SAFE PRESCRIPTION DRUG USE BY DRUGWATCH

*The following resource was put together by **Drugwatch** a group of medical and legal experts whose mission is to provide quality, accurate, and free information about prescription drug side effects, medical device complications and related lawsuits for patients. This health guide explains how prescription painkillers, anti-anxiety medications and other drugs can lead to physical dependence, addiction and other issues. Understanding the risks of these medications and having frank discussions with your doctor can help head off complications. To read more about DrugWatch or to access the resource directly from the website, click on the link below.*

https://www.drugwatch.com/health/safe-prescription-drug-use/

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In this era of modern medicine, there's a pharmacological fix for many ailments, but sometimes, the remedies can cause their own set of problems. Prescription painkillers, anti-anxiety medications and other drugs can lead to physical dependence, addiction and other issues.Understanding the risks of these medications and having frank discussions with your doctor can help head off complications. Powerful prescription drugs are the go-to remedy for a host of ailments.

Someone struggling with anxiety is handed a prescription for a benzodiazepine, such as Xanax (alprazolam) or Ativan (lorazepam). The patient who's having trouble sleeping receives a prescription for Ambien (zolpidem). A person suffering from chronic pain is given a prescription opioid, such as Percocet (oxycodone) or Vicodin (hydrocodone).At first, the drugs may seem to work like magic — and they work quickly. The Xanax takes the edge off. The Ambien provides a restful night's sleep. The Percocet eliminates the pain.But over time, the dark side of these drugs often emerges. One day, the patient needs more than the usual dose of medication to get relief. Or

the patient tries to stop taking the pills and feels horrible. The patient is suffering from withdrawal because his or her body has become dependent on the medication.

For many patients, this is how the cycle of dependence and addiction starts, and the toll is tremendous. Nearly 218,000 Americans died between 1999 and 2017 from overdoses related to prescription opioids, according to the Centers for Disease Control and Prevention, and millions more are struggling with ongoing substance use disorders.Physicians sometimes fail to mention these risks when they prescribe the medications to patients, and many provide little or no information about when or how to stop taking the drugs.That's why it's essential to get as much information as possible before you start taking these types of drugs . When you understand the risks, you can take steps to avoid them.

Talking To Your Doctor

Before taking any medication, it's crucial to talk to your health care provider about the benefits and risks of the drug. This is especially the case with prescription painkillers and other central nervous system depressants, which have a host of serious side effects and are notoriously hard to quit when you take them for a long time. Asking your doctor why they've selected a particular medication and how the drug works is a good starting point for this critical conversation.

It's important to understand your diagnosis and the sort of results the medication will deliver. If your doctor has prescribed opioids for back pain, for instance, find out what he or she thinks is causing your pain. Will the medication improve your condition or just treat the symptoms? Or is there another way to get to the root of the problem and fix it? Here are some other important questions to get you started:

1. What are the benefits and risks of taking this medication?
2. What are my treatment options?
3. Are there better, safer (or non-addictive) alternatives?
4. What are the medication's side effects?
5. How will this interact with my other medications?
6. Can I safely drive while taking this medication?

7. How long should I take this drug?
8. How should I stop taking this drug? (Can I stop it suddenly or will I need to be weaned off of it?)

If you find this sort of conversation nerve-racking or uncomfortable, know that you're not alone. Many people find doctors intimidating or worry that their doctors will think they are questioning their judgment. With the typical medical appointment lasting about 15 minutes, other patients simply feel too rushed to bring up their concerns.

But a good doctor will make time for these conversations and encourage you to be an active participant in your health care decisions. If you're too shy or tongue-tied, take a friend or relative with you who can advocate for you. And remember, your doctor works for you — not vice versa.

Did You Know? In a 2016 survey of patients using prescription opioids, six out of 10 patients said their physicians provided no instructions about how to stop taking the drugs, or when they should stop. Source: The Washington Post/Post-Kaiser (Long-Term Prescription Opioid Painkiller Users Poll)

UNDERSTANDING THE RISKS

Not everyone who fills a prescription for an opioid will become addicted. But a 2017 report by the National Academies of Sciences, Engineering and Medicine suggests that approximately 8 percent of those given prescription painkillers will end up with a diagnosed "opioid use disorder" and up to a quarter will engage in behaviors that suggest a substance abuse problem.Physical dependence on opioids can occur in as little as eight weeks. And dependence on benzodiazepines and hypnotic sleep medications like Ambien can occur within three to four weeks of regular use, according to studies.That's why many physicians will prescribe the lowest dose needed for as short a time as possible.

Dr. Chris Johnson , an emergency room physician who has worked on the front lines of the opioid epidemic, told Drugwatch that "there is no

‘risk-free’ dose of opioids,” and the risk of dependence and addiction escalates the longer you take them.

Did You Know? One-third of patients taking prescription opioids for eight weeks developed an addiction or physical dependence on the medication. Source: 2016 survey conducted by The Washington Post and Kaiser Family Foundation

DEPENDENCE AND WITHDRAWAL

Tolerance is a physiological change that occurs when you repeatedly use a drug. Tolerance is usually characterized by needing to take higher levels of a drug to get the same effect. Drug dependence often follows.When you’re dependent on a drug, your body needs it in order to function normally, and you may feel sick and suffer withdrawal symptoms if you don’t take it. Dependence develops because the drug causes changes to your brain’s neurochemistry.Dependence may be hard to identify at first, and the signs of trouble may seem counterintuitive.

With opioids, for instance, withdrawal may first manifest as an increase in pain, and a patient with chronic pain may interpret this as a“flare up” of their condition, according to Dr. Johnson.But if your pain level has increased, that’s often the first warning sign that you’re dependent on the medication. Withdrawal symptoms often follow, but patients shouldn’t wait for severe symptoms to manifest to suspect they’re becoming dependent on a drug.You should talk to your doctor as soon as you suspect you’re showing signs of dependence or experiencing withdrawal symptoms. He or she may be able to create a tapering schedule for you to gradually reduce your dose and minimize withdrawal. Depending on the drug you’re taking and how long you’ve been taking it, common drug withdrawal symptoms will vary: Prescription painkillers (such as Vicodin, Percocet, Oxycontin) While opioid withdrawal feels miserable, it’s not usually life-threatening. Common withdrawal symptoms may include: anxiety, muscles aches, nausea, vomiting, diarrhea, goosebumps, sweating, agitation, stomach cramps, dilated pupils, runny nose and watery eyes.

Benzodiazepine sedatives (such as Xanax, Valium, Ativan) Common symptoms of benzodiazepine withdrawal may include: a return of anxiety, sleep difficulty, panic attacks, tremors, sweating, trouble concentrating, nausea, dry heaves, weight loss, palpitations, headaches, muscle tension and spasms, seizures and other problems.

Some people develop a protracted withdrawal syndrome that can drag on for months or years. Hypnotic sleeping pills (such as Ambien) Patients suffering Ambien withdrawal may experience a return of insomnia, uneasiness, abdominal and muscle cramps, vomiting, sweating, tremors and convulsions.

Physical dependence can occur with the chronic use of many drugs, even if you take your medication exactly as directed. Dependence is not the same as addiction, although addiction may accompany or follow dependence.

Safety Tip Physical dependence on opioids, benzodiazepines and other medications can happen in a matter of weeks. For this reason, doctors usually recommend using such drugs for as brief a time as is necessary.

A Closer Look at Benzodiazepine Dependence

Benzodiazepine dependence doesn't get nearly the attention that opioid dependence does, but the problem is significant. A 2017 article in The New England Journal of Medicine found that benzodiazepine dependence occurred in approximately one half of patients who took the sedatives for more than a month. Those who've experienced it say it can happen even more quickly.

Dr. Christy Huff, a cardiologist and co-director of the Benzodiazepine Information Coalition, told Drugwatch that her doctor gave her a prescription for a low dose of Xanax (0.25 mg) in 2015 when she was suffering from insomnia and anxiety related to an excruciating bout of dry eye syndrome. "I was warned about addiction. I don't have a history of abuse or an addictive personality, so I thought as long as I was following my doctor's instructions, I was safe," Huff said in a

phone interview. “What I didn’t realize is dependence is different and can develop quickly— in the matter of a week.”

After about three weeks of taking the drug to sleep at night, Huff developed a tremor and worsening anxiety. The symptoms were so unbearable that she soon began taking a second dose of Xanax in the middle of the day for relief. When she told her doctor what was going on, her doctor put her through a battery of medical tests that turned up nothing. “Nobody ever said the medication could be causing your problem,” she recalled. “I don’t have a history of abuse or an addictive personality, so I thought as long as I was following my doctor’s instructions, I was safe. What I didn’t realize is dependence is different and can develop quickly — in the matter of a week.”

In fact, Huff had developed a physical dependence on alprazolam and was suffering from what’s known as “interdose withdrawal.” The phenomenon, which causes withdrawal symptoms in between doses, is common with short-acting benzodiazepines such as Xanax. Like many who end up dependent on benzodiazepines, Huff developed an array of excruciating withdrawal symptoms. Hers included profound fatigue, cognitive problems, brain fog, muscle spasms, muscle weakness, stomach upset, and sensitivity to light and sound.

To ease her agony, her doctor switched her to Valium, a longer-acting benzodiazepine, and began a long, slow taper. In the end, it took her three years and three months to taper off of benzos completely and now, she said, she is working on rebuilding her health. She also works with the Benzodiazepine Information Coalition to educate others about the dangers of benzodiazepine use and provide resources for those who are dependent.

ADDICTION AND OVERDOSE

Addiction is another risk associated with opioids, benzodiazepines, sleeping pills and other types of mind-altering drugs. Addiction is different than physical dependence and less common, Johnson said, because it involves not just having withdrawal symptoms, but an inability to stop using the drug despite its adverse effects on your

health and life . A person who is addicted to a drug will usually experience intense cravings and compulsively use the drug. The user may spend a great deal of time thinking about the substance and figuring out ways to obtain it.

With prescription drug addiction, people may attempt to obtain more pills than they need or refill their prescriptions early. They may also try and obtain the same prescription from several practitioners, a phenomenon known as “doctor shopping.”

Misusing Prescriptions An estimated 18 million people — 6 percent of the population over the age of 12 — misused a prescription medication in 2017. Source: National Institute on Drug Abuse. Once addiction occurs, “things get ugly, even with treatment,” Johnson said. He pointed to a 2017 study in the Journal of Addiction Medicine that showed that even when getting treatment at a medical clinic, the fatality rate for people with an opiate use disorder is extremely high. One in five who sought medical treatment for addiction died within 10 years. The risk of dying from a drug overdose is especially high right after treatment. That’s because a person’s tolerance drops quickly after any sort of prolonged period of drug abstinence, and if they return to their prior level of drug use, their body won’t be able to handle it.

Knowing the signs of an overdose is crucial. The signs and symptoms of an opioid overdose may include:

Excessive drowsiness or sedation

Sluggish reflexes Confusion or altered mental status

A weak or rapid pulse Cool or clammy skin

Pale face Slow or stopped breathing

Bluish lips or fingers (darker-skinned Low blood pressure people may appear gray or ashen)

The signs and symptoms of benzodiazepine overdose may include:

Unresponsiveness Vomiting Loss of consciousness

Anxiety and agitation Confusion or altered mental status Drowsiness

Blurred Vision

Unresponsiveness Trouble breathing Low blood pressure Muscle weakness
Slurred speech Hallucinations
The signs and symptoms of an Ambien (zolpidem) overdose may include:
Drowsiness
Trouble breathing Slowed heartbeat
Coma
Mixing medications can increase the risk of an overdose. More than a third of fatal opioid overdoses occur when people use opioid painkillers and benzodiazepines together. Both types of drugs suppress breathing, and those effects are greatly multiplied when used in combination, creating a fatal drug cocktail.
If someone is grappling with an addiction to opioids, it's wise to have an antidote on hand. Naloxone, also known as Narcan, can reverse an opioid overdose if it's given in time. It comes in several forms, including a nasal spray and an injection. Emergency responders usually carry naloxone with them, so if you or a loved one is overdosing, call 911 immediately.
Safety Tip If you or a loved one take prescription painkillers, print out the Opioid Overdose Resuscitation Card . Follow the instructions on the card in the event of an overdose and ask your doctor whether you should keep naloxone on hand.

PTSD AND OTHER RISK FACTORS

Anyone can become physically dependent on a drug. But some people, including those with post-traumatic stress disorder, have a higher risk of developing an addiction to opioids and other substances. As Johnson explained, addiction is linked to distortions in the brain's reward system. Chemicals, such as opioids and benzodiazepines can effectively hijack this reward system — as can pleasant activities, such as gambling, social media and video games.

But people who've had their normal reward systems disturbed through traumatic events face an even higher risk, Johnson said, because the reward pathways are also responsible for us feeling comfortable in our skin from minute to minute. As a result, people with PTSD may turn to substances to ease their discomfort.

Did You Know? Approximately 50 percent of people who seek treatment for substance use disorders meet the criteria for post-traumatic stress disorder. Source: Current Psychiatry Reports

"Furthermore, opioids and addiction deaths have been described as part of the phenomenon as 'deaths of despair,'"

Johnson said. "These deaths of despair include suicide and alcohol along with opioids. Anyone from any socioeconomic status can develop addiction, but the rates of addiction still hit those with lower status and more difficult prospects harder than those better off."

Other risk factors — including genetics, a family history of substance abuse, and a history of mental health problems — can also increase a person's chance of developing an addiction.

Certain psychological and social stressors can also lower the bar. A person might be more vulnerable to misuse substances after losing a job, moving or going through a divorce, for instance. You should make your doctor aware of any difficult or stressful situations in your life.

Safety Tip If you have a history of addiction or alcoholism, let your doctor know. This can raise your risk of developing an addiction to certain prescription medications.

SAFE USE OF PAINKILLERS AFTER SURGERY

In some situations, taking an opioid may unavoidable. Opioids are often the only reliable method to control pain related to cancer or other terminal diseases.

Likewise, if you're undergoing major surgery or have suffered trauma from an accident, an opioid may be the only feasible method of providing adequate pain relief. There are still important precautions you and your healthcare team can take to avoid becoming dependent on the drug.

According to the CDC, doctors should prescribe the lowest effective dose of an opioid and provide no greater quantity than is needed: usually three days' worth of medicine or less. Only in rare cases, will more than a week's worth of medication be necessary.

"Patients with an acute injury such as fracture or kidney stone should plan on taking these medicines no more than a few days and plan to stop altogether in no more than a week as a general guideline," Johnson said.

If you're being prescribed opioids for pain after surgery, you should also understand responsibilities as a patient. According to the CDC, that includes knowing how often to take your medication, how to properly store it and how to dispose of any unused pills.

Opioid Dos and Don'ts:

Never take a larger dose of the medicine than your doctor has prescribed and never take your pills more frequently than it says to on the pill bottle. Don't combine your painkillers with alcohol, sedatives or other drugs (including over-the-counter medications) that cause drowsiness. Never share or sell your pills. Store your medication in a secure (locked) cabinet out of the reach of children, relatives and visitors, and keep track of your pills. Dispose of any unused pills through a community drug take-back event or by disposing of them in the garbage. You can learn more about proper disposal methods from the FDA .

Patients also need to have realistic expectations about post-surgical pain relief.

"[You] should expect some ongoing pain, which is normal," Johnson said. "Patients should not expect opioids to be taken to make one pain free until the healing has progressed to the point that when they stop taking opioids they are also pain-free. Opioids after an injury or a

surgery should be taken only with the expectation that the worst of the pain will be mitigated for a few days." Please seek the advice of a medical professional before making health care decisions.
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INFLUENCING TEENS VIA THE MEDIA: VAPING UNRAVELED

Recently, over 500 hundred people, many of them teens, have been hospitalized for severe respiratory problems that are attributed to vaping either nicotine or THC oil, a marijuana derivative. Teens are particularly influenced by social media and advertising that pushes the latest trends. Companies promoting products take advantage of that. E-cigarettes are a 2.5-billion-dollar business in the U.S. Annually the e-cigarette industry spends more than $125 million to advertise their products, with ads that portray the type of sexual content, excitement and consumer satisfaction that appeals. Many of those advertisements are targeted to teens.

Data **r**eleased by the Centers for Disease Control (CDC) in mid-September 2019 when the vaping crisis received public notice indicated there were over 500 cases of lung illness reported from 38 states and the U.S. Virgin Islands. Seven deaths were confirmed at that time, with more expected. All reported cases have a history of e-cigarette produ**ct** use or vaping. Most patients have reported a history of using e-cigarette products containing THC; many patients reported using THC and nicotine; some reported the use of e-cigarette products containing only nicotine.

A report that the CDC released before the vaping crisis emerged indicated that e-cigarette use went up among middle and high school students from 2011 – 2018: with nearly 1 of every 20 middle school

students (4.9%) reporting in 2018 that they used electronic cigarettes in the past 30 days—an increase from 0.6% in 2011. In the high schools nearly 1 out of 5 students (20.8%) reported in 2018 that they had used electronic cigarettes in the past 30 days—an increase from 1.5% in 2011.

The data also revealed the following:

1. Almost 50% of high school seniors have abused a drug of some kind.
2. By 8th grade 15% of kids have used marijuana.
3. 43% of high school seniors have used marijuana.
4. 8.6% of 12th graders have used hallucinogens – 4% report on using LSD specifically.
5. Over 60% of teens report that drugs of some kind are kept, sold, and used at their school.
6. 1 in every 9 high school seniors has tried synthetic marijuana (also known as “Spice” or “K2”).
7. 64% of teens say they have used prescription pain killers that they got from a friend or family member.
8. 28% of teens know at least 1 person who has tried ecstasy.

Responding to the recent hospitalizations and deaths, the CDC, the U.S. Food and Drug Administration (FDA), state and local health departments, and other clinical and public health partners are investigating multistate outbreaks of severe pulmonary disease associated with e-cigarette product use (devices, liquids, refill pods, and/or cartridges). This investigation is ongoing, and although researchers have not identified a specific cause, all reported cases have a history of using e-cigarette products. Based on available information, the disease is likely caused by an unknown chemical exposure. No single product or substance is conclusively linked to the disease at this time.

The Wisconsin Department of Health Services reported that among their 12 confirmed and 14 suspected cases of vaping-related illness, including severe lung damage in people who reported recent vaping or “dabbing,” (which is vaping marijuana oils, extracts or concentrates),

symptoms ranged from cough, chest pain and shortness of breath to fatigue, vomiting, diarrhea, and fever. David D. Gummin MD, Medical Director of the Wisconsin Poison Center, and professor and chief of medical toxicology at the Medical College of Wisconsin stated in the New York Times recently, “We have no leads pointing to a specific substance other than those that are associated with smoking or vaping,but we know the common element among all of those hospitalized was either vaping or dabbing (using an e-cigarette to inhale marijuana)”

E-cigarettes (vapes) appeared in the US about 10 years ago. They are an electronic nicotine delivery system consisting of a cartridge containing a liquid, an atomizer (vaporization chamber with a heating element), and a battery. Their initial purpose was to help people stop smoking. Unfortunately, they have become extremely popular among teens, who are using them to inhale everything from actual nicotine to various flavored juices and synthetics.

Over the past few months scientific studies have produced evidence that vaping can pose many risks. The vapes affect the body’s immunity and produce “smoker’s cough” and bloody sores that have begun showing up among teen vapers. The hotter a vaped liquid gets, the harsher its effects on human cells. A relatively new vaping behavior called “dripping” increases the heat and thus the side effects. Some data even suggest that e-cigarette vaped liquids may contain cancer-causing chemicals and produce seizures. Mark Rubinstein MD, a professor of pediatrics with the University of California, San Francisco, reported findings of a recent research study where urine tests conducted on teen patients who are using vapes indicated elevated levels of five different toxins which are known or suspected carcinogens. All of the toxins belong to a class of chemicals known as volatile organic compounds (VOCs). Volatile organic compounds are released when e-cigarette liquid is heated to the point when it becomes vapor,” Rubinstein said. “The liquid contains solvents that are approved food additives, but when heated these additives can form other chemical compounds, including VOCs,” he said.

Public agencies, schools, colleges clinicians and healthcare institutions are banding together to head off what they fear could be a vaping epidemic, urging everyone to discontinue their use until further evidence is available. However, enforcing these recommendations is neatly impossible, particularly among teens, who believe that they are immortal and keep using substances that pose a danger to their health. Promotion and advertising of these products is definitively part of the problem, particularly on social media where teens they spend so much of their time. In our capitalist society we have few restrictions on what, how or to whom companies can advertise their products via the public media which includes print, video, television, and online. Nor do we want to take away the rights of a free society that guarantees to everyone through the First Amendment, freedom of speech. However, when we see the consequences of blatant promotion of addictive and dangerous substances targeted to our young people, many of whom who do not have enough life experience to distinguish between right and wrong, good and evil, we must pause and ask ourselves, where do we draw the line in the sand?