What is being done about this and what can nurses do?

**ANSWER:** OxyContin is a controlled-release form of the opioid analgesic oxycodone hydrochloride. The drug is supplied in 10 mg, 20 mg, 40 mg, 80 mg, and 160 mg tablet strengths for oral administration and is designed to provide controlled delivery of oxycodone over a 12-hour period (Purdue Pharma LP, 2001). OxyContin is indicated for the management of moderate to severe pain for patients who are opioid tolerant (Citron et al., 1998). OxyContin's other therapeutic effects include anxiolysis, euphoria, and feelings of relaxation (Purdue Pharma). However, the latter effects have led to recent abuse and street popularity of OxyContin.

The manufacturer of OxyContin, healthcare professionals, law enforcers, and the media have noted that abuse of the drug is increasing rapidly (Baumrucker, 2001). The abuse or diversion of this drug originally began in remote communities in West Virginia and now has spread through the Appalachian area, as well as to Maine. In December 2001, an Indiana physician was arrested on federal charges that he defrauded Medicaid by illegally prescribing hundreds of doses of the drug to a person connected to a drug-selling ring; this physician is one of several physicians who were arrested in 2001 in cases involving OxyContin prescriptions, and, if convicted on all charges, he could be sentenced to a maximum of 25 years in prison (Meier, 2001).

This controlled-release drug is crushed to disable the sustained-release coating and then snorted or injected to produce an immediate effect. This instant euphoria is making OxyContin a popular recreational drug, and its rapid spread is being compared to the cocaine and heroin epidemic of the late 1980s. As with these other drugs, several deaths have been attributed to OxyContin (Charatan, 2001).

All prescription narcotics have the potential for abuse; however, recent intense media scrutiny focusing on OxyContin has heightened the awareness of this problem. Although this attention has resulted positively in concrete efforts to combat prescription drug abuse, the concentrated focus on the addictive potential of OxyContin has overshadowed its use as an effective and legitimate analgesic (Simoni-Wastila & Tompkins, 2001).

A variety of initiatives have been implemented by Purdue Pharma to prevent the diversion of prescription pain medications. Examples of these initiatives include tamper-resistant prescription pads; instructive programs for the public, healthcare professionals, and law enforcement; and funding for research to promote development of prescription-monitoring programs, as well as future advancement of abuse-resistant medicines.

Healthcare providers must assume responsibility for self-education regarding the abuse and diversion of prescription drugs. Physicians and nurses should familiarize themselves with the appropriate prescribing methods, patient education, and follow-up care for those whose pain-control regimens include not only OxyContin but other prescription narcotics as well.

Patient education is a critical element in the battle against drug abuse. Generally, education about pain management focuses on correcting misconceptions regarding opioids and dispelling fears that may impede the legitimate use of analgesics. Information related to the potential for abuse and diversion of prescription narcotics may have been relegated to a lesser role, fostering ignorance concerning the responsibilities inherent in the possession of narcotics for medical purposes. Healthcare providers, patients, pharmaceutical companies, and law enforcement agencies must form a collaborative alliance, the central focus of which is to promote the awareness of critical information pertinent to the use of prescription narcotics. The objective of this effort must be to publicize the need for cautious handling and management of OxyContin, which helps to decrease the incidence of diversion and abuse without restricting its use as a legitimate analgesic for people experiencing pain.

The abuse of OxyContin is tainting the name of a reputable and effective pain medication. Healthcare providers must acknow-

ledge that the properties of this drug that make it potentially addictive and dangerous for recreational users also make it effective for patients with cancer who experience chronic pain. Because of this, healthcare providers need to work to protect its use and prevent its abuse (Sullivan, 2001). For more information regarding OxyContin and Purdue Pharma's efforts to prevent its diversion, contact your local Purdue Pharma representative or visit the Purdue Pharma Web site at [www.partnersagainstpain.com](http://www.partnersagainstpain.com).

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## References

- Baumrucker, S.J. (2001). OxyContin, the media, and law enforcement. *American Journal of Hospital Palliative Care*, 18, 154–156.
- Charatan, F. (2001). Time-release analgesic drug causes fatal overdoses in United States. *Western Journal of Medicine*, 175, 82.
- Citron, M.L., Kaplan, R., Parris, W.C., Croghan, M.K., Herbst, L.H., Rosenbluth, R.J., et al. (1998). Long-term administration of controlled-release oxycodone tablets for the treatment of cancer pain. *Cancer Investigation*, 16, 562–571.
- Meier, B. (2001, December 23). Indiana doctor faces charges in OxyContin case. *The New York Times*, p. A19.
- Purdue Pharma LP. (2001). *OxyContin (oxycodone HCl controlled-release) product information* [Brochure]. Stamford, CT: Author.

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