

Understanding and Getting Help for Prescription Drug Abuse and Addiction

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For Cliffside Malibu Treatment Center

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The Scope of Prescription Drug Abuse and Addiction

The National Institute on Drug Abuse defines prescription drug abuse as, "...the intentional use of a medication without a prescription; in a way other than as prescribed; or for the experience or feeling it causes."¹

Approximately seven million Americans admitted to abusing prescription medications in 2010, the most recent year for which data is available. However, while this number may seem relatively small in relation to the overall US population (2.7%), accidental deaths from prescription drug overdose are soaring. Accidental overdose deaths now outnumber deaths from car accidents, according to the Los Angeles Times² and fatal drug overdoses in Texas alone increased 150% from 1999 – 2007.³ Almost all of this increase is due to the abuse of prescription medication. The problem has become so great that public health officials are using the term "hidden epidemic" to describe the phenomenon and states are scrambling to find solutions to this public health crisis.⁴

Who is Abusing Prescription Medications and Why

The person who abuses prescription medications is not generally whom we think of as a "street junkie." These individuals typically begin abusing prescription medications either in their teens or much later in life. Among those who started later in life, the drug abuser often initially had a valid medical reason for their first prescription. They can hold jobs, are probably parents, and function in society until their addiction becomes very advanced. They are your friends and neighbors and they are dying at alarming rates.

People abuse prescription medications for many reasons. According to the National Institute on Drug Abuse,⁵ there are several issues underlying the increase in prescription medication abuse.

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First, there is a public misconception that prescribed medications are safe. Certainly, there are valid medical reasons for the use of prescription medications, even those that are potentially addictive. For example, those who undergo major surgery have true need of pharmaceutical pain killers. However, what many people do not understand is that these pain killers are extremely strong and act on the brain in ways that cause them to be highly addictive. Opioid pain killers, for instance, have the same chemical base as heroin.

Unfortunately, because medications are prescribed by doctors and regulated by the FDA (Food and Drug Administration), patients are lulled into a false sense of security that pharmaceuticals are safe, though they act on the brain like any addictive substance. As tolerance to the drug builds and, going back to the example above, patients experience break-through pain, they can assume that a self-prescribed increase in dosage is safe. If the one pill that was prescribed by the doctor is safe, two will be fine also. *That simply is not true.* Prescription medications work on the same brain centers that illicit drugs do, getting a person hooked in exactly the same biochemical process. They are also very strong and can be extremely toxic when mixed with other substances one assumes are benign, like some allergy medications. Their misuse can lead quickly either to addiction or death or other problems like an arrest for driving under the influence of a controlled substance.

Second, prescription medications are much more widely available now than they were ten years ago. “Between 1991 and 2010, prescriptions for stimulants increased from 5 million to nearly 45 million and for opioid analgesics from about 75.5 million to 209.5 million.”⁶ There are many reasons for this increase in prescriptions. There are simply more medications available now than there were in the early 1990s. Physicians don’t want patients to suffer and are willing to prescribe what can be addictive medications to alleviate that suffering, particularly from pain. Children especially are vulnerable to over-prescription of ADD/ADHD medications forced on them by schools or parents who refuse to accept that relatively few children meet the clinical definition of hyperactive and most are just vibrant, energetic kids who need to play outside more and sit in front of computer or television screens less. Also, pharmaceutical companies can advertise medications on television and the internet in ways they never could previously, and while not all medications can be advertised, many addictive medications, such as sleep aids, may

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be. Prescription medications may also be ordered over the internet from some less than above-board sources, a new form of drug trafficking that did not exist twenty years ago. For many reasons, highly addictive prescription medications are now getting into the hands of millions more Americans than they were in decades past.

Finally, one must consider the human element. People abuse drugs for a plethora of personal reasons. With prescription medications, it can be the case that an otherwise mentally healthy person can become addicted simply because of long term use and the strength of the medication given. More often, however, the physical cause of someone's need for pharmaceutical medications is related to or concomitant with psychological or emotional needs that are not being met. For example, consider sleep medications. While it is possible that a person can need a sleep aid for purely biological reasons, it is most often the case that people want sleep aids because of the psychological pressures and issues in their lives that prevent them from sleeping properly. Giving a person highly addictive medication to help with a physical issue without concurrently addressing the psychological issues preventing sleep is a recipe for creating a situation in which drug abuse and dependence can result.

Which Prescription Medications are Most Often Abused

There are three main groups of pharmaceutical medications that are most often abused. They are opioids, CNS (central nervous system) depressants, and stimulants. Each class of drugs acts on the body in different ways, thus causing different effects. Each is used for different purposes. Again, it is important to stress that these medications have valid medical uses and can be assistive to those who use them in proper dosages and circumstances. However, because of the ways in which these drugs interact biochemically with the brain and their strength, they can easily be abused.

Opioids

Opioids are a class of drug, perhaps one of the oldest used by human kind, that derive from the opium poppy. They are "analgesic" in nature; they reduce the sensation of pain by blocking pain

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messages to the brain. Opioids are commonly used to treat post-operative pain and in palliative care to reduce the severe and chronic pain that occurs with some terminal conditions, such as cancer, as well as degenerative conditions like rheumatoid arthritis. Common side effects of opioid use are nausea, drowsiness, vomiting and constipation. With high doses, side effects may include dizziness, hallucinations, delirium and suppression of respiratory function. Tolerance, needing a greater dose to achieve the same effect, builds quickly with the use of opioids, sometimes within a week to ten days of initial administration of the drug.

The opioids most commonly abused in patients seeking treatment for opioid abuse/addiction include but are not limited to: Oxycodone (OxyContin), Hydrocodone (Vicodin), Meperidine (Demerol), Hydromorphone (Dilaudid), and Propoxyphene (Darvon). Patients abusing opioids will often “doctor shop,” which means they look for doctors who will readily prescribe the medications they need, sometimes in large quantities. They may also see several doctors to get the same medication or purchase drugs over the internet. Those who are abusing opioids may take much higher dosages of the pills than prescribed or may crush the pills and snort them for greater effect. Opioid abusers often seek out elderly or ill relatives who have opioid medications in order to steal their medications from them. It is extremely dangerous to mix opioids with other substances that depress the central nervous system such as alcohol, benzodiazepines, antihistamines, barbiturates, and general anesthetics. Such mixtures can cause death.

CNS (Central Nervous System) Depressants

CNS depressants refer to a class of drug that includes barbiturates and benzodiazepines. These medications are generally prescribed to treat anxiety or stress disorders, as they have a calming effect on the brain. Some benzodiazepines are also used as sleep aids. CNS depressants may assist people with panic disorder, generalized anxiety disorder, insomnia and even seizures. Benzodiazepines in particular can be used to great effect in the short-term treatment of acute psychiatric crises, such as sudden onset psychosis or mania. They are also used in the treatment of seizures and to prevent some of the harmful effects of alcohol withdrawal. The side effects of CNS depressants when used short term and/or in low dosages are usually mild. The most

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common side effects are drowsiness, lack of concentration and muscle-relaxation. These side effects can result in falls and injuries, particularly among the elderly.

Barbiturate medications have been largely replaced by benzodiazepines. However, medications such as Pentobarbital sodium (Nembutal) and Mephobarbital (Mebaral) are still prescribed. Immediate side effects usually diminish within a few days of use. It is important to note that if one is using a barbiturate either as prescribed or in dosages greater than those prescribed, it is imperative to see a doctor for supervised withdrawal from the drug(s), as seizures can result from a reduction or discontinuation of their use.

Benzodiazepine abuse has become extremely common. Benzodiazepines include the drugs known as: Diazepam (Valium), Estazolam (ProSom), Triazolam (Halcion), Chlordiazepoxide hydrochloride (Librium), and Alprazolam (Xanax). Benzodiazepines, like barbiturates, are “psychoactive” drugs. They cross the blood/brain barrier to act upon the brain. This causes changes in cognition, behavior, mood, and consciousness. Benzodiazepines can be short-, intermediate-, or long-acting. Short- and intermediate-acting medications are generally used for insomnia. Long-acting benzodiazepines are prescribed for anxiety. While there are justifiable short-term medical uses for this class of drugs, there is significant research suggesting that their long-term use can be dangerous. Because they are psychoactive drugs, prone to create tolerance, and highly addictive if used long-term, their safety has been called into question.

Discontinuation or reduction of use can result in seizures and severe withdrawal symptoms. A supervised detoxification is required for the discontinuation of benzodiazepine use if addiction or abuse is suspected or if the drug has been used for a significant period of time.

CNS depressants should not be mixed with alcohol, opioids, or some over-the-counter antihistamines. Doing so can result in toxicity, overdose and death.

Stimulants

Stimulants are a class of drug that induce temporary improvements in physical or mental function. They elevate mood, increase alertness and energy, and generate feelings of well-being.

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There are many types of legal and illegal stimulants. Caffeine and nicotine are two of the most common stimulants used in the US, though their use is beyond the scope of this paper.

Pharmaceutical stimulants are “psychoactive,” meaning that they act upon the mind or mental processes. They are used to treat such disorders as treatment resistant depression, asthma, obesity, narcolepsy, and attention-deficit hyperactivity disorder (ADHD). Possible side effects when used in proper dosages are elevated blood pressure, increased heart rate, insomnia, suppressed appetite, and increased respiration.

The medically prescribed stimulants most commonly abused include but are not limited to Dextroamphetamine (Dexedrine/Adderall), Sibutramine hydrochloride monohydrate (Meridia), and Methylphenidate (Ritalin). Though these stimulants have appropriate medical uses, they are highly prone to abuse and are addictive. They directly work on the “mesolimbic pathway,” which some call the “reward” pathway. In layman’s terms, this means they work on the pleasure centers of the brain. Illicit drugs in the same class are MDMA (ecstasy) and cocaine. When used improperly, pharmaceutical stimulants can cause dangerously high body temperatures, irregular heartbeat, hostility or paranoia, heart failure, seizures, and death. They are contraindicated with some asthma medications, decongestants, and some antidepressants.

Not Every Treatment Center Is Equipped to Treat Pharmaceutical Detoxification

One of the obstacles of getting someone into treatment for pharmaceutical drug abuse or addiction is that there are true medical conditions that these medications are designed to treat. Those who are abusing these substances are often terrified that the medication they believe is helping their medical condition will be taken from them. For example, those who are prescribed opioids at least initially and often in the present have a real pain disorder that must be addressed. To tell the addict that he will lose both his drug of choice and the substance that keeps his pain at bay may be too much for him to take; he may rebel against the idea of treatment or stand firmly in denial of the problem. There are special interventions for this type of patient.

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Also, those who suffer from pharmaceutical addiction must receive a supervised detoxification from the medication(s) they are taking. “Tough love” or having the addict “sweat it out” is not only cruel, but could result in major complications, including death. It is imperative that if you or someone you love is abusing one or more prescription medications that you choose a rehab that has a detoxification program on site that is staffed by fully qualified, licensed professionals.

Further, it is critical to choose a rehabilitation center in which the early rehabilitation process is overseen by medical doctors, psychiatrists, and psychologists, not “techs” or “addiction counselors.” Techs are generally persons with addiction in recovery, some of them with limited clean time, who use their personal experience as a means to assist addicts by running peer support groups or serving as sober companions. Addiction counselors enter the field with a two year associate’s degree in addiction counseling. This level of staffer is often not adequately prepared to support pharmaceutical addicts in the addiction recovery process; pharmaceutical addicts often enter rehab with a different set of bio-medical and psychological conditions than those who abuse street drugs. Medical doctors and psychiatrists understand the various ways in which different chemicals act on the brain in isolation and combination and are prepared to treat the underlying medical issues that helped facilitate the patient’s addiction in the first place. Techs and addiction counselors cannot do this. Thus, it is vital that the rehabilitation center you choose for a pharmaceutical addict have an on-site detoxification staff with high level addiction training and experience to monitor patients and oversee the recovery process.

It is important also to choose a treatment center that will make a commitment to helping the family understand how the abused drugs affected and interacted with the addict’s brain. Remember, most pharmaceutical addicts did not begin their addiction by “seeking a high” or “running away from their problems.” They had a real, valid medical condition for which they were prescribed highly addictive substances that simply got the better of them. If the family is taught how the addiction process works, particularly how brain chemistry is involved, it will help them to support the addict in recovery by helping them recognize that the addiction was nothing personal or a reflection of weak moral character. The addict likely did not become addicted due to unhealthy family dynamics, but rather through a misfortune of bio-chemistry. Yes, hurtful

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events may have ensued after the addiction progressed, and those issues must be addressed. Yet, there is healing and relief in learning about the biology that drives pharmaceutical addiction.

About the Author

Constance Scharff has a Ph.D. in Transformative Studies, specializing in addiction recovery. She is a researcher with the Institute for Creative Transformation and the world's leading expert on using ecstatic spiritual experience to maintain long-term sobriety. Her groundbreaking publication, *"Filling the God-shaped hole: Reframing alcoholism as an opportunity for spiritual transformation,"* is available from UMI Research Press. She is also a Transformative Studies and a full time Addiction Researcher for Cliffside Malibu, a leading addiction treatment center in Malibu, California. Dr. Scharff writes for a variety of journals and speaks to healing professionals on helping addicts in recovery maintain their sobriety. She has also traveled extensively in Asia, Africa, and North America, learning how to help individuals evoke life-transforming spiritual experiences and use those experiences to heal addictions and trauma. She can be reached at constance@cliffsidemalibu.com.

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Endnotes

¹ National Institute on Drug Abuse. (December 2011). *Topics in Brief: Prescription Drug Abuse*. Retrieved January 23, 2012 from <http://www.drugabuse.gov/publications/topics-in-brief/prescription-drug-abuse>.

² Girion, L., Glover, S. and Smith, D. (September 17, 2011). Drug deaths now outnumber traffic fatalities in U.S., data show. *Los Angeles Times*. Retrieved January 23, 2012 from <http://articles.latimes.com/2011/sep/17/local/la-me-drugs-epidemic-20110918>.

³ Grissom, B. (November 23, 2010). Accidental overdoses increase by 150% in Texas. *The Texas Tribune*. Retrieved January 23, 2012 from <http://www.texastribune.org/texas-state-agencies/departments-of-public-safety/accidental-overdoses-increase-by-150-in-texas/>.

⁴ Colker, A. (June 30, 2005). National Conference of State Legislatures. Retrieved January 23, 2012 from <http://www.ncsl.org/issues-research/health/prescription-drug-abuse.aspx>.

⁵ National Institute on Drug Abuse. (December 2011). *Topics in Brief: Prescription Drug Abuse*. Retrieved January 23, 2012 from <http://www.drugabuse.gov/publications/topics-in-brief/prescription-drug-abuse>.

⁶ National Institute on Drug Abuse. (December 2011). *Topics in Brief: Prescription Drug Abuse*. Retrieved January 23, 2012 from <http://www.drugabuse.gov/publications/topics-in-brief/prescription-drug-abuse>.