

# Practical Advice on Prescription Painkiller Problems

## Why an “epidemic” of prescription painkiller abuse?

- » These drugs offer “addicting” rewards: Euphoric feelings, relaxation, etc. in addition to pain relief
- » People believe they’re “safer” than street drugs (not necessarily true.)
- » They are much more available: Prescriptions for opioid painkillers have tripled since 1990s



## When should I be concerned about someone’s prescription painkiller use?

The more of the following you can answer “yes” to, the more reason you have for concern:

- » Your loved one has a history of other substance abuse problems
- » You observe behavior changes that seem drug-related: Acting sedated, nodding off at inappropriate times, disorientation, moodiness that isn’t normal for them.
- » Signs of withdrawal or craving appear: Irritability, anxiety or nervousness when they’ve gone without a dose for awhile.
- » Signs of growing tolerance appear: They complain it takes a larger dose to do the job. They run out of their prescription early.
- » They continue to use other intoxicating substances while they are using the painkillers, especially alcohol (a deadly combination.)
- » You find evidence that they are obtaining additional prescriptions (different doctors’ names, pharmacy labels, etc.)

## What can I do about my loved one’s prescription drug problems?

If your loved one shows signs of misuse but may not be addicted, you can talk directly to them about what you’ve observed. Facts are the best tool for getting through. The goal is to get them to go back to the doctor and get their treatment re-evaluated in light of the problems they’re having.

You can also share what you’ve observed with the prescribing doctor or their office staff. They will not violate privacy so they can’t discuss much with you, but they need to know what you observe. You’re there, you see it. They don’t. Give them facts and specifics, especially about any alcohol use.

Don’t interfere with your loved one’s medical care, but do make sure that care is informed by the facts the doctor isn’t in a position to observe (and your loved one probably won’t tell them.) Doctors are increasingly aware of the need for very close monitoring of these prescriptions, and treatment re-evaluation as needed.

If it’s a clear case of addiction, and you believe that your loved one should be in treatment, consider discussing the situation with a counselor, interventionist, or other addiction professional. If your loved one is dependent on painkillers they will be frightened of anything that threatens their supply, and may be resistant to treatment. A professional can help you plan the best strategy for influencing their decision to get help.

People have abused opiates for 5,000 years. As much as medicine depends on them, they’ve always created problems for a percentage of users.

## Is it “Misuse,” “Abuse,” or “Dependence”?

- » **Misuse** is taking a prescription drug outside of the prescribed instructions. (Taking more, or more often, than prescribed, using alcohol, etc.)
- » **Abuse** is when taking the drug causes problems with safety or impairs your function (moodiness, nodding off, operating a vehicle, etc.)
- » **Dependence** is when full-blown addiction symptoms appear: Escalating doses to get the same effect, experiencing withdrawal, cravings, etc.