

# Expanded Opiates

Frequently  
Asked  
Questions



## What are expanded opiates?

A typical opiate screen only reports the presence of codeine and morphine. An expanded opiate panel may also include hydrocodone and hydromorphone and/or oxycodone and oxymorphone.

## Why is the new Quest Diagnostics expanded opiate panel better?

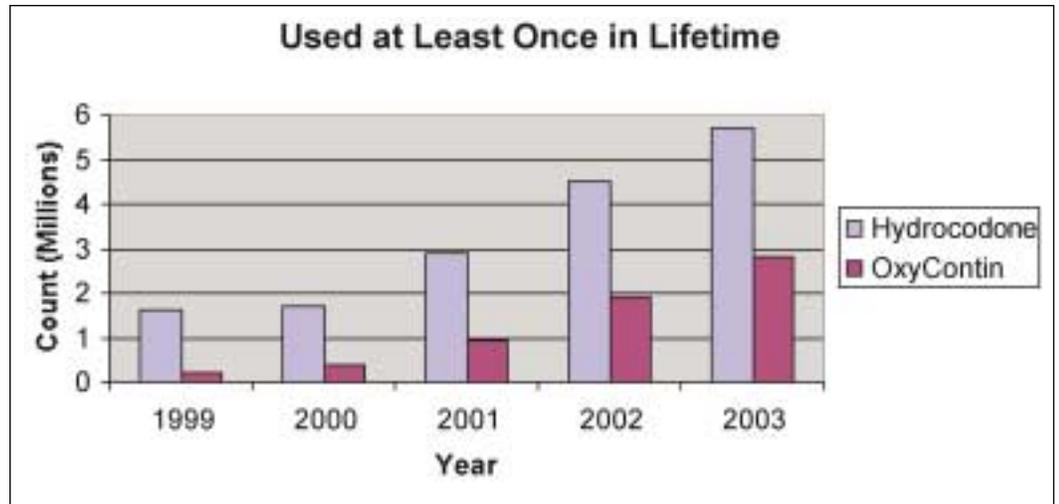
The opiate screening immunoassays are targeted to detect morphine. Since the other opiates share structural similarities with morphine, the opiate screening reagents detect the expanded opiates to varying extents. In the case of oxycodone, most of the general opiate screens only detect oxycodone if it is present at a high concentration. With the new expanded opiate panel from Quest Diagnostics, we are adding a specific screening test to detect oxycodone; thereby, increasing the detection rate for oxycodone use/abuse.

## What is the positivity rate for the expanded opiates?

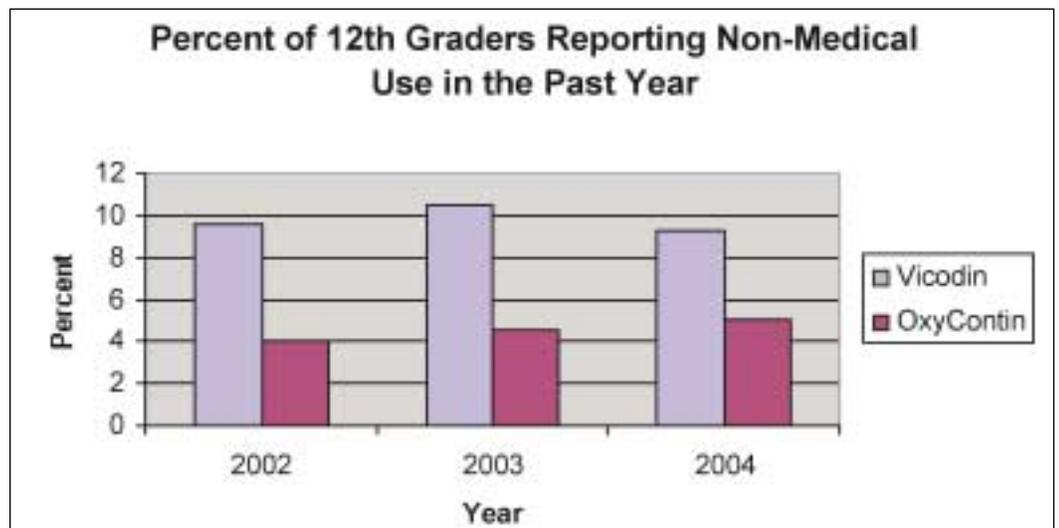
In 2004, based on more than 284,000 workplace drug tests, the positivity rate for hydrocodone was 0.85% and for oxycodone was 0.19%. Using the new oxycodone specific reagent, in a pilot study involving more than 20,000 specimens, the positivity rate for oxycodone increased by more than 150% to 0.53%. The positivity rate for the expanded opiates is 2-3 times higher than that of either codeine or morphine.

## What are the trends in expanded opiate abuse?

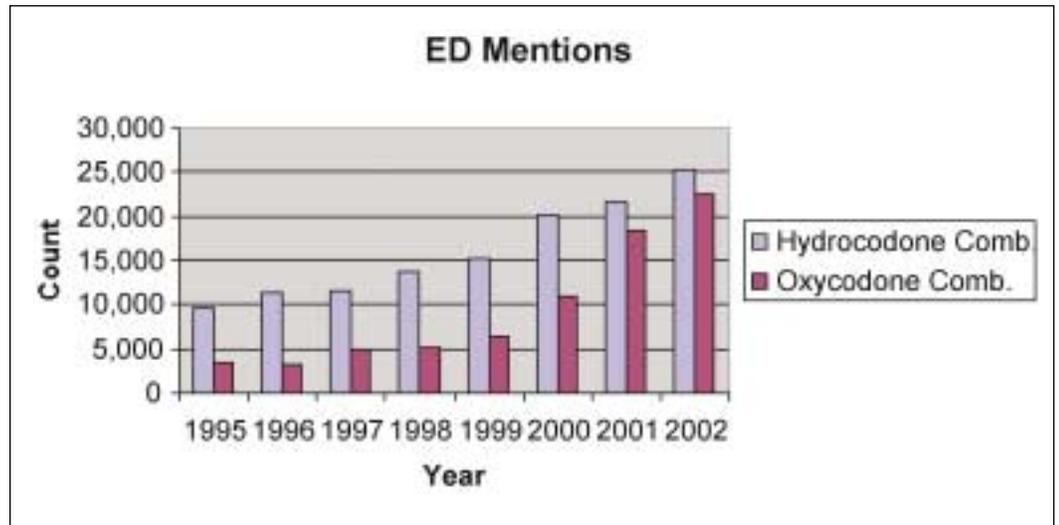
There have been significant and alarming increases in the incidence of oxycodone and hydrocodone use as measured by the National Survey on Drug Use & Health [NSDUH] (formerly, the National Household Survey on Drug Abuse); the Monitoring the Future surveys of high school and college-aged youth; Drug Abuse Warning Network (DAWN) emergency department mentions; and Quest Diagnostics positivity rates.



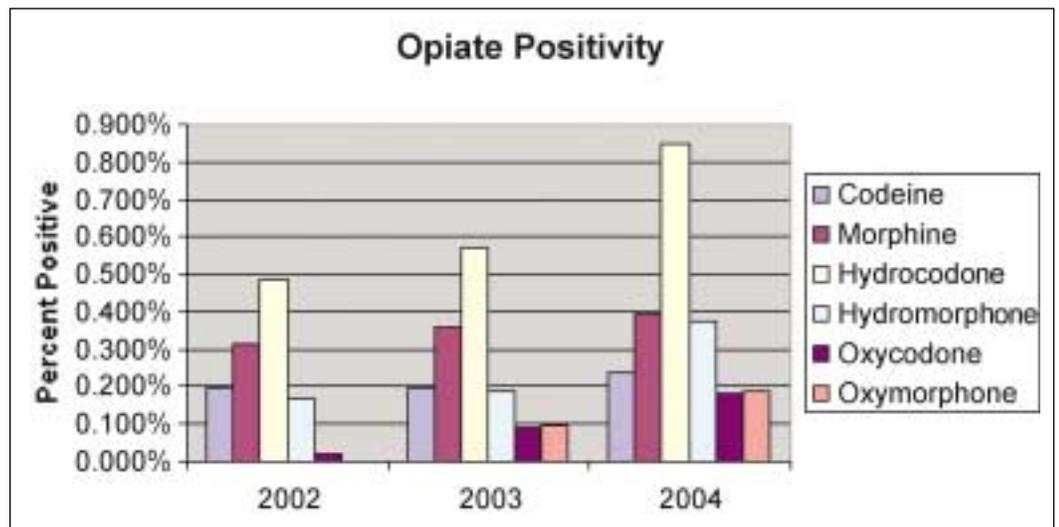
Based on the NSDUH between 2002 and 2003, lifetime non-medical use<sup>1</sup> of OxyContin<sup>®</sup> increased 47% (estimated, 1.9 million to 2.8 million) and lifetime non-medical use of hydrocodone increased 27% (estimated, 4.5 million to 5.7 million)<sup>2,3,4,5</sup>



Based on the Monitoring the Future surveys, between 2002 and 2004, OxyContin use among 12th graders in the past year increased 25% (4% to 5%) while Vicodin<sup>®</sup> use in this group decreased 3% (9.6% to 9.3%).<sup>6</sup>



Based on the DAWN emergency department (ED) data, between 2000 and 2002, oxycodone single-entity (i.e. not in combination with other drugs) mentions<sup>7</sup> increased 295% (3,792 to 14,996) while oxycodone combination mentions increased 107% (10,825 to 22,397). hydrocodone combination mentions increased 25% (20,098 to 25,197) during this same period.<sup>8,9,10</sup>



Based on the results of workplace drug tests performed by Quest Diagnostics between 2003 and 2004, oxycodone positivity increased 102% (0.090% to 0.183%) and hydrocodone positivity increased 49% (0.57% to 0.85%).

**What are the trade names for the expanded opiates?**

Hydrocodone: Vicodin<sup>®</sup>, Lorcet<sup>®</sup>, Lortab<sup>®</sup>, Hycodan<sup>®</sup>

Hydromorphone: Dilaudid<sup>®</sup>

Oxycodone: Endocet<sup>®</sup>, Endodan<sup>®</sup>, Percocet<sup>®</sup>, Percodan<sup>®</sup>, OxyContin<sup>®</sup>, OxyFast<sup>®</sup>, OxyIR<sup>®</sup>, Roxicet<sup>®</sup>, Tylox<sup>®</sup>

Oxymorphone: Numorphan<sup>®</sup>

**What are some of the street names for OxyContin?**

40, 80 (dosage sizes), Blue, Hillbilly Heroin, Kicker, OC's, Oxy, Oxycotton<sup>11</sup>

**How is OxyContin abused?**

OxyContin is a sustained-release oxycodone only product that is available in higher-doses than the combination products that are typically formulated with aspirin or acetaminophen. Consequently, it is more susceptible to abuse – abusers either chew or crush the tablets to bypass the timed-release formulation. The crushed drug may then be either snorted or injected.

**Why is OxyContin abused?**

It is abused to achieve a heroin-like euphoric high without the withdrawal symptoms associated with heroin.

**How is OxyContin obtained?**

One of the most popular ways of obtaining OxyContin is by doctor shopping where an abuser will visit many different doctors with real or imagined ailments to obtain prescriptions. Diversion from physicians and pharmacies, theft, fraudulent prescriptions, and illicit Internet distribution are other sources of illegal OxyContin and other prescription opiates.<sup>13</sup>

**What is the street price of OxyContin?**

The street price of OxyContin is typically 4-10 times higher than the retail price and ranges from \$5 to \$80 depending on the dosage size. The most commonly diverted dosage sizes are the 40 mg and 80 mg tablets, which have a street mid-price of \$35 and \$65, respectively.<sup>14</sup>

## What are the effects of oxycodone and hydrocodone?

Oxycodone and hydrocodone are used for the treatment of moderate to moderately severe pain. The sustained-release formulation, OxyContin, is indicated for the treatment of chronic moderate-to-severe pain (e.g. chronic back-pain, cancer) and is not intended to be taken as needed for pain relief. The more common side effects include upset stomach, constipation, and sedation. At higher doses, respiratory depression may occur; and, like all opiates, patients should not drive or operate heavy machinery after taking this drug. Tolerance, the need for progressively higher doses to achieve the same effect, and physical dependence may occur with prolonged use.

### References

1. NSDUH collects data on lifetime non-medical use of oxycodone and other specific pain relievers. However, data on past year and past month non-medical use of these drugs are not collected. Non-medical use is defined as the use of prescription-type drugs not prescribed for the respondent by a physician or used only for the experience or feeling they caused. Non-medical use does not include over-the-counter drugs.
2. Office of Applied Studies, Substance Abuse and Mental Health Services Administration. *Results from the 2003 National Survey on Drug Use and Health: National findings*, DHHS Publication No. (SMA) 04-3964, NSDUH Series H-25. Rockville, MD, 12/2004. [Available at <http://www.oas.samhsa.gov/nhsda/2k3nsduh/2k3Results.htm#toc>].
3. U.S. Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies. NATIONAL SURVEY ON DRUG USE AND HEALTH, 2002-2003 [Computer file]. ICPSR version. Research Triangle Park, NC: Research Triangle Institute [producer]. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor].
4. U.S. Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies. NATIONAL HOUSEHOLD SURVEY ON DRUG ABUSE, 1999-2002 [Computer file]. ICPSR version. Research Triangle Park, NC: Research Triangle Institute [producer]. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor].
5. Office of Applied Studies, Substance Abuse and Mental Health Services Administration, *The NSDUH Report: Nonmedical Oxycodone Users: A Comparison with Heroin Users*, 1/2005. [Available at: <http://www.oas.samhsa.gov/2k4/oxycodoneH/oxycodoneH.htm>]
6. Johnston, L. D., O'Malley, P. M., Bachman, J. G. & Schulenberg, J. E. (December 21, 2004). *Overall teen drug use continues gradual decline; but use of inhalants rises*. University of Michigan News and Information Services: Ann Arbor, MI. [On-line]. [Available at: <http://www.monitoringthefuture.org/data/04data.html#2004data-drugs>].
7. A "mention" refers to a drug that was reported during an ED visit induced by or related to the use of drugs. For example, an ED visit that involved the use of both hydrocodone and oxycodone would have 2 drug "mentions". In DAWN, up to 4 drugs plus alcohol can be reported for a single ED visit.
8. Office of Applied Studies, Substance Abuse and Mental Health Services Administration. *Emergency Department Trends From DAWN: Final Estimates 1995 – 2002*, DHHS Publication No. (SMA) 03-3780, DAWN Series D-24, Rockville, MD, 8/2003 [Available at [http://dawninfo.samhsa.gov/old\\_dawn/pubs\\_94\\_02/edpubs/2002final/](http://dawninfo.samhsa.gov/old_dawn/pubs_94_02/edpubs/2002final/)].
9. Office of Applied Studies, Substance Abuse and Mental Health Services Administration, *The DAWN Report: Oxycodone, Hydrocodone, and Polydrug Use, 2002*, 7/2004. [Available at: <http://oas.samhsa.gov/2k4/oxycodone/oxycodone.cfm>].
10. Office of Applied Studies, Substance Abuse and Mental Health Services Administration, *The DAWN Report: Narcotic Analgesics, 2002 Update, 9/2004*. [Available at: <http://oas.samhsa.gov/2k4/analgesics.cfm>].
11. Office of National Drug Control Policy, Drug Policy Information Clearinghouse, *Street Terms: Drugs and the Drug Trade, Drug Type: OxyContin* [Available at: <http://www.whitehousedrugpolicy.gov/streetterms/ByType.asp?intTypeID=58>].
12. National Drug Intelligence Center, *Information Bulletin: OxyContin Diversion and Abuse*, January 2001. [Available at: <http://www.usdoj.gov/ndic/pubs/651/index.htm>]
13. Ibid
14. Drug Enforcement Administration, *Drug Intelligence Brief: OxyContin: Pharmaceutical Diversion*, 3/2002. [Available at: <http://www.usdoj.gov/dea/pubs/intel/02017/02017.html>]

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