



King County

ADDICTION BY PRESCRIPTION — FOR ALL AGES



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Table of Contents

Young Adults: Prescription Drug Abuse <i>Is</i> Drug Abuse.....	2
Prescription Drug Abuse and the Elderly	3
Prescription Drug Abuse and Addiction: The Role of Patients in Prevention	5
Treating Prescription Drug Addiction	6
Myths and Facts About Substance Abuse	8
Addressing the Concern of Pain Medication Addiction	10
Resources	11

Young Adults: Prescription Drug Abuse /s Drug Abuse

Nonmedical use of prescription drugs such as opioids, central nervous system depressants and stimulants can lead to abuse and addiction, characterized by compulsive drug seeking and use. You and your friends should understand that these are legal drugs with potentially lethal consequences without medical supervision.

Common drugs of abuse

The abuse of methylphenidate (Ritalin®), commonly used to treat attention-deficit/hyperactivity disorder (ADHD), is now common. By crushing the tablets and snorting the drug, individuals attain a “cocaine-like” high. In fact, Ritalin has been shown to affect the brain in much the same way as cocaine.

Nonmedical use of pain relievers such as oxycodone with aspirin (Percodan®) and hydrocodone (Vicodin®) and the latest scourge, oxycontin, is on the rise. The Drug Abuse Warning Network, which collects data on drug-related episodes in hospital emergency departments, reported that in 2008 nonmedical use of opiates/opioid analgesics (pain relievers) accounted for over 300,000 emergency room visits in the U.S.

Why is the abuse of these drugs on the rise?

One reason is increased availability. It is now possible to obtain powerful prescription medication over the Internet from foreign countries as well as from illegal domestic sources, not to mention a parent’s or friend’s medicine cabinet. Also, many of these drugs are highly addicting so recreational use can quickly develop into dependency.

Signs of prescription drug abuse

- changes in appearance, including weight loss or weight gain
- loss of interest in school, work or once enjoyable activities
- lethargy and sleep problems, including insomnia or sleeping too much
- frequent illness or physical complaints. Many trips to the doctor for vague and poorly defined symptoms.
- change in bowel habits
- change of friends and activities
- irritability and restlessness or abrupt changes in mood or attitude
- unexplained absences
- missing medications from a family member
- unexplained money problems
- stealing
- blackouts and memory lapses
- inability to stop using

If you are, or a friend is, abusing prescription drugs, get professional help immediately. If you don’t, you’re putting your relationships, your work and your future at risk.

By Drew Edwards, EdD
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Prescription Drug Abuse and the Elderly

As we age, our health gradually declines. The quite normal aches and pains of youth and middle age become more painful and debilitating. Moreover, our capacity to fight off infection and disease diminishes, and when we are injured or become ill, the healing process is slower. As a result, an increasing number of older persons are using prescription medication to provide relief for the discomfort of aches and pains associated with illness and aging.

The overuse and abuse of prescription medication is the most common form of drug abuse among the elderly. Although persons 65 years of age and older comprise only 13 percent of the U.S. population, they consume approximately one-third of all medications prescribed. The National Institute on Drug Abuse reports that elderly persons use prescription medications 3 times as frequently as the general population and have the poorest rates of compliance with directions for taking medications. It is now estimated that 17 percent of persons aged 60 or older are affected by prescription drug abuse.

Commonly prescribed and abused drugs among the elderly

- **Narcotic analgesics.** Narcotic analgesics are prescribed because of their pain-relieving properties. Medications that fall within this class include morphine, demerol, codeine and their closely related synthetic cousins. Morphine, one of the most powerful pain relievers available, is used to treat severe pain on a short-term basis. Codeine, on the other hand, is prescribed for milder pain. Other examples of commonly prescribed narcotic analgesics derived from codeine include Oxycontin®, Darvocet® and Vicodin®.
- **Sedative-hypnotic drugs.** Sedatives are drugs that reduce feelings of stress and nervousness and induce mental calmness. The term sedative is virtually synonymous with the term *anxiolytic*, which is a drug that reduces anxiety. Hypnotics are drugs that are used to promote sleep. The categories are not mutually exclusive. In fact, when sedatives are given in relatively high doses, they induce sleep just as the hypnotics do. Conversely, when hypnotics are given in low doses, they can induce daytime sedation, impair cognitive functioning and impair coordination, which increases the risk of falls and other accidents. Commonly prescribed drugs in this class include tranquilizers such as Valium®, Xanax® and Soma® as well as sleeping preparations such as Ambien®.

Consequences of abusing prescription medications

Older persons are more likely to become mentally and physically impaired by psychoactive and mood-altering medications because of their decreased liver function. With increasing age, the liver loses its ability to metabolize medications. Consequently, elderly people require smaller doses of medicine to achieve the desired therapeutic effect. When dosing is not adjusted for age and liver function, overdose, sedation, mental impairment and dependency can occur. This is particularly problematic and dangerous with pain medication, sedatives and tranquilizers.

Signs of misuse or abuse include:

- cognitive impairment, confusion, poor memory
- increased falls, accidents and injuries
- daytime drowsiness and poor and unrefreshing sleep
- secrecy or dishonesty about medication use
- frequently running out of medication before the next scheduled refill
- feigning illness or injury to attain medication
- doctor shopping, e.g. seeing more than 1 doctor for the same problem

Identifying prescription drug abuse among the elderly is difficult because the normal warning signs of substance abuse can be masked by concurrent illnesses and chronic conditions such as chronic pain,

sleep problems, anxiety, depression or confusion. Therefore, experts recommend that persons older than age 60 be screened for alcohol and prescription drug abuse as part of the routine physical examination.

If you are concerned that an elderly parent or friend may be abusing her prescription medication, seek professional help.

By Drew Edwards, EdD, MS
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Prescription Drug Abuse and Addiction: The Role of Patients in Prevention

There are several ways that patients can prevent prescription drug abuse:

- When visiting the doctor, provide a complete medical history and a description of the reason for the visit to ensure that the doctor understands the complaint and can prescribe appropriate medication.
- If a doctor prescribes a pain medication, stimulant or central nervous system depressant, follow the directions for use carefully and learn about the effects that the drug could have, especially during the first few days during which the body is adapting to the medication. Also be aware of potential interactions with other drugs by reading all information provided by the pharmacist.
- Do not increase or decrease doses or abruptly stop taking a prescription without consulting a health care provider first. For example, if you are taking a pain reliever for chronic pain and the medication no longer seems to be effectively controlling the pain, speak with your physician; do not increase the dose on your own.
- Never use another person's prescription.

Source: National Institute on Drug Abuse,
www.nida.nih.gov/ResearchReports/Prescription/prescription6.html#Patients

Treating Prescription Drug Addiction

Years of research have shown us that addiction to any drug, illicit or prescribed, is a brain disease that can, like other chronic diseases, be effectively treated. But no single type of treatment is appropriate for all individuals addicted to prescription drugs. Treatment must take into account the type of drug used and the needs of the individual. Successful treatment may need to incorporate several components, including detoxification, counseling, and in some cases, the use of pharmacological therapies. Multiple courses of treatment may be needed for the patient to make a full recovery.

The 2 main categories of drug addiction treatment are behavioral and pharmacological. Behavioral treatments teach people how to function without drugs, how to handle cravings, how to avoid drugs and situations that could lead to drug use, how to prevent relapse, and how to handle relapse should it occur. When delivered effectively, behavioral treatments—such as individual counseling, group or family counseling, contingency management, and cognitive-behavioral therapies—also can help patients improve their personal relationships and ability to function at work and in the community.

Some addictions, such as opioid addiction, can also be treated with medications. These pharmacological treatments counter the effects of the drug on the brain and behavior. Medications also can be used to relieve the symptoms of withdrawal, to treat an overdose, or to help overcome drug cravings. Although a behavioral or pharmacological approach alone may be effective for treating drug addiction, research shows that, at least in the case of opioid addiction, a combination of both is most effective.

Treating addiction to prescription opioids

Several options are available for effectively treating prescription opioid addiction. These options are drawn from research regarding the treatment of heroin addiction, and include medications such as naltrexone, methadone and buprenorphine, as well as behavioral counseling approaches.

Naltrexone is a medication that blocks the effects of opioids and is used to treat opioid overdose and addiction. Methadone is a synthetic opioid that blocks the effects of heroin and other opioids, eliminates withdrawal symptoms, and relieves drug craving. It has been used successfully for more than 30 years to treat heroin addiction. The Food and Drug Administration (FDA) approved buprenorphine in October 2002, after more than a decade of research supported by NIDA. Buprenorphine, which can be prescribed by certified physicians in an office setting, is long lasting, less likely to cause respiratory depression than other drugs, and is well tolerated. However, more research is needed to determine the effectiveness of these medications for the treatment of prescription drug abuse.

A useful precursor to long-term treatment of opioid addiction is detoxification. Detoxification in itself is not a treatment. Rather, its primary objective is to relieve withdrawal symptoms while the patient adjusts to being drug free. To be effective, detoxification must precede long-term treatment that either requires complete abstinence or incorporates a medication, such as methadone or buprenorphine, into the treatment program.

Treating addiction to CNS depressants

Patients addicted to barbiturates and benzodiazepines should not attempt to stop taking them on their own, as withdrawal from these drugs can be problematic, and in the case of certain CNS depressants, potentially life-threatening. Although no extensive body of research regarding the treatment of barbiturate and benzodiazepine addiction exists, patients addicted to these medications should undergo medically supervised detoxification because the dose must be gradually tapered off. Inpatient or outpatient counseling can help the individual during this process. Cognitive-behavioral therapy also has been used successfully to help individuals adapt to the removal from benzodiazepines.

Often the abuse of barbiturates and benzodiazepines occurs in conjunction with the abuse of another substance or drug, such as alcohol or cocaine. In these cases of poly-drug abuse, the treatment approach must address the multiple addictions.

Treating addiction to prescription stimulants

Treatment of addiction to prescription stimulants, such as Ritalin®, is often based on behavioral therapies proven effective for treating cocaine or methamphetamine addiction. At this time, there are no proven medications for the treatment of stimulant addiction.

Depending on the patient's situation, the first steps in treating prescription stimulant addiction may be tapering off the drug's dose and attempting to treat withdrawal symptoms. The detoxification process could then be followed by one of many behavioral therapies. Contingency management, for example, uses a system that enables patients to earn vouchers for drug-free urine tests. The vouchers can be exchanged for items that promote healthy living.

Another behavioral approach is cognitive-behavioral intervention, which focuses on modifying the patient's thinking, expectations, and behaviors while at the same time increasing skills for coping with various life stressors. Recovery support groups may also be effective in conjunction with behavioral therapy.

Source: National Institute on Drug Abuse, Research Report Series, "Prescription Drugs: Abuse and Addiction", www.nida.nih.gov/ResearchReports/Prescription/prescription7.html#Treating

Myths and Facts About Substance Abuse

"Substance users have a moral defect."

"Alcoholics and drug users don't want to quit—if they did, they would just stop using."

"Locking up all the substance abusers will solve the problem."

These and many other pervasive myths regarding substance abuse actually contribute to the addiction problem. The stigma associated with substance abuse discourages treatment for addiction and limits opportunities for work, housing and social relationships. Although substance abuse has a profound negative impact on society, it is not an insurmountable problem. Become part of the solution by helping to eliminate stigma.

Identifying the problem

Most American families have been affected in some way by a loved one with problems involving drugs or alcohol. According to the Substance Abuse and Mental Health Services Administration (SAMHSA) National Survey on Drug Use & Health, 20.1 million Americans aged 12 or older reported they had used an illicit drug during the month prior to the interview survey.

Unfortunately, many people who have problems with substance use will encounter stigma that prevents them from integrating back into society. Police, the legal system, emergency room personnel and even family members and friends can perpetuate stigma, and stigma limits the attention and resources dedicated to solving problems associated with substance use. "Stigma is about discrimination," says Ivette Torres, director of consumer affairs for SAMHSA's Center for Substance Abuse Treatment.

Separating myth from fact

Stigma arises from the myths surrounding substance abuse. Before forming an opinion about someone with substance use problems, consider these common myths:

Myth: Substance users have a moral defect—they could just will themselves to stop using if they wanted to quit.

Fact: One common and false stereotype about people with substance use problems is that they are all social misfits and outcasts. "Stigma can also get at the idea that the person is weak of character or untrustworthy," explains Jim Beek, a SAMHSA information officer. In reality, "normal" people deal with substance abuse issues, which can touch entire families. Drug and alcohol dependence meet the criteria for treatable, chronic medical conditions; dependence is not simply a matter of choice. "One of the biggest and most pervasive myths is that ... a user can stop using alcohol or drugs by willing themselves to," agrees Torres. "Society at large has to accept addiction treatment and begin to look at it as a public health issue."

Myth: Addiction is irreversible: Once an addict, always an addict.

Fact: Many people don't realize how effective programs and services can be in treating substance abuse. In fact, drug addiction treatment works as well as established medical treatments for other illnesses such as diabetes and asthma, the Physician Leadership on National Drug Policy reported in 1998. Another study found that for every dollar invested in treatment, taxpayers saved \$7 in future costs, according to the National Institute on Drug Abuse.

Unfortunately, the shame associated with being labeled or viewed negatively by others can keep people from seeking treatment. "Stigma is a factor," Torres notes. "That's why you see so many individuals

speaking out, saying, 'Recovery is possible. I am an example of that.'" And fortunately, new options, such as the prescription addiction treatment drug buprenorphine, can help eliminate the stigma associated with lining up outside a clinic.

Myth: Harsher criminal penalties for using drugs or increasing efforts to cut off the drug supply will solve the problem.

Fact: This common wisdom is at odds with research showing the effectiveness of treatment. And, keep in mind that there is no "silver bullet" when it comes to solving substance use problems. While a combination of factors such as treatment, parental influence and education programs can help, taken alone, "get tough" approaches don't address the underlying social and family issues associated with substance abuse.

You can help

Although perceptions about people with substance use problems and treatments have improved, we still have a long way to go toward effectively addressing these issues. You can help by confronting your own attitudes. If you know someone who may have a substance use problem, treat him with concern, dignity and respect. Rather than turning your back or getting angry, offer your support.

By Kristen Knight
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Addressing the Concern of Pain Medication Addiction

Addiction is when people can't control their seeking or craving for something. They continue to do something even when it causes them harm. People with cancer often need strong medicine to help control their pain. Yet some people are so afraid of becoming addicted to pain medicine that they won't take it. Family members may also worry that their loved ones will get addicted to pain medicine. Therefore, they sometimes encourage loved ones to "hold off" between doses. Even though they may mean well, it's best to take your medicine as prescribed.

People in pain get the most relief when they take their medicines on schedule. And don't be afraid to ask for larger doses if you need them. For moderate to severe pain, developing a tolerance to pain medicine is common. But taking cancer pain medicine is not likely to cause addiction. If you're not a drug addict, you won't become one. Even if you have had an addiction problem before, you still deserve good pain management. Talk with your doctor or nurse about your concerns.

Tolerance to pain medicine

Some people think that they have to save stronger medicines for later. They're afraid that their bodies will get used to the medicine and that it won't work anymore. But medicine doesn't stop working—it just doesn't work as well as it once did. As you keep taking a medicine over time, you may need a change in your pain control plan to get the same amount of pain relief.

This is called tolerance. Tolerance is a common issue in cancer pain treatment. Medicine tolerance is not the same as addiction. Medicine tolerance happens when your body gets used to the medicine you're taking. The result is that the dose no longer works as well. Each person's body is different. Many people don't develop a tolerance to opioids. But if tolerance happens to you, don't worry.

Under your doctor's care, you can:

- increase your dose in small amounts
- add a new kind of medicine
- change the kind of medicine that you're taking for pain

The goal is to relieve your pain. Increasing the dose to overcome tolerance does not lead to addiction.

Taking pain medicine will not cause you to "get high"

Most people do not "get high" or lose control when they take cancer pain medicines as prescribed by the doctor. Some pain medicines can cause you to feel sleepy when you first take them. This feeling usually goes away within a few days. On occasion, people get dizzy or feel confused when they take pain medicines. Tell your doctor or nurse if this happens to you. Changing your dose or type of medicine can usually solve this problem.

Source: National Cancer Institute, www.nci.nih.gov/cancertopics/paincontrol/page1

Resources

Print resource

Alcoholism Myths and Realities: Removing the Stigma of Society's Most Destructive Disease by Doug Thorburn, Galt Publishing, 2005.

Internet resources

National Institute on Drug Abuse, www.drugabuse.gov/NIDAHome.html

Physician Leadership on National Drug Policy, www.plndp.org

Substance Abuse and Mental Health Services Administration, www.samhsa.gov/