

Oxycodone



What is oxycodone?

Oxycodone is a prescription pain medication—an opioid drug, like morphine, codeine and methadone.

It is found in several products:

- in combination with other drugs, in products such as Percocet, Oxycocet and Endocet
- by itself in immediate-release (IR) products, such as Oxy-IR
- by itself in controlled-release (CR) products, such as OxyContin (no longer available), OxyNEO, Apo-Oxycodone CR and PMS-Oxycodone CR.

OxyContin (“Oxy” or “hillbilly heroin” on the street) was developed in 1995 to provide long-lasting pain relief, so people with severe pain would not have to take pills as often. OxyContin was widely prescribed and became associated with abuse and addiction problems. When the tablet was crushed, the drug released into the body more quickly, which increased its effects. OxyContin was removed from the Canadian market in 2012 and replaced with OxyNEO, a similar medication that was not so easy to crush. However, when OxyContin’s patent expired, similar products were put on the market.

What’s the difference between Percocet and oxycodone-CR products?

Both Percocet and oxycodone-CR products relieve pain, but while Percocet gives relief for about five hours, the effects of oxycodone-CR last for about 12 hours, when taken as prescribed.

Percocet contains five milligrams of oxycodone, which is all released when the pill is taken. Percocet also contains acetaminophen (the drug in Tylenol), which can cause liver damage if you take a lot of it.

Oxycodone-CR products contain only oxycodone. When taken as prescribed, the drug is released over several hours. In Canada, one oxycodone-CR tablet can contain up to 80 milligrams of oxycodone—the same amount as 16 Percocet tablets.

What will taking oxycodone-CR products do?

These products can be helpful to people with severe pain when taken as prescribed, but they can be very dangerous. For someone with little or no tolerance to opioids, swallowing oxycodone, especially more pills than you are used to, could cause you to overdose.

The risk increases when people looking for a “rush” tamper with the controlled release by crushing or chewing the pill, or crushing and dissolving the pill for injection, causing all of the oxycodone to be released at once.

When oxycodone is taken this way, you could:

- **Overdose.** Signs of overdose include difficult or slow breathing, and extreme sleepiness. The risk of overdose increases if you take oxycodone with other opioids, or with alcohol or sedative drugs. An overdose of oxycodone can lead to brain damage or death. If you use opioid drugs, it’s a good idea to keep a naloxone kit on hand for friends or family to administer in an emergency. Naloxone can reduce the effects of overdose temporarily and allow time for medical help to arrive. Ask your doctor, pharmacist or public health unit where you can get a naloxone kit. If you think someone has overdosed on oxycodone, *call 911!*
- **Get hooked.** If you take oxycodone regularly to get high, it gives you less and less pleasure over time. If you stop taking it, you go into withdrawal and feel sick. Before long, your life becomes all about getting the drug to avoid sickness. How long it takes to reach this point varies from person to person, but it can be quick.
- **Feel lousy.** Apart from withdrawal sickness, taking oxycodone can have side-effects such as constipation, sexual problems, swelling, nausea, vomiting, sweating, itching and sleepiness.
- **Get infected.** Injecting oxycodone has the same risks as injecting heroin—people who share needles can get HIV, hepatitis and other life-threatening infections, or they can infect other people.
- **Get busted.** Just having someone else’s oxycodone is a crime—you risk arrest, conviction and a criminal record.
- **Make things worse.** Taking oxycodone to “self-medicate” for physical pain or to numb emotions may seem to make things better at first, but once you’re hooked on it, your life will be much worse. Oxycodone covers up what you’re feeling and prevents you from dealing with your problems. It also gets in your way of finding help when you need it.

If I take oxycodone-CR products that aren’t prescribed to me, what can I do to be safer?

Taking oxycodone without a prescription, or not as prescribed, is always risky. But if you are going to take it, you can reduce the risk of overdose if you:

- don’t crush or chew oxycodone before swallowing it
- don’t crush and snort oxycodone
- don’t dissolve oxycodone in water and inject it
- don’t take oxycodone if you aren’t used to taking opioids
- don’t take oxycodone with other opioids, alcohol or other sedating drugs such as Gravol and benzodiazepines (e.g., Xanax, Ativan, Valium)
- don’t take oxycodone by yourself, with no one to help you if you overdose
- don’t take oxycodone soon after you’ve gone through withdrawal from opioids.

If you take oxycodone, you can be safer if you avoid taking it in these ways, but taking oxycodone that is not prescribed to you, or taking it not as prescribed, is still very dangerous.

If you feel down or depressed after using, and think you might harm yourself, get help immediately.

If I take oxycodone that isn’t prescribed to me, I’m only hurting myself, right?

Wrong.

Buying oxycodone on the street gives money to people who commit crimes. They may steal oxycodone from drugstores or from family members or others who are sick, or they may sell oxycodone that was prescribed to them. Prescribed oxycodone is often paid for with tax dollars or by private health insurance. Buying oxycodone that was prescribed to someone, and paid for by our health care system, wastes money that could be spent on treatment for sick people.

The effects of oxycodone make it harder to drive or operate machinery safely. If you drive a motor vehicle after taking oxycodone, you are more likely to crash, and hurt or kill yourself or someone else.

How do I know if I'm hooked on oxycodone?

If you take oxycodone every day, your body will get used to the drug. You may be hooked if you:

- need to take more and more oxycodone to get the same effect
- have withdrawal symptoms—such as shakes, cramps, vomiting, muscle pain, trouble sleeping and agitation—if you stop taking oxycodone all at once
- spend so much time and money getting oxycodone that you don't take care of important things in your life
- keep using oxycodone despite the problems it causes in your life.

If these things happen, you will probably need help getting off oxycodone.

What should I do if I can't stop taking oxycodone?

There is help!

If you've tried to stop, but can't, the first step is to see a doctor. Depending on your age, health and history, your doctor may prescribe medications to ease your way through withdrawal or suggest opioid maintenance treatment (OMT) with methadone or buprenorphine (Suboxone).

Group support, counselling or a stay at a drug treatment centre can help you to stop using oxycodone. Aim to stay off all other mood-altering drugs (including alcohol). These strategies help to prevent relapse (using oxycodone again). Relapse after withdrawal is common, and carries a high risk of overdose. OMT is the best way to prevent relapse.

For more information, see your doctor or contact one of the agencies listed below.

Where can I get help with drugs?

ConnexOntario Drug and Alcohol Helpline:
1 800 565-8603

Access CAMH: Call 416 535-8501
and select option 2

MAARS (Metro Addiction Assessment Referral Service):
416 599-1448 (in Toronto)

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