

Third Edition

Overcoming
**Prescription
Drug Addiction**

A Guide to Coping and Understanding

Rod Colvin, M.S.

Addicus Books, Inc.
Omaha, Nebraska

An Addicus Nonfiction Book

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*To the memory
of my brother Randy*



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Introduction

My Story

I wrapped my birthday gift, and left it on the kitchen table. As I headed to work, I casually pondered which restaurant to take my brother Randy to. The upcoming evening was to be one of celebration. Not only had Randy just completed his college degree in business, but today he was turning thirty-five. A celebration birthday dinner was definitely in order. But around noon, I got a telephone call at my office. It was a nurse from nearby Methodist Hospital.

“Are you the brother of Randy?” she asked after identifying herself.

“Yes,” I said, as my head began to spin. I wondered what had happened.

“Your brother has been brought in by a rescue squad... he’s in critical condition.”

The nurse gave me no other details—she just asked me to come at once.

Terrified, I jumped in the car and sped toward the hospital. “God, please don’t take my brother,” I prayed aloud as I raced toward the hospital. Minutes later, I was in the emergency room. Frantically, I was scanning the bays of beds, looking for Randy, but I didn’t see him anywhere.

Just then, a nurse approached me. “Are you Randy’s brother?” she asked.

“Yes,” I said.

“Let’s step out into the hall,” she said.

My heart sank. At that moment, I knew the worst had happened. “Is he dead?” I asked, not wanting to hear her response.

The nurse dropped her gaze and nodded. Randy was gone.

The death of my brother—and only sibling—was one of the most profound losses of my life, but I must tell you, his early passing was not a total shock. For years, Randy had battled a prescription drug dependency that started at age twenty when a psychiatrist first prescribed tranquilizers to help him cope with anxiety. The drugs made him feel good, so he started using them more and more. Over the years, he became very clever in obtaining Valium, Xanax, Percodan, Percocet, and other painkillers by a common scam known as “doctor shopping.” He would visit multiple doctors and feign back pain and ask for relief. He had also learned that on weekends, he could go to hospital emergency rooms, where it was easier to go unnoticed in the whirl of activity. There, he would ask for painkillers for a bad toothache, explaining that his dentist was not available until Monday.

My parents and I had long feared the toll this behavior was taking on him emotionally and physically. It was so painful for us to watch his bouts with addiction and his refusal to get help. He ruined many holidays, including Christmas dinners, showing up “drunk” on pills. Repeatedly, we had pleaded with Randy to get help—even offered to pay for treatment—but he always denied that he had a problem. Any suggestion that he had a drug problem angered him.

Still, at times over the years, he appeared to be leaving the drugs behind—he would be clearheaded and showed no signs of abusing drugs. He even enrolled in college. Each time we observed such positive changes, we thought he had

beaten the problem. In fact, just before he died, he had been drug free for nearly a year. It was a sure sign, we thought, that addiction was part of his past. However, as I later pieced together the last hours of his life, I learned that he had relapsed—prescription drugs, mixed with alcohol, a dangerous combination, had contributed to Randy’s death. The autopsy revealed that he didn’t die of an overdose, but rather he had gone into cardiac arrest. He died in his sleep while taking a nap at a friend’s house. The years of drug abuse had simply taken a toll on his heart.

My brother’s long battle—our family’s agonizing battle—with prescription drug dependency was over. Sadly, we had lost. Randy died on October 19, 1988—his thirty-fifth birthday.

Cherishing the Memories

In the years since my brother died, I’ve healed from the acute pain of the loss, but I still feel the loss deeply. When he was not drug affected, he was a kind, caring young man. I miss reminiscing with him. We used to call each other, laughing about funny stories from childhood. I miss those calls. And I often wonder if he were alive today, what he might be doing professionally—he was such a bright guy. And I think about what we might chat about over coffee—politics, the vast world of technology and the Internet, our fields of work?

Left now with only memories, I’m especially grateful for an experience I had with him shortly before his death. I’d had minor surgery, and Randy drove me home from the clinic. He fixed me a bite to eat and stayed close by while I napped. He seemed to enjoy being the caretaker, the role I was so used to playing with him. “It’s so nice to have a brother,” I said. He just smiled and patted me on the shoulder. It’s a memory I’ll treasure always.

Randy was only one of millions of people who started taking prescription drugs for legitimate medical reasons and progressed to addiction. Today, prescription drug abuse is one of the nation's most serious drug problems, and the results can be deadly. This growing problem claims victims from all walks of life.

—Rod Colvin

Part I
Coping with Addiction

*Although the world is full of suffering,
it is full also of overcoming it.*

—Helen Keller
1880–1968

1

Understanding Addiction

Somewhere, at this very moment, a man's wife agonizes as she receives a call from the police—her husband has been arrested for forging prescriptions for tranquilizers. In another community, a mother weeps as her adult daughter, intoxicated on painkillers, disrupts yet another family gathering. In a small Midwest town, a family is grieving the death of their teenage son who died at a party from an overdose of prescription anxiety medication and alcohol. The case scenarios go on and on. Legions of Americans are abusing and becoming addicted to prescription drugs.

In fact, chances are you know someone who is abusing prescription drugs. Maybe it's your spouse, a relative, a friend, or a casual acquaintance. Maybe it's you.

Defining Addiction

Addiction is a pattern of compulsive drug use characterized by a continued craving for drugs and the need to use these drugs for psychological effects or mood alterations. Many abusers find that they need to use drugs to feel "normal." The user exhibits drug-seeking behavior and is often preoccupied with using and obtaining the drugs of choice. These substances may be obtained through legal or illegal channels.

Overcoming Prescription Drug Addiction

The American Society of Addiction Medicine considers addiction “a disease process characterized by the continued use of a specific psychoactive substance despite physical, psychological, or social harm.” Addiction is a chronic disease that is progressive—it worsens over time. It can be diagnosed and treated, but without treatment, it is ultimately fatal.

How Addiction Affects the Brain

It was once thought that addiction was a result of being weak-willed—addicts could stop using drugs if they *wanted* to. But research has shown that this is not the case. In fact, after prolonged use of an addictive substance, the “circuits” in the brain virtually become “rewired.”

When a medication enters the brain, it is absorbed through receptor sites. Addictive drugs are believed to act on the brain by reinforcing the action of the body’s natural chemical, known as dopamine, that is involved in producing the sensation of pleasure. When the body is getting such chemicals from an outside source, the brain stops making some of its own and becomes dependent on the outside source. As the brain adapts to the drug’s presence, the individual using the drug builds tolerance and must continually increase the dosage in order to achieve the initial pleasure sensations. However, most addicts in recovery report that they rarely achieved that initial sense of euphoria or feeling of well-being again.

Further, if the drug is stopped abruptly, it usually triggers a withdrawal syndrome. Symptoms of withdrawal may vary depending on the length of the addiction and the drug being used, but common symptoms from painkillers may include anxiety, irritability, chills alternating with hot flashes, salivation, nausea, abdominal cramps, or even death. Some individuals describe withdrawal as the worst possible flu you can imagine. As one goes into withdrawal, the body “begs” for more of the addictive drug in order to escape the misery. Understandably, giving up the drug is difficult.

Understanding Addiction

This inability to stop using the drug is a characteristic of addiction. Although an addicted individual may intellectually understand the destructive consequences of addiction, he or she may not be able to stop the compulsive use of a drug; the changes in brain structure can affect emotions and motivation, both of which affect behavior.

Another common characteristic of addiction, *denial*, makes it even more difficult for the addicted individual to give up a drug. Denial refers to the addict's belief that he or she really does not have a drug problem. This self-protective mechanism is governed by the subconscious areas of the brain where the main addiction pathways exist. Denial keeps the addict from acknowledging both the drug problem and the underlying emotional issues that may be influencing the use of drugs. Usually, the longer the drug abuse has gone on, the stronger the denial.

Drug Misuse

There are levels of drug abuse. *Drug misuse* refers to drugs unintentionally being used improperly by people hoping to get a therapeutic benefit from the drugs. Misuse includes many scenarios, ranging from the patient who stops taking a medication on his or her own, to the patient who may be exchanging drugs with family members or friends.

Medication misuse causes thousands of deaths and hospitalizations each year, and the cost to the economy is in the billions of dollars.

Another potentially fatal misuse of drugs involves painkillers or sedatives taken in combination with alcohol. Even though a drinker may have developed a tolerance to the sedative effects of alcohol, he or she will not have developed a tolerance for the alcohol's depressing effects on the respiratory system. The combination of alcohol and tranquilizers or sedatives can create cardiorespiratory depression and lead to death.

Drug Abuse

Drug abuse refers to “the use, usually by self-administration, of any drug in a manner that deviates from the approved medical use or social patterns within a given culture. The term conveys the notion of social disapproval, and it is not necessarily descriptive of any particular pattern of drug use or its potential adverse consequences,” according to *The Pharmacological Basis of Therapeutics* by Jerome Jaffe. Drug abuse may include using a medication “recreationally,” using it for reasons other than those intended, or using the drug more frequently than indicated by the prescriber. Abuse may or may not involve addiction.

It is estimated that as much as 28 percent of all prescribed controlled substances are abused. That estimate translates to tens of millions of drug doses being diverted annually for the purpose of abuse. *Diversion* refers to the redirecting of drugs from legitimate use into illicit channels. The drugs may be obtained through any number of sources—by bogus prescriptions, from a friend, or purchased on the streets.

How Many Americans Are Abusing Prescription Drugs?

It’s difficult to say with precision just how many Americans are abusing prescription drugs, although estimates are available. According to 2007 statistics, nearly 17 million Americans aged twelve or older reported having used prescription drugs—painkillers, sedatives, tranquilizers, or stimulants—for nonmedical purposes during the year. In fact, the number of people abusing prescription drugs is greater than the combined number of people using cocaine, hallucinogens, inhalants, and heroin. Overall, 56 percent more Americans abuse prescription drugs than these illegal drugs.

Physiological Dependence and Addiction: The Difference

Not all drug dependence is addiction. *Physiological dependence*, which is often confused with addiction, is a result of the body's adaptation to a drug used over a period of time to treat a medical disorder. For example, a patient taking pain medication for several weeks would likely develop some degree of tolerance to the drug; he or she would become physically dependent, and would have withdrawal symptoms if the drug were stopped abruptly. This type of dependence, however, is *not* addiction. A patient with a physiological dependence can quit the drug, usually by being tapered off it gradually, with medical supervision and without admission into a drug treatment program.

Prescription Drug Abuse Checklist

Ask yourself the following questions about opioids, sedatives, and stimulants:

- Have you been taking sleeping pills every day for more than three months?
- Do you sometimes take pills in order to make life more bearable?
- Have you tried to stop taking pills and felt vulnerable or frightened?
- Have you tried to stop taking pills and felt your body start to tremble or shake?
- Do you continue to take pills even though the medical reason for taking them is no longer present?
- Do you think pills are more important than family and friends?
- Are you mixing pills with wine, liquor, or beer?
- Are you taking one kind of pill to combat the effects of another pill?
- Do you take pills to get high and have fun?
- Do you take pills when you're upset or to combat loneliness?

Overcoming Prescription Drug Addiction

- Do you feel happy if your doctor writes a prescription for drugs that change your mood?
- Do you visit several doctors to get the same prescription?
- Are you taking more pills to achieve the same effect you used to experience with smaller doses?
- Do you find it difficult to fulfill work obligations when you're taking pills?
- Do you ever promise yourself that you will stop taking pills, and then break the promise?
- If you answer yes or *sometimes* to three or more of these questions, you may be developing a problem with drug dependence. Talk with a chemical dependency counselor or doctor who specializes in treating drug problems. For referral to a local resource, call 1-800-NCA-CALL (1-800-622-2255).

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Understanding Addiction

Other Topics Covered in Chapter 1:

- Symptoms of Addiction
- Risk Factors for Addiction
- The Most-Abused Prescription Drugs
- Appropriate Use of Benzodiazepines (Xanax, Valium, Ativan, Klonopin)