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**UNDERSTANDING
ADDICTION *to*
PAIN MEDICATION**

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CONTENTS

Pain Medication Addiction Awareness, Support, and Hope	4
Pain Medication Addiction and Dual Disorders	5
A Deadly Problem: Recognizing Red Flags Fast	9
CHECKLIST: Possible Signs of Pain Medication Addiction	10
How Addiction to Pain Medication Impacts Relationships	12
Treating Addiction to Pain Medication	13
The Stats & Facts of Pain Medication Addiction	17

PAIN MEDICATION ADDICTION

Awareness, Support, and Hope

“I couldn’t imagine getting up out of bed in the morning and not taking a handful of pills every day,” says Randy Grimes, former center for the NFL’s Tampa Bay Buccaneers. “I just couldn’t imagine that there was a life out there that didn’t involve doing that.”

While on the field during his ten years with the NFL, Grimes was the quintessential picture of strength and athleticism. But behind the scenes, he felt the ever-increasing pressure to prove his abilities and endurance time and again, and the constant physical stress began to take its toll on his body. Soon, the prescription medications he had been taking in order to recover from his injuries became a central fixture of his life, and what had been a legitimate medical treatment turned into a crippling addiction that almost killed him.

“I began to live again,” he says, and with professional treatment, he has found an inner strength that can’t be beat. “There is hope. There’s always hope.”

“I justified it so many ways. Injuries were the reason I started taking the medication, but then

after I crossed that line of addiction, they became an excuse to keep taking the medication.” He was taking up to 600 pills a month when he hit rock bottom: “I didn’t know what to do, but I knew I had to do something,” he says, “It was such a dark place to be. I had lost hope. I needed a miracle.”

Randy found his miracle on September 22, 2009 — the day he stepped into Behavioral Health of the Palm Beaches. “I began to live again,” he says, and with professional treatment, he has found an inner strength that can’t be beat. “There is hope. There’s always hope.”

Pain Medication Addiction and Dual Disorders

Opioid pain medications are some of the most commonly prescribed remedies for everything from dental procedures and post-surgery pain relief to cough suppressants and gastrointestinal relief. Some of the most common opioid pain medications (and their more widely-known brand names) are:

- Fentanyl (i.e., Duragesic)
- Hydrocodone (i.e., Vicodin)
- Oxycodone (i.e., OxyContin)
- Oxymorphone (i.e., Opana)

- Propoxyphene (i.e., Darvon)
- Hydromorphone (i.e., Dilaudid)
- Meperidine (i.e., Demerol)
- Diphenoxylate (i.e., Lomotil)

These drugs work by activating a part of the brain that releases dopamine, a neurotransmitter that causes feelings of intense pleasure and euphoria. In turn, other parts of the mind recall this euphoric sensation, setting up the potential addiction – the compulsive need to satisfy the temptation. Over time, this desire can turn into a dependence with the brain needing that drug to function. Eventually, a person needs more and more of the drug to feel the pleasurable effect, and this tolerance can lead to withdrawal symptoms when that person can't get enough of the substance.

Since pain is subjectively relative to how much discomfort or distress a person can handle, it can be difficult for doctors to determine how much medication is warranted and how much is excessive. This can be further complicated by patients who exaggerate their pain in an effort to get a larger prescription, or people who are convinced for one reason or another that they are suffering more than their condition would indicate. Conversely, there are also many situations in which patients are overmedicated, or where physicians are too quick to prescribe medication when an alternative therapy may have better long-

term effects on a patient's suffering. Some physicians even go so far as to prescribe pain medication to patients simply to quiet their patients' complaints about unexpected pain. As a result, the rate of pain medication addiction among people with no history of addiction or dependence has increased at a disturbing rate.

According to a 2006 study in the *Journal of Clinical Psychiatry*, people suffering from anxiety or mood disorders are twice as likely to be addicted to some kind of drug and vice versa. Understanding that these conditions can go hand in hand is critical to seeking lasting, effective treatment for any kind of addiction, and that knowledge is at the core of Behavioral Health of the Palm Beaches' treatment programs.

When there is a co-occurring psychological disorder accompanying addiction, such as depression or anxiety, it becomes especially critical for physicians to closely monitor the medications and the dosages that they give their patients and the associated results and effects of that therapy. This includes monitoring patients' dosages, and ensuring that they're not using additional over-the-counter medicine without first getting their doctor's approval, or taking any medication that could affect their mental abilities or faculties. Likewise, patients with a coexisting addiction should check with their addiction and pain specialists that they're not taking anything that could interfere with their recovery.

“I was so sick, and I was so scared, and I was so broken,” says Randy, and that fear is not uncommon among those suffering from addiction.

“I was so sick, and I was so scared, and I was so broken,” says Randy, and that fear is not uncommon among those suffering from addiction. Psychiatric disorders, specifically depression and anxiety, are frequently associated with chronic physical pain, with the latter contributing to the development of the mental illness and vice versa. Studies have revealed that chronic-pain patients who take opioids have an increased risk of depression versus those who don’t, and those patients with chronic pain who have recently experienced depression are more likely to be prescribed opioids than those who have not experienced it.

Although suffering from such co-occurring conditions doesn’t necessarily mean someone is going to develop an addiction to pain medication, there is definitely a relationship between chronic pain and addiction, with the correlation (depending on the study) being as high as 50 percent or as low as 3 percent. But no matter the exact percentage, this correlation means that doctors need to keep a close eye on patients who are prescribed these medications so that if the patient begins to show signs of addiction, they can be referred to a specialist for proper treatment.

A Deadly Problem: Recognizing Red Flags Fast

Prescription painkiller abuse is so pervasive and dangerous that it actually leads to about 15,000 overdoses annually, and according to the Centers for Disease Control and Prevention (CDC), more people are dying from those drugs than both heroin and cocaine combined. Even methadone, which is commonly prescribed to help patients recover from severe opiate addiction or who are suffering from chronic pain, is single-handedly responsible for approximately 5,000 deaths annually, according to the CDC.¹ When used carefully under a physician's close watch, methadone can be used safely to help treat addiction, but nonmedical usage is distressingly common and has revealed its potentially lethal side effects. Unregulated usage of methadone, especially when taken more than three times a day, can dangerously interfere with the heart's rhythm and can severely slow down breathing.

The CDC has revealed that in 2009, nearly half a million emergency room visits were the result of abuse or misuse of prescription painkillers. These visits include not only people in the throes of an overdose, teetering on the brink of death, but also people showing the behaviors of severe addiction, such as seeking out particular drugs or abnormally high dosages, or going in at irregular hours.

CHECKLIST:

Possible Signs of Pain Medication Addiction

- Requests for higher doses of specific drugs
- Refusal for needed drug changes
- Early or unscheduled requests for drug refills
- Coming up with excuses for a prescription refill
- Late-night or late-week ER visits for more pain medication
- Seeking multiple doctors for prescriptions, called “doctor shopping”
- Buying medication from places other than pharmacies
- Asking friends or relatives for medication
- Avoiding family and friends
- Unwillingness to try other therapies for pain treatment
- Doesn't want to participate in drug testing
- Neglecting responsibilities

- Odd, sudden, or negative changes in mood or behavior
- Pupils that are consistently large or small
- Track marks or bruises from needles
- Difficulty talking or walking
- Excessive fatigue or anxiety
- Claiming pain when there is no physical appearance of suffering
- Onset of depression
- Respiratory trouble
- Intestinal trouble
- Heart failure
- Liver trouble

If you or someone you care about is exhibiting one or more of the aforementioned symptoms, consider the possibility of professional treatment.

How Addiction to Pain Medication Impacts Relationships

When a family member or a loved one abuses pain medication, the addiction takes over his or her life and affects the lives of loved ones, including family members and friends. For years, this was one of the central struggles for Randy himself, and looking back, he realizes the extent to which his addiction affected his whole family. As he reflects on the past, he says, “This program has given me the tools to live my life the way I’m supposed to live it, to be the father, the husband, all those things I wasn’t the last twenty or so years that I was active in my addiction.”

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The road to recovery isn’t one that can be walked alone. The family of someone suffering from addiction has to consider how their actions and behaviors may have contributed to their loved one’s addiction and their role in the recovery process. The decisions we make can be consciously and subconsciously affected

by our daily and long-term experiences with others. Even though Randy's addiction took him as low as he thought it was possible to be, through the support of the staff at Behavioral Health of the Palm Beaches and the love of his family, he has come back from that bleak precipice. "This program has also taught me that every day I do the right thing, that those relationships will heal, and that's what I work for every day with my family, especially my children, my grandchildren. That's the most important thing to me now."

Treating Addiction to Pain Medication

Suffering from pain medication addiction is difficult, but with the assistance and support of well-trained addiction specialists in a nurturing, healthy environment, recovery is possible. In fact, a study published in the *Journal of the American Medical Association* showed that addiction patients who received what are known as the "four essential elements of addiction recovery" – i.e., detoxification, rehabilitative counseling, continuing care, and medication-assisted therapy – had a recovery rate approaching 80% after one year of treatment, which is remarkable when you consider that the recovery rate of diabetes patients receiving a similar level of treatment is only around 50.4%.²

Of course, recovery plans involving these four essential elements are designed to treat more than just a patient's immediate chemical dependency. Intensive

recovery programs are designed to also treat any underlying, co-occurring psychological disorders through intensive therapy. Detox alone can't cure the mental component of addiction, much like how therapy alone won't heal a patient's physiological addiction – and moreover, patients who only pursue one avenue of treatment have a high likelihood of relapsing or simply finding a new addiction to replace the old one.

The process of medication-assisted therapy can be especially difficult, as it involves using controlled amounts of medication to slowly wean a patient off of the substance upon which they are chemically dependent. There are many pitfalls along the way, as having access to these medications can be a serious temptation for an addict just starting their recovery, but as long as the therapy is administered by a trained addiction medicine professional who ensures the patient is only receiving the specific amount necessary for the therapy process, the chance of recovery is significantly increased.

Some of the difficulties that arise during the recovery period can be mitigated through lifestyle changes or the adoption of alternative relaxation therapies. Yoga, exercise or fitness therapy, chiropractic care, meditation, and even eating a nutritious diet and having a healthy sleep cycle can all go a long way to aid in pain management and lowering a patient's stress level, letting them focus on the emotional hurdles that inevitably arise during the recovery process.

Inpatient rehabilitation or residential drug treatment facilities, like Behavioral Health of the Palm Beaches, provide a therapeutic community setting where patients live for an extended period, depending on their individual needs. In these settings, they have access to addiction education and a combination of services, including group and individual counseling, and a comprehensive continuum of care in a healing environment away from outside temptations, disruptions, and distractions to help them adjust and transition to a drug-free lifestyle with expert support and a variety of life skills. The customized treatment regimen they receive is tailored to their individual needs and is grounded in both evidence- and research-based medicine.

Even months after the official detoxification process is over, patients can suffer from a wide variety of withdrawal symptoms, including insomnia, pain, anxiety, fatigue, and depression. Attending outpatient rehabilitation as a supplemental treatment can help curb the effects of these symptoms. Twelve-step recovery programs, such as Narcotics or Alcoholics Anonymous, are also options that many patients in recovery find helpful. The structure that such programs provide, as well as the support of other members, can go a long way in preventing someone from having a relapse of their addiction; daily participation for the first 90 days, followed by regular weekly attendance, is shown to have a profound positive effect on the recovery process.

There are additional forms of long-term treatment that can be of great use during the recovery process, including cognitive behavioral therapy, family therapy, or therapies specifically targeted at coexisting psychological conditions. Good mental health is essential to a patient's long-term recovery, and these treatments allow a patient to explore and grapple with not just the negative behaviors they have adopted during the period of their active addiction, but also the emotional states or relationships that may have contributed to the addiction in the first place.

Now, years after his initial treatment, Randy Grimes finds himself working with people in situations very similar with his own. As a community liaison and interventionist with Behavioral Health of the Palm Beaches, Randy not only serves as a living example of how recovery works, but also interacts directly with patients, providing them with a warm smile and supportive words. "The people that I had the opportunity to bring in, and I see them doing well now, I just can't even explain the way it makes my heart feel. I know where they were, not only in my own experience, but I was there with them in the beginning," he says. "I get to see the light come on and the light come back into their face."

"There is hope, always hope."

The Stats & Facts of Pain Medication Addiction

- Enough prescription painkillers were prescribed in 2010 to medicate every American adult around-the-clock for one month.

Source: CDC

- In 2010, the average age of someone using pain medication for a nonmedical purpose was 21.

Source: Substance Abuse and Mental Health Services Administration

- In 2011, 8.9% of adults ages 18 to 25 and 3.9% of those ages 26 to 49 had both mental illness and a substance abuse disorder.

Source: Substance Abuse and Mental Health Services Administration

- In 2011, there were more adults, ages 18 or older, with co-occurring mental illness and substance abuse disorders who were unemployed (7.7%) than had part-time (4.7%) or full-time (2.9%) jobs.

Source: Substance Abuse and Mental Health Services Administration

- In 2011, among those who were dependent on or abused substances, 8.1% with serious mental illness attempted suicide compared to 4.7% of those with moderate mental illness, 1% of those with low or mild mental illness, and 0.4% of those without

any form of mental illness.

Source: Substance Abuse and Mental Health Services Administration

- In 2011, among adults ages 18 or older who had a substance use disorder, 65.6% of those with serious mental illness received specialized treatment for mental health care or substance use versus 41% of those with moderate mental illness, 29.7% of those with mild mental illness, and 15.1% of those with no mental illness.

Source: Substance Abuse and Mental Health Services Administration

¹<http://www.cdc.gov/vitalsigns/MethadoneOverdoses/>

² Baxter, Louis and Alan Stevens. “The Impact of Managed Care on Addiction Treatment: An Analysis”



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