Prescription pills can fuel addiction

By DENNIS DYER Published: June 27, 2015 4:00AM

This is the second article in an effort to inform the Ashland Community about the serious problem with opiate addiction. The first article largely consisted of facts about the impact of the opiate problem on the community. This article will focus on the human tragedy of addiction and how it affects the individual and their loved ones.

Ashland County Council on Alcoholism & Drug Abuse is the outpatient treatment and prevention provider for Ashland County. We are a contract agency of the Mental Health and Recovery Board. ACCADA also is a partner agency of the United Way.

As noted in the first article, the number of patients being treated for opiate addiction has increased steeply in the last 15 years. Many times there are questions posed to this director on how a person gets addicted to heroin since it is legendary for being a very dangerous drug. In most cases, a person first uses opiate (opioid) painkillers before escalating to heroin. Some have used alcohol and other drugs extensively before using opiates. Others first encounter painkillers through the medical system. We are all familiar with the legitimate use of painkillers and the familiar appearance of prescription medications. Medication is relentlessly marketed on television and in magazines. The barrier of fearing opiate painkillers has been broken down by advertising or from prior legitimate use. It is not uncommon to be prescribed Vicodin by dentists and other medical caregivers. In some cases, your grandmother may have taken the opiate-based painkiller. It seems the thought is that if grandma was taking the drug, it cannot be that risky. When asked about why they did not anticipate addiction when starting to misuse painkillers, the answer is always the same: "I didn't think it would happen to me (addiction)."

Another scenario is getting addicted through the legitimate long-term use of painkillers. According to National Institutes of Heath, an addiction disorder occurs in about 5 percent of people who take these pain relievers as directed over the period of a year. This demonstrates that caution should be used when using opiate painkillers on a long-term basis. NIH suggests that everyone who uses prescription opioids needs to be screened and closely monitored. Some predictable percentage of patients using opiate painkillers will cross the line from using the medication for pain relief and begin to use in a way that is providing emotional benefits. Using for psychological reasons as opposed to pain relief is a dangerous step toward a substance disorder. It is not always clear why some go this route and not others.

Many believe that genetic makeup increases a person's susceptibility to addiction. Also, the ACEs study has provided information indicating that those who have experienced one or more severe adverse childhood experiences greatly increases the risk of later becoming addicted. It seems that the mood issues and emotional results of the adverse childhood experiences increase the risk for addiction and other problems.

Some individuals abuse and misuse alcohol and drugs but then eventually end or moderate their use to conform to community standards. A lesser number will progress beyond abuse and become addicted.

After addiction becomes entrenched, it can be very difficult to eliminate or reduce use of opiates. Most addicts try repeatedly to stop using. When they stop using, they experience a severe six-day withdrawal that is described as a very bad flu. Withdrawal includes vomiting, sweating, cramping, hot and cold flashes and a strong craving to use in order to eliminate the discomfort. If the individual does use opiates, pain and sickness is instantly eliminated. Even after getting through the overt withdrawal, there is a prolonged period of negative effects such as poor sleep, irritability, low energy and other symptoms that may last for several weeks or months. During this time, the addict will periodically have obsessive thoughts of using. Unfortunately, in most cases, the person does relapse and the cycle of use continues.

When using, the addict must continually plan to get their next fix. As the addiction progresses, the opiate may need to be administered as frequently as every four hours. Many are eventually spending more time in withdrawal than being high. In most cases, when clients present for treatment, they are no longer able to get enough of the drug to get high but only use to feel more normal and be able to function.

Family members will repeatedly seek to help their addicted loved one. Efforts to repair cars or provide money for what the addict presents as an emergency ends up with disappointment and anger when money is siphoned off for drug use. The family engages in a cycle of repeated attempts to help that ends in failure and further emotional pain. There is a variety of scenarios in these cases. Some resort to criminal behavior while others do not. What is always the case is that money that should go for legitimate personal or family needs is diverted to buy opiates.

A habit that begins with prescription pain pills will many times progress to heroin addiction. Most opiate painkillers are bought from people who have legitimate prescriptions. Eventually, the supply is interrupted or becomes too costly with the addict finding out that heroin is both cheaper and more available through drug dealers. A key element in opiate addiction is that development of tolerance to the drug. This means that an ever increasing amount of the drug is needed to feel high or not sick. Eventually the addict desperately wants to end the use of opiates but cannot find a way out the addiction cycle of despair, sickness and pain. All those who care about them also suffer.

A later article will allow the voices of addicts in recovery to be heard. We also will want to provide suggestions on how to deal with stress in a healthy chemical-free way.

Dennis Dyer is the director of Ashland County Council on Alcoholism and Drug Abuse. He can be reached at 419-289-7675.