

OXYCODONE ADDICTION, ABUSE, AND SYMPTOMS

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Oxycodone is a **commonly abused** opioid-based pain reliever, available by prescription-only in a tablet, capsule, or liquid form. It is marketed alone in immediate-release or extended-release medications or combined with non-opioid pain relievers, including aspirin, acetaminophen, and ibuprofen. Approximately **26.4 million people** aged 12 and older used oxycodone products in 2018, and nearly 3.4 million of these people misused them. Oxycodone abuse has been a continuing problem in the United States since the early 1990s.

Doctors **prescribe oxycodone** to relieve moderate to severe pain, often following a severe injury or major surgery. They may also prescribe extended-release oxycodone to treat cancer pain or for patients who need around-the-clock pain relief for an extended period, and weaker painkillers aren't effective. Oxycodone is a narcotic, producing feelings of euphoria and relaxation, which is why some people abuse it.

Oxycodone may cause serious, potentially life-threatening breathing problems, especially during the first 72 hours after beginning use and anytime dosage levels are increased. Like most opioids, oxycodone carries with serious risks of misuse, abuse, dependence, addiction, overdose, and death. Oxycodone abuse can be snort or inject it for a quicker high further increase their risk of accidental overdose and death.

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This guide explains the effects, trends, and dangers of oxycodone use. It also covers the medical and behavioral treatment methods for oxycodone addiction based on current research and publicly available statistics. In some cases, usage statistics are derived from the use of specific substances containing oxycodone, such as OxyContin, Percocet, and Percodan or from general opioid-based prescription pain reliever use.

Primary Oxycodone Dangers

- Addictiveness:** Oxycodone is **considered highly addictive**, and the serious physical and mental side effects that occur when the medication is stopped make it more difficult to quit. A comprehensive 2007 study by **Huitt et al.** evaluated the addictive potential of 20 substances based on pleasure, physical, and psychological dependence. Although the scale didn't include oxycodone, it did include heroin, which is considered the **most addictive** of opioids. Heroin ranked the highest of all substances, scoring 3 out of 3 in every category.
- Risk of overdose:** Due to the potential risk of oxycodone overdose, doctors may tell patients to keep naloxone, a rescue medication, with them. This medication counters the life-threatening effects of an opioid overdose. A person experiencing an oxycodone overdose usually can't treat themselves, so patients are told to teach friends, family members, and coworkers how to recognize the signs of an overdose and how to administer naloxone. **Signs of an oxycodone overdose** include cold and clammy skin, muscle weakness, extreme drowsiness, confusion, slowed or stopped breathing, fainting, and slow heart rate.
- Unintended side effects:** In addition to nausea, vomiting, constipation, dry mouth, lightheadedness, dizziness, drowsiness, confusion, headache, sleep apnea, mood changes, severe stomach or abdominal pain, difficulty urinating, loss of appetite, weight loss and fatigue, oxycodone can also cause irregular heartbeat, shallow or slow breathing, fainting, seizures, difficulty waking, coma, and death.
- Legal risks:** Oxycodone is a **Schedule II controlled substance**. Possession of oxycodone without a valid prescription is a misdemeanor that's commonly punishable by a minimum fine of \$1,000 and up to one year in prison for a first offense. The penalties for a first-time possession offense can be much higher, and individuals can be charged with a felony if the amount possessed is large enough to be labeled as possession with intent to distribute.

Oxycodone Background Information

Derived From	Semisynthetic narcotic analgesic synthesized from thebaine, a component of the poppy plant
Ways Used	Ingested, crushed then snorted, dissolved in water then injected, heated on foil and inhaling vapors
Scientific Name	4,5-epoxy-14-hydroxy-3-methoxy-17-methyl-morphinan-6-one, dihydrohydroxycodineone
Slang/Street Names for Librium	Hillbilly heroin , OC, OX, Oxy, Oxyet, OxyCotton, cotton, Roxy, Roxy shorts, greens, greenies, whites, blues, buttons, beans, kickers, killers, muchachas, mujeres, 30s, 40s, 512s

How Long in Bodily System	Half-life: 3.2 hours for immediate-release formulas 4.5 hours for extended-release formulas
Punitive Legal Measures:	Oxycodone is a Schedule II controlled substance , so it's illegal to possess it without a valid prescription. Legal measures for possession vary by state, but the first offense for possession is usually a misdemeanor and can result in a minimum fine of \$1,000 and up to one year in prison. Subsequent offenses can be charged as a felony offense with increased fines and prison time.
Punitive Legal Measures:	Possession with intent to sell and distribution are treated equally. An individual convicted of either could face up to 20 years in prison and a fine of no more than \$1,000,000. If a Schedule II drug is distributed near a school or other youth-centered facility, the penalties double and include at least one year in prison.

DEA Drug Rating	Schedule II
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II. Signs of Abuse

Behavioral Symptoms of Oxycodone Usage and Abuse

How oxycodone affects the brain
Oxycodone changes the way the brain and nervous system respond to pain by stopping the pain signals from traveling along the nerves to the brain. It also accesses the pleasure center of the brain, releasing dopamine and causing a euphoric high, relaxation, and a sense of well-being. On a chemical level, opioid-based medications, such as oxycodone, are very **similar to heroin** and present the same risk of a substance use disorder, even when patients take their prescriptions as instructed.

Over time, oxycodone can cause changes in the brain, which can increase the risk of dependence and addiction. Long-term use can also cause permanent changes in the brain that **impact cognitive functions**, including issues with memory, attention, learning new information, impulse control, and problem-solving.

Behavioral signs of oxycodone usage and abuse

Abusing oxycodone can lead to a wide array of behavioral changes, including continually increasing use and having an inability to stop, even when it negatively impacts health, finances, and/or personal relationships. The preoccupation with using oxycodone can lead to poor performance at school or work and failure to meet significant responsibilities at home. Some abusers cut back on activities they previously enjoyed, isolate themselves from loved ones, and become secretive about their whereabouts and activities. They may become more irritable, ignore personal hygiene and grooming, and display other drastic changes in their behavior.

For some people, oxycodone can be a **gateway drug** to illicit drug use. If they can't get a valid prescription and can't borrow or steal oxycodone from someone they know, they may try to buy some on the street. Heroin is sometimes easier to get than oxycodone and affects the body much the same way. An estimated 51.3% of people who misused pain relievers in 2018 got their last pills from a friend or relative, but about **one in 15** of them bought the pills from a drug dealer or other stranger.

Physical Symptoms of Oxycodone Abuse

How oxycodone affects the body
Oxycodone affects the body by blocking pain within approximately 30 minutes of ingestion. It takes about one to two hours for immediate-release formulas to reach peak concentrations and about three to four hours for extended-release versions. During this time, euphoria may set in, but most people also experience other bodily effects, whether it's being taken recreationally or as prescribed to treat pain. Some symptoms go away after taking the medication for a few days, but other symptoms get worse the longer the medication is taken.

Early physical effects of oxycodone

Some **negative physical effects** that may begin right away include nausea, vomiting, drowsiness, lightheadedness, dry mouth, stomach pain, slowed breathing and heart rate, and dilated pupils. Some of these side effects linger for a while, but many begin to decrease as your body gets used to the medication. Other effects may start a bit later and get worse over time, including constipation, sweating, fatigue, mood changes, difficulty urinating, agitation, and confusion. However, **not everyone has side effects** when taking oxycodone as directed, and many side effects can be prevented or managed with a doctor's care.

This table illustrates the possible short-term physical effects associated with oxycodone.

Short-term Physical Symptoms	
Initial (direct effects of drug, 30 – 60 min.)	Pain relief Euphoria Relaxation Sleepiness Nausea Vomiting Dilated pupils
Lingering (within an hour of taking the drug)	Dry mouth Confusion Drowsiness Dizziness Impaired coordination Poor appetite Excessive sweating Slow or shallow breathing Decreased blood pressure Trouble urinating Constipation Hallucinations
Post-Use (several hours to days after use)	Insomnia Agitation Heightened sensitivity to pain Muscle pain Stomach pain Irritability Mood changes Drug cravings

Severe and long-term physical effects of oxycodone

Chronic or long-term use of oxycodone can **affect several systems** within the body, including the respiratory, gastrointestinal, immune, musculoskeletal, endocrine, cardiovascular, and central nervous systems. Some severe physical effects can be made worse when combining oxycodone with alcohol or other drugs that slow breathing and/or compromise the central nervous system.

The more oxycodone a person takes and the longer they take it, the worse physical effects can get. Many negative effects may improve once oxycodone use or abuse stops, but some damage may be permanent, especially changes within the brain. Increasing the amount or frequency of dosage also increases the risk of overdose.

When oxycodone is used for a long time, it may also become habit-forming and cause physical dependence. People who are physically dependent on an opioid-based pain reliever may go through withdrawal if they stop taking the medication suddenly. It can take days, sometimes weeks, for physical withdrawal systems to completely disappear.

This table illustrates the possible long-term physical effects associated with oxycodone.

Long-term Physical Symptoms	
Casual	Tolerance Risk of dependence and addiction Slowed breathing Problems sleeping Dizziness
Chronic <i>Including all of the above effects for casual use</i>	Constipation Hypoxia (low oxygen in tissues) Increased sensitivity to pain Sleep apnea Slow heart rate Low blood pressure Sexual dysfunction in men Osteoporosis in women Depressed immune system Increased infections Heart problems Liver damage (especially when taking oxycodone combined with acetaminophen) Kidney damage Potentially irreversible changes in the brain Increased chance of overdose Coma or death
Withdrawal	Abdominal cramps Diarrhea Nausea and vomiting Loss of appetite Running nose Watery eyes Sweating alternating with cold flashes Twitching and tremors Anxiety Restlessness Muscle, joint, and bone pain Sleep issues Irritability Intense cravings Severe depression

Further Resources

Both the **National Institute of Drug Abuse** (NIDA) and the **Substance Abuse and Mental Health Services Administration** (SAMHSA) offer in-depth information on both the symptoms and treatment of oxycodone and other prescription opioid addictions.

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III. Oxycodone Usage

Global oxycodone usage has decreased from previous years but remains high

Global manufacturing of oxycodone reached a **record high of 138 tons in 2013** and has had its ups and downs since; decreasing in 2014 and 2015, increasing in 2016, then dropping again in 2017 and 2018. The United States created 66.5% of the 95.4 tons of oxycodone manufactured globally in 2018. Although production was down, exports hit a record high of 41.1 tons, with most of this increase primarily attributed to the United Kingdom, which was also the main importing country.

With the decrease in manufacturing, global consumption of oxycodone also decreased in 2018, which saw 59.8 tons consumed compared to 62.6 tons in 2017. Consumption was more concentrated in North America, Western Europe, and Oceania, with lesser amounts consumed in West Asia, Central America, the Caribbean, and South-Eastern Europe. The United States consumed the largest portion of the global total with 37.9 tons, or 63.4% consumed in this country alone. Other countries with notable consumption rates included Germany with 3.5 tons, Canada and Australia with 3 tons each, the United Kingdom with 1.7 tons, France with 1.6 tons, China with 1.2 tons, and Spain with 1 ton.

Oxycodone Use Throughout the World	Highest	Second	Third
Regions with Highest Consumption of Oxycodone	North America	Western Europe	Oceania
Countries with the Largest Consumption of Oxycodone in 2018	North America (63.4% of world total)	Germany (5.8% of world total)	Canada (5.8% of world total)

Source: [International Narcotics Control Board – 2018 Biennial Statistics on Narcotic Drugs](#)

Oxycodone Usage Demographics in the U.S.

Oxycodone use is well below peak usage but remains concerning among adolescents

The number of individuals misusing prescription pain relievers in 2018 remained high, with **9.9 million people** aged 12 and older in the United States misusing these drugs over the past year. As the country with the largest consumption of oxycodone, it's not surprising that oxycodone products were the second most misused painkillers after hydrocodone products. An estimated 3.4 million people, or 1.2% of the population, misused oxycodone products, including OxyContin, Percodan, Percocet, Roxicodone, and generic oxycodone.

Prescription pain reliever misuse was lowest among adolescents aged 12 to 17, with 2.8% in this age group misusing oxycodone and other opioid-based prescriptions, which represented about **695,000 adolescents** in the U.S. Young adults accounted for 1.9 million of the total group, with 5.5% of people aged 18 to 25 misusing prescription painkillers. Adults aged 26 and older had the largest numbers, with 7.4 million, or 3.4% of this age group, misusing pain relievers in the past year. Adolescents have specifically maintained an ongoing **climb in OxyContin use**, especially compared to previous years with 8th graders peaking in 2006, 10th graders in 2009, and 12th graders in 2005.

Demographics of OxyContin (Extended-Release Oxycodone) Usage

	Past Year (2018) OxyContin Use	Peak OxyContin Use
8th grade (14-15 yo)	0.8%	2.6% (2006)
10th grade (15-16 yo)	2.20%	5.1% (2009)
12th grade (17-18 yo)	2.30%	5.5% (2005)

Source: [2015-2018 Monitoring the Future Study: Trends in Prevalence](#) and [NIDA Monitoring the Future 2012 Survey Results: Overall Findings](#)

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IV. How to Find Help

Oxycodone is an extremely strong, potentially habit-forming opioid-based pain reliever. Opioids cause changes in the brain that make physical addiction more likely and quitting more difficult. Severe withdrawal symptoms can occur if a long-term user suddenly stops taking oxycodone, so tapering is typically recommended. Medications and behavioral therapies can help a person overcome oxycodone addiction, which can be difficult but possible with the right support. To learn more about the treatment process, read our **Oxycodone rehabilitation guide**, which offers a comprehensive resource for beginning the road to recovery.

Staging an Intervention

If you have a loved one who's struggling with addiction, **staging an intervention** is often the first necessary step towards sobriety, but it needs to be strategic and loving in your approach. Even the most well-meaning of interventions can have a negative effect if they aren't handled correctly.

5 Tips for Staging an Intervention

- Don't Do It Alone.** A professional interventionist is always the most qualified to guide a successful intervention. Also, rely on non-addict family and friends — especially those who have a close relationship with you or the addict.
- Research Ahead of Time.** It's best to do plenty of research ahead of time to gather insight on the addiction and how it affects the addict. Also, be prepared with local resources for getting help.
- Write Out Your Statement.** During the actual intervention, emotions will likely be running high, so it's best to have a statement of how the person's addiction has impacted you and your relationship with him or her. These statements should be honest yet written from a place of love — no personal attacks.
- Offer Help.** It's important for everyone attending the intervention to offer tangible help and support as the person works through detox and rehabilitation.
- Set Boundaries.** If the person refuses to seek help and take the next steps outlined, it's important that they understand that boundaries are not end consequences and enabling behaviors.

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