

The Use and Abuse of Prescription Drugs

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Abstract

The fastest growing drug problem in the United States is prescription drug abuse. Painkillers are the most abused drug. Drug abuse is described as being intentional or deliberate. This article focuses on the signs and symptoms of drug abuse and the treatment for opiate addiction, otherwise known as the addiction of painkilling medicines.

Statement of Problem

Prescription drug abuse is one of the fastest growing drug problems that is undoubtedly sweeping across the nation. Prescription drug abuse is defined as “the use of medication without a prescription in a way other than prescribed for the experience or feelings elicited” (Volkow, United States Department of Health and Human Services, National Institutes of Health, & National Institute on Drug Abuse (NIDA), 2011, para. 1). Painkillers are the most abused prescription drug followed by sedatives, anti-anxiety medications, and stimulants. The use of illicit drugs, specifically, prescription drugs have an intense effect on morbidity and mortality globally (SAMSHA, 2012). Abuse is considered to be deliberate and intentional whereas misuse is said to be unintentional and may be perpetuated by another, which is often a health care provider (Volkow, 2011). The abuse and misuse of prescription drugs are related to undesirable physical, social, and psychological consequences; which result in increased risks of development of other problems and contribute significantly to health care costs (Fareed, et al., 2011). The quality of life is normally negatively impacted. According to the Centers for Disease Control and Prevention (CDC), in 2010 there were approximately 23 million Americans aged 12 and older that reported nonmedical use of prescription pain medicine in the past year (“Prescription Painkiller Overdoses,” 2011).

Early identification of prescription drug abuse and early intervention may prevent the problem from turning into an addiction (Mayo Clinic, 2012). Symptoms and signs of prescription drug abuse depend on the particular drug. Opioids are the most commonly abused prescription pain medicine. Opioids include hydrocodone (Vicodin), oxycodone (OxyContin), morphine and codeine. OxyContin and Vicodin have been the most abused prescription opioid pain medication (Volkow, United States Department of Health and Human Services, National Institutes of Health, & National Institute on Drug Abuse (NIDA), 2011).

There is growing concern in the public health community concerning the misuse of pharmaceuticals. The 2010 Drug Abuse Warning Network (DAWN) estimates that 1,173,654 Emergency Department (ED) visits involved nonmedical use of prescription medicines, over-the-counter drugs, or other types of pharmaceuticals (United States Department of Health and Human Services, 2012). This represents about a quarter (23.9%) of all drug-related ED visits and over half (51.0%) of ED visits for drug misuse or abuse. Over half (54.7%) of ED visits resulting from nonmedical use of pharmaceuticals involved multiple drugs, and about one in five (17.4%) involved alcohol (United States Department of Health and Human Services, 2012).

Literature Review

Continual research on the use and abuse of prescription drugs report a significant increase in prescription drug abuse and prescription drug misuse. Prescription drug abuse as previously stated is the alternative use of a medication. The misuse of prescription drugs is defined in various ways which include taking a prescribed medication at an improper dose, in a manner not recommended by the legitimate prescriber, or exchange of medication to non-prescribed users (Phillips, 2013). Prescription drug abuse and misuse has partly increased due to the increase of prescribed medications. “Physicians state it is difficult to determine who is abusing and misusing

prescription drugs due to nonmalignant and malignant patients presenting for pain management” (Dupont, 2010, p. 127).

Recent data further exposes the issue, in a survey, which states that in 2010, 12 million Americans ages 12 and older reported nonmedical use of prescription drugs (“Prescription Painkiller Overdoses,” 2011). The main drugs of choice are opioids, stimulants, and Central Nervous System (CNS) depressants. The routes of misuse are generally inhalation, smoke, intravenous, and oral (Volkow, United States Department of Health and Human Services, National Institutes of Health, & National Institute on Drug Abuse (NIDA), 2011). Some general indicators of prescription medication misuse are unpredictable acts or dealings, changes in disposition, restlessness, vigilance, self-destructive thoughts, dizziness, and insomnia (Guck, 2012). Many of these symptoms resemble that of mental illness symptoms and can increase medical ailments (Wolfenden, 2010). Recent studies report that Vicodin was the drug of choice for most high school age children, and other opioids, benzodiazepine, and stimulants were preferred by adults (Shaw, 2010). However, men and middle aged adults were found to have the highest rates for prescription drug overdose (Phillips, 2013).

Prescription drugs have become the most highly sought drug of choice due to being easily accessible, having dual benefits, and being seen as safer than illicit drugs (Phillips, 2013). While users of prescription drugs have lower rates of organized crime than users of street narcotics they have been found to have higher rates of poisoning, overdose, and secondary trauma (Dupont, 2010).

These prescribed drugs modulate the response to pain, anxiety, or depression; regulate body temperature, respiration, endocrine and gastrointestinal activity, motivation, relieve heroin withdrawal symptoms, provide financial gain, a sense of euphoria, and positive reinforcement which promotes drug seeking behavior (Fareed et al., 2011). Common abuse symptoms are as follows: nausea, dizziness, headaches, and irregular breathing. Identified withdrawal symptoms include: watery eyes, agitation or restlessness, shaking, sweating, stomach pain or nausea (Shaw, 2010). Initial treatment for prescription drug addiction is detoxification; most common medication therapy using methadone, buprenorphine, and naltrexone has been found to aid in detoxifying and remission maintenance (Kjome & Moeller, 2011). In addition to the above medications, Ibogaine, a drug used for its expedient effectiveness has been sought in the treatment of Opioids addiction (Brackenridge, 2010). The goals of the detoxifying medications are to reduce withdrawal symptoms, cravings, relapse, and restore physiological functions (Hill, Rice, Connery, & Weiss, 2012).

In an effort to manage drug control and pain management several federal, state, and local government policies have been put in place to manage this multifaceted issue. Most recently is The Prescription Drug Abuse Prevention and Treatment Act of 2011, a bill designed to address prescription drug abuse (Phillips, 2013). Congress has passed many bills to improve data collection on drug overdose fatalities, combat fraud abuse in Medicaid and Medicare programs, reclassifying drugs to make them more difficult to prescribe, and enforcing stricter penalties for pill mill operators (Phillips, 2013). It is believed that pharmaceutical manufacturers could help the cause by developing time release medicine into the bloodstream instead of rapid surge (Dupont, 2010). To reduce the non-medical use of prescribed controlled substances, Congress needs to invest in Prescription Drug Monitoring Programs that would help address both prescription drug abuse and misuse while supporting the use of prescription drugs (United States Department of Drug Enforcement Administration, 2010). Additional suggestions to those that

have already been made include: the creation of national education campaigns to broadcast the issue and create awareness, physicians screening patients who receive prescriptions for controlled substance for risk factors and providing ongoing monitoring of patients, including routine drug test (Dupont, 2010).

Signs and Symptoms of Prescription Medication Abuse

A prescription medication is an approved medicine prohibited by law deemed appropriate to be used for medical purposes, mental illnesses, and for pain. These medications are prescribed for individuals with the intent of helping; however, when these medications are misused and abused they provide the opposite outcome of their original intent and purpose (Phillips, 2013).

There are numerous types of prescription medications being abused for the purpose of getting high. There are three classes of prescription medications that are abused more often than others; they are opioids, stimulants, and CNS depressants. These medications are being snorted, injected, and smoked for intoxication (Volkow, United States Department of Health and Human Services, National Institutes of Health, & National Institute on Drug Abuse (NIDA), 2011).

There are several symptom signs and symptoms of abuse related to each of the three classes of medications. Opioids are pain relievers closely related to Heroin, commonly known as, “morphine, methadone, buprenorphine, hydrocodone (Vicodin), and oxycodone (OxyContin). Out of this group of pain medications, Vicodin and OxyContin are the two most used and abused” (Stöppler, 2012, p. 1). The physiological symptoms of these medications are feelings of drowsiness, detachment, and brainless. However, the physiological symptoms are not the same for everyone. Withdrawal symptoms may occur until the next use. Usually those symptoms will include, “watery eyes agitation, sweating, shaking, and stomach pain or nausea” (Shaw, 2010, para. 3). There are several general signs and symptoms of prescribed medication misuse or dependence, such as unpredictable act and or dealings, back and forth changes in disposition restless, amplified awareness, thoughts of self-destruction, dizziness and insomnia. Just like illegal drugs, prescription drugs have numerous side effects and toxicity from these drugs (Gluck, 2012).

Common stimulant medications are dextroamphetamine (Dexedrine), methylphenidate (Concerta), and amphetamines (Adderall). These medications are used to treat Attention Deficit Hyperactivity Disorder, depression, and certain sleep disorders. The abuse of this group of medications may produce mental health symptoms of suspicion and mistrust, seizures, and delusional behaviors (Wolfenden, 2010).

CNS Depressant medications include pentobarbital sodium (Nembutal), diazepam (Valium), and alprazolam (Xanax). Depressants are prescribed to treat individuals with anxiety, stress, panic attacks, and sleep disorders (Mayo Clinic, 2012). The psychological conditions of this medication, when abused, can cause drowsiness, dizziness or sedation, stealing, forging, pill shopping or selling prescriptions. Individuals who abused depressants risk the chance of physical dependence and addiction. Symptoms of abuse of depressants may be “seizures, memory lost, and abnormal body temperature” (Shaw, 2010, para. 4).

Finally, there are several additional signs and symptoms of substance abuse. It doesn't matter whether they are prescription drugs or illegal drugs. They include risky behaviors, poor judgment, involvement in crime, car accidents, poor academic or work habits, and distressed relationships (Mayo Clinic, 2012).

Treatment for Opiate Addiction

General Treatment

Treatment for prescription drug abuse is largely related to treatment of opiate addiction. As described in previous parts of the article, the most frequently used prescription drugs are hydrocodone (Vicodin), oxycodone (OxyContin, Percocet), morphine (Kadian, Avinza), and codeine, all pain medications. Of these, OxyContin and Vicodin are among the most frequently abused prescribed opiate pain medicine (Volkow, United States Department of Health and Human Services, National Institutes of Health, & National Institute on Drug Abuse (NIDA), 2011). Generally, the treatment for opiate drug abuse surrounds medication. The most frequently used medications are Buprenorphine, Methadone, and Naxolone. Naxolone is the standard treatment for opioid overdose. It is a short acting mu receptor antagonist. It is usually given intravenously, and is usually administered by paramedics before transferring the patient to the Emergency Department (Fareed et al., 2011).

Buprenorphine and Methadone are both Schedule III controlled substances, and are given to patients for at least three months to produce maximum outcomes. The goals of these medications are to reduce withdrawal symptoms, cravings, avoid relapse, and restore physiological functions such as sleep and bowel movements. Some studies have shown a 49% success rate in terms of improvement and abstinence from opiate use when on medication for at least 12 weeks in comparison to those who take medication less than 12 weeks (Hill et al., 2012, p. 591).

Ibogaine Therapy

Ibogaine (IB), an indole alkaloid closely related to serotonin, is a less used form of therapy in the treatment of opiate addiction. Ibogaine is capable of arresting the symptoms of opiate withdrawal within an hour, detoxifying the body overnight, and minimizing cravings for opiates. Its remarkable properties in terms of effect on opiate withdrawal were discovered in New York City in 1963. Ibogaine also provides therapeutic benefits as it functions as a “fantasy enhancer” that has great use for psychotherapy as it produces a waking dreamlike state with the potential to access unconscious materials (Brackenridge, 2010, p. 21).

IB therapy has three stages; a period of assessment, oral administering of the drug, and frequent outpatient therapy. The first stage typically last for six sessions, the second stage for 30 hours, and stage three for a few weeks followed by long term psychoanalytic psychotherapy for at least two years (Brackenridge, 2010).

Long Term Treatment

Long term treatment options include 12 steps programs similar to Alcoholics Anonymous and Narcotics Anonymous. One issue with 12 step programs is there is a high level of objectification and lack of space. For the addict/person, treatment usually focuses on knowledge, talking about the drug, and dose and frequency of the drug use. For long term management of opioid addiction, intensive behavioral treatments are preferred with the use of brief motivational interviewing and Cognitive Behavioral Therapy (CBT). CBT provides a way to work through the

here and now, challenging addict's thoughts, beliefs, memories, perceptions and actions in an attempt to reduce opiate use (Fareed et al., 2011).

Recommendations

In an attempt to achieve a more complete understanding of prescription drug misuse, researchers have recently examined the relationships between motives for use, route of administration, congestion with other substances, and negative outcomes of dependence. Prescription drug misuse is a condition with serious clinical complications. Treatment has focused on detoxification, agonist therapy with methadone or buprenorphine, or remission maintenance with the opioid antagonist, naltrexone (Kjome & Moeller, 2011). Treatment with oral naltrexone has been restricted by poor treatment obedience and setback; however, studies with long-acting preparations have shown improved treatment observance (Krupitsky & Woody, 2010). Extended-release injectable naltrexone has been used for the treatment of alcohol dependence. It has also been approved for the treatment of opioid dependence by the US Food and Drug Administration (Kjome & Moeller, 2011). Appropriate dosing is to occur once monthly along with attaining current data. Long-acting naltrexone supports effectiveness of treatment for opioid dependence. Treatment when using long-acting naltrexone must be monitored for hepatotoxicity, and patients should be made aware of increased risk of overdose with administration of opioids during and immediately after discontinuation of long-acting naltrexone (Krupitsky & Woody, 2010).

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