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Addiction Messenger

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Ideas for Treatment Improvement

Prescription Medication Abuse

Part 2 - What You Should Know & Look For

What should you know about prescription drug abuse in specific populations? Teens? Women? Elderly? How can you and other health professionals recognize the inappropriate or over use of prescriptions? This issue of the Addiction Messenger answers these questions and provides information for you to consider when working with your clients, their families and other health professionals.

Adolescents

A 2007 Teen survey conducted by the Partnership for a Drug-Free America confirms that the intentional abuse of prescription and over-the-counter medications by teens is a serious concern. According to the survey:

- 1 in 5 teens (4.4 million) has abused a prescription medication,
- Nearly 1 in 5 teens (4.2 million) has already abused a prescription painkiller,
- 41 percent of teens think it's safer to abuse a prescription drug than it is to use illegal drugs.

"Teens continue to take their lives into their own hands when they intentionally abuse prescribed medications, reports Stephen Pasierb, the President and chief executive officer of The Partnership for a Drug-Free America since 2001. "Whether it's to get high or deal with stress, or if they mistakenly believe it will help them perform better in school or sports, teens don't realize that when used without a prescription, these medicines can be every bit as harmful as illegal street drugs."

Prescription drug abuse among teens is a growing and serious problem that many parents are unaware of. Here's some important information for families that you may be working with:

- The most commonly abused prescription medications are painkillers, like OxyContin or Vicodin, which produce feelings of euphoria and pleasure and are highly addictive. They can easily lead to overdose when crushed and snorted or mixed with other drugs, such as alcohol.
- Depressants, such as Valium or Xanax, are also commonly abused by teens. These drugs make users feel calm and reduce anxiety and tension. They are addictive and can be deadly when used in combination with prescription pain medications, some over-the-counter (OTC) cold and allergy drugs, or alcohol.
- In addition, stimulants, such as medications for ADD and ADHD like Ritalin and Adderall are being abused by some teens to "help them study better" or to suppress appetite for weight loss. These medications can also be addictive, cause feelings of fear or paranoia and lead to various health problems.

"Most people take medicines only for the reasons their doctors prescribe them. But an estimated 20 percent of people in the United States have used prescription drugs for nonmedical reasons. This is prescription drug abuse. It is a serious and growing problem."

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Next Issue:
Rx Abuse
Assessment
Tools

- Some OTC and other easily obtainable medications, such as cough suppressants containing dextromethorphan, are also being abused.
- Dispel the myth that these drugs are less harmful than street drugs because they are available through a doctor or at the local drug store.
- Concerned parents can take an inventory of medications that could be abused in their own and other homes to which their teen has access, such as those of relatives. Medications can be stored in a secured place where they can't be easily accessed. Grandparents, who may take painkillers and be less likely to notice missing medications, should also be encouraged to store them safely.
- Parents may decide to coordinate with the parents of their teen's friends to make sure access to prescription and OTC drugs is restricted, as well.
- Family members can be advised to watch for the signs of medication abuse such as: slurred speech, staggering walk, sweating, nausea, vomiting, numbness of extremities, dilated pupils, drowsiness and dizziness.
- Families you work with may also need a basic understanding of why young family members abuse drugs. It may be due to personal or family-related stress; academic competition; trying to fit in; the pressures involved in balancing school work, grades, extracurricular activities; and the desire to have the "ideal" physical appearance.
- Increase a family's knowledge of the Internet. Teens with a computer and a credit card can order prescription drugs. Having an awareness of what is mailed to the family's home is important.
- Parents should be aware if they're setting an appropriate example for their teens by not abusing or sharing their prescription drugs or over-the-counter medicines.

Women

Women and Prescription Drugs, a report from the Office of National Drug Control Policy in April 2007 notes the following data:

- Nearly one in ten (9.2 percent) teen girls report using a prescription drug for non-medical purposes, to control their weight or to get high at least once in the past year, compared to one in 13 (7.5 percent) teen boys.
- Females were involved in 55 percent of emergency room visits involving prescription drug abuse, compared to just 35 percent of emergency room visits where street drugs were involved.
- Women represent 56 percent of those being treated

for dependence on sedatives and 53 percent of those being treated for dependence on tranquilizers.

- Among 12-17 year-olds, girls had higher rates of dependence or abuse involving prescription drugs (1.8 percent for girls and 1.1 percent for boys)

Among older female clients, the use of psychoactive drugs can correlate with middle- and late-life divorce, widowhood, less education, poor health and chronic health problems, high stress, low income, depression and anxiety. Previous or coexisting drug, alcohol, or mental health problems in women also seem to increase a vulnerability for misusing or abusing prescribed medications. In addition, women tend to abuse drugs for reasons related to increasing confidence in themselves, reducing tension/stress, coping with problems, and to control their weight. Such motivation combined with easy access to prescription drugs create potential danger for all women no matter what their age.

Elderly

As people age they often are taking more prescription drugs for a variety of medical reasons. Approximately 30 percent of prescriptions are consumed by those people over age 65. The types of drug misuse in the elderly population is usually related to an over dose, under dose, using the drug other than prescribed, and from not understanding the negative reactions of combining medications. The misuse can happen due to difficulties reading and following the prescription, short-term memory loss, confusion and other cognitive deficits, cost (not following the prescription's frequency of dosage to save money), and the complexity of the drug regimen they are taking. The most commonly prescribed abusable psychoactive medications for older adults are benzodiazepines, antidepressants, and opiate/opioid analgesics.

Since older adults are less likely to use psychoactive medications nontherapeutically, problems with their drug use tend to fall into the misuse category and are often unintentional. Unintentional misuse can, however, progress into abuse if an older adult continues to use a medication, other than specified, for the desirable effects it provides.

Recognizing Rx Abuse

The U.S. Drug Enforcement Administration's Office of Diversion Control website has a page that is devoted to health professionals that provides information on patients seeking a prescription whose aim may be to use the drug inappropriately, and who may have already become addicted. Recognizing characteristics and how drug-seeking individuals may

present themselves is important information for all health professionals to be aware of.

Characteristics can include:

- Unusual behavior in the waiting room or extremes of either slovenliness or being over-dressed,
- Assertive personality, often demanding immediate attention,
- Having unusually detailed knowledge of controlled substances and/or giving their medical history with textbook symptoms, or, in contrast giving evasive or vague answers to questions regarding their medical history,
- Stating they have no regular doctor or health insurance, or they are reluctant or unwilling to provide that information,
- Making a specific request for a particular controlled drug and an unwillingness to consider a different drug that is suggested as an alternative,
- Not showing much interest in their diagnosis and not keeping an appointment for further tests, or refusing to see another professional for consultation,
- Appearing to exaggerate medical problems, and
- Exhibiting mood disturbances, suicidal thoughts, lack of impulse control, thought disorders, and/or sexual dysfunction, all of which may be an indication of the misuse of medications.

How they may present themselves:

- Stating that they must be seen right away,
- Wanting an appointment toward the end of office hours,
- Calling or coming in after regular office hours,
- Stating that they're just traveling through town and visiting friends or relatives,
- Presenting with physical problems (abdominal or back pain, kidney stone, or migraine headache) that can only be relieved with narcotic drugs,
- Presenting with anxiety, insomnia, fatigue or depression that can only be reduced with stimulants or depressants,
- Stating that non-narcotic pain relievers don't work or that they have an allergic reaction to them,
- Claiming to be a client of another health professional who isn't available,
- State that their prescription has been lost, spoiled or stolen and needs replacing, and
- Requests refills more often than originally prescribed.

Why is prescription drug abuse also a physician's problem? Physicians have a legal and ethical responsibility to uphold the law and to help protect society from drug abuse. Physicians have a professional responsibility to prescribe controlled substances appropriately, guarding against abuse while ensuring that patients have medication available when they need it. Physicians have a personal responsibility to protect their practice from becoming an easy target for drug diversion by becoming aware of situations where drug diversion can occur and the safeguards that can prevent this diversion. (Department of Justice, DEA, Office of Diversion Control (ODC, 1999))

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