

Drug Alert Watch

Oxymorphone Abuse: A Growing Threat Nationwide

U.S. DEPARTMENT OF JUSTICE

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EWS Report 000011

This SENTRY Watch is based on source materials that have not been validated and/or researched by the National Drug Intelligence Center (NDIC). It is intended to serve as an immediate alert to law enforcement and public health officials of potential substance abuse.

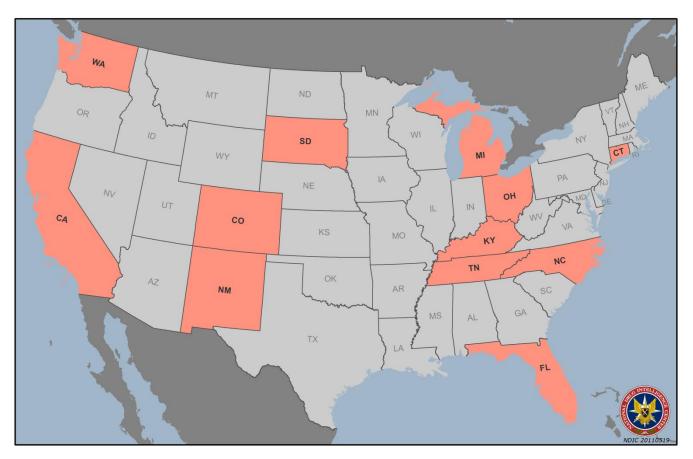
Law enforcement and public health officials throughout the country are reporting that oxymorphone abuse is increasing. Oxymorphone is most commonly known by the brand name Opana®. The deaths of at least nine Louisville area residents between January and April 2011 have been linked to polydrug abuse of oxymorphone in combination with alprazolam and/or alcohol; more oxymorphone-related deaths are expected to be confirmed as toxicology testing is completed on other decedents. Since January 2008, oxymorphone-related deaths also have been reported in California, Colorado, Connecticut, Florida, Michigan, New Mexico, North Carolina, Ohio, South Dakota, Tennessee, and Washington (see map). Additionally, in March 2009, Newport (TN) law enforcement authorities reported that oxymorphone resulted in five fatal overdoses within a 3-month period.



Oxymorphone is a Schedule II controlled substance typically prescribed to treat moderate to severe pain. Oxymorphone tablets are available in both immediate-release and extended-release forms. The abuse potential of oxymorphone is similar to that of other opioid analgesics, including morphine. Primary oxymorphone abusers are Caucasian young adults aged 18 to 25; female abusers slightly outnumber male abusers. These demographics mirror those of other opioid abusers. Street names for oxymorphone include biscuits, blue heaven, blues, Mrs. O, octagons, stop signs, and The O Bomb.

Oxymorphone abusers often crush the tablets and snort the resulting powder. Abusers remove the tablets' coating by placing tablets in the mouth until the coating dissolves, using a damp washcloth to wipe off the coating, or shaving the tablets with a razor. The effects of oxymorphone overdose include bluish, cold, and clammy skin, chest pain, difficult or slow breathing, limp muscles, numbness in the arms or legs, pinpoint pupils, dizziness, severe drowsiness, slow or irregular heartbeat, and coma.

States Reporting Oxymorphone-Related Deaths Since January 2008



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Photo Credit: Drug Enforcement Administration

POC: SENTRY Management Team, www.justice.gov/ndic/sentry or (814) 532-5888

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