Drug Enforcement Administration
Diversion Control Division
Drug & Chemical Evaluation Section

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DEA/DC/DOE

HYDROMORPHONE

(Trade names: Dilaudid®, Exalgo®, Palladone®;
Street Names: Dust, Juice, Dillies, Smack, D, Footballs)

Introduction:

Hydromorphone is a potent schedule II opioid analgesic, indicated for relief of moderate-to-severe pain. Hydromorphone abuse has been a continuing problem in the United States. Hydromorphone is marketed under generic and brand names such as Dilaudid, Exalgo, and Palladone.

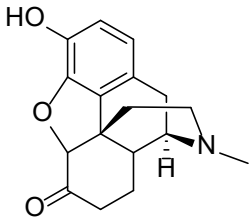
Licit Uses:

Currently, approved hydromorphone products include immediate release tablets (2, 4, and 8 mg) and extended-release tablets and capsules (8, 12, 16, 24, and 32 mg). Other liquid formulations include various concentrations dispensed in vials or ampules for oral administration (5 mg/5 mL viscous liquid) and sterile injection based on injection site. Products for parenteral injection include 0.2, 1, 2, 4, and 10 mg/mL, as well as 0.25 mg/0.5 mL and 0.5 mg/0.5 mL. A 2 mg/mL sterile solution is approved for intramuscular, intravenous, and subcutaneous injections.

According to IQVIA National Prescription Audit™, total prescriptions dispensed in the United States for all products containing hydromorphone remained consistent between 2012 and 2015, averaging approximately 3.82 million prescriptions per year. Total prescriptions dispensed has since decreased to approximately 2.22 million in 2021, 2.20 million in 2023, and 1.92 million in 2025.

Chemistry:

Hydromorphone (4,5-epoxy-3-hydroxy-17-methylmor-phinan-6-one, CAS 466-99-9) is a semi-synthetic opioid agonist derived from morphine.



Pharmacology:

The pharmacological effects of hydromorphone are similar to other schedule II analgesics with the same clinical indication such as morphine and oxycodone. As such, the toxic effects, contraindications, potential for abuse and dependence, and production of tolerance are also similar. The onset of analgesia generally starts within 15 and 30 minutes following its administration through injection and oral routes, respectively and may last more than 5 hours.

Similar to other opioids, hydromorphone produces euphoria, feelings of relaxation, reduced anxiety, respiratory depression, sedation, constipation, papillary constriction, and cough suppression. Acute overdose of hydromorphone can produce severe respiratory depression, somnolence progressing to stupor or coma, skeletal muscle flaccidity, cold and clammy skin, constricted pupils, reduction in blood pressure and heart rate, and death. Opioid antagonists, such as naloxone, act as an antidote to reverse respiratory depression from hydromorphone overdose.

Illicit Uses:

Low-dose immediate-release formulations of hydromorphone were historically the leading opioid products for abuse and diversion. Abuse of hydromorphone is mainly among rural and suburban populations.

Illicit Distribution:

The main sources of hydromorphone diversion include forged prescriptions, "doctor-shoppers" of pharmacists and physicians, armed robberies, and robberies of pharmacies and nursing homes. DEA's Operation Profit Over Patients found physicians and others writing unnecessary prescriptions for large amounts of opioids such as hydromorphone in various states.

DEA's National Forensic Laboratory Information System (NFLIS) Drug database collects scientifically verified data on drug items and cases submitted to and analyzed by participating federal, state, and local forensic drug laboratories. NFLIS-Drug received 5,025 reports of hydromorphone in 2013, 2,414 in 2018, 530 in 2023, and 323 in 2025 (reports still pending). In total, NFLIS-Drug has received nearly 50,000 reports of hydromorphone since its first report in 1997.

According to the National Survey on Drug Use and Health, among people aged 12 and older in the United States, approximately 1.314 million (0.5% of the total population) used hydromorphone products in 2020 and approximately 219,000 of them (16.6% of those who used in the past year) misused those products that year. In 2024, approximately 1.717 million (0.6% of the total population) used hydromorphone products and approximately 95,000 of them (5.5% of those who used in the past year) misused those products that year.

Control Status:

Hydromorphone is controlled in schedule II of the Controlled Substances Act.

Comments and additional information are welcomed by the Drug and Chemical Evaluation Section; Fax 571-362-4250, Telephone 571-362-3249, or Email DPE@dea.gov.