POSSIBLE CONSEQUENCES OF OPIOID MISUSE OR ABUSE

Chronic use of opioids can result in tolerance for the drugs, which means that users must take higher doses to achieve the same initial effects. Long-term use, if not taken as prescribed, can lead to physical dependence and addiction — the body adapts to the presence of the drug, and withdrawal symptoms occur if use is reduced or stopped.

Symptoms of withdrawal include restlessness, muscle and bone pain, insomnia, diarrhea, vomiting, cold flashes with goose bumps ("cold turkey"), and involuntary leg movements. Finally, taking a large single dose of an opioid could cause severe respiratory depression that can lead to death. However, many studies have shown that properly managed medical use of opioid analgesic drugs is safe and rarely causes clinical addiction.

MIXING OPIOID DRUGS WITH OTHER MEDICATIONS

Only under a physician's supervision can opioids be used safely with other drugs. Typically, they should not be used with other substances that depress the central nervous system, such as alcohol, antihistamines, barbiturates, benzodiazepines, or general anesthetics, because these combinations increase the risk of life-threatening respiratory depression.

OTHER MEDICATIONS

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DETERMINING IF A PRESCRIPTION DRUG ABUSE PROBLEM EXISTS

Answering “yes” to any of the following questions may indicate a problem with the use of pain medication:

- Are you using someone’s else’s prescription?
- Are you obtaining drugs from an illicit source or by illegal means?
- Are you no longer using the drugs for the symptoms for which it was originally prescribed?
- Are you lying about or hiding your use?
- Are you obtaining medications from multiple physicians.
- Have your friends, family members, or co-workers expressed concern?
- Are you preoccupied about your medication, focused on the next dose, and concerned about how you will obtain more drugs?
- Do you fill your prescription sooner than would be expected and make excuses for why?
PRESCRIPTION DRUG ABUSE

In an alarming new trend the National Institute on Drug Abuse has determined that while the majority of drug use is down, prescription drug and medicine abuse is rising. The statistics are particularly alarming for young people, 20 percent of whom have reported abusing medication.

Accessibility is assumed to be a major cause for the rise in medication abuse. There is also the common misconception that professionally manufactured drugs are safer than “street drugs” like cocaine and heroin.

While users might think that these drugs are safe, the risks of improperly taking prescription medication include overdose, drug interactions, accidents resulting from drowsiness and death.

In 2005, more than six million Americans reported non-medical use of prescription drugs, according to the National Survey on Drug Use and Health.

That’s more than the number of people who used cocaine, heroin, hallucinogens, and inhalants combined. And nearly half (48%) of all emergency room visits resulting from controlled substance drug abuse were by youths 12–20 years of age.

COMMONLY ABUSED DRUGS

Although many prescription drugs can be abused, there are several classifications of medications that are commonly abused.

The three classes of prescription drugs that are most commonly abused are:

- **Opioids**, which are most often prescribed to treat pain;
- **Central nervous system (CNS) depressants**, which are used to treat anxiety and sleep disorders; and
- **Stimulants**, which are prescribed to treat the sleep disorder narcolepsy and attention-deficit hyperactivity disorder (ADHD).

**WHAT ARE OPIOIDS?**

Opioids are a family of drugs that have morphine-like effects. Their primary medical use is to relieve pain. Other medical uses include control of coughs and diarrhea, and the treatment of addiction to other opioids.

For example, methadone is used to treat addiction to other opioids, such as heroin. Methadone is a rigorously well-tested medication that is safe and effective for the treatment of narcotic withdrawal and dependence.

This synthetic narcotic has been used to treat opioid addiction for more than 30 years. Heroin releases an excess of dopamine in the body and causes users to need an opiate continuously occupying the opioid receptor in the brain.

Methadone occupies this receptor and is the stabilizing factor that permits addicts on methadone to change their behavior and to discontinue heroin use.

**HOW DO OPIOIDS EFFECT THE BRAIN AND BODY?**

Opioids act on the brain and body by attaching to specific proteins called opioid receptors, which are found in the brain, spinal cord, and gastrointestinal tract.

When these drugs attach to certain opioid receptors, they can block the perception of pain. Opioids can produce drowsiness, nausea, constipation, and, depending upon the amount of drug taken, depress respiration.

Opioid drugs also can induce euphoria by affecting the brain regions that mediate what we perceive as pleasure. This feeling is often intensified for those who abuse opioids when administered by routes other than those recommended.