



Abuse of painkillers

fastest growing form of addiction

by Karen Martin-Robbins

Steven is having that dream again. The one where he goes into his mother's bathroom, moves a tile out of the way and finds a huge stash of OxyContin. He feels euphoric knowing he's got his hands on so many drugs.

The youth wakes up feeling happy. Then he realizes it was just a dream and he's crushed.

"I had the realization that addiction had set in because I was mentally obsessed with drugs," says the 20-year-old, who's been clean now for nine months. "It would creep in and I would fantasize about being on drugs."

At 18, Steven, who asked that his real name not be used, started taking prescription drugs recreationally with a friend. His friend's mom had had a stroke and the boys raided her painkiller prescription.

"Painkillers made me feel OK with myself. They made me feel like people liked me and I felt connected to people. They solved my problems," he explains.

But what started as a casual pastime with friends turned into an obsession for Steven.

He's not alone.

The abuse of opioids, specifically OxyContin pills, is the fastest rising form of addiction in Canada, says the Centre for Addiction and Mental Health (CAMH).

Opioids are a family of drugs used to relieve pain. Some, such as morphine and codeine, are made from the opium poppy plant. Others are synthetically made from chemicals. Heroin, for example, is a highly addictive opioid made by adding a chemical to morphine. Commonly misused prescription drugs include oxycodone (Percodan, Percocet, OxyContin), hydrocodone (Tussionex), codeine (Tylenol 1, Tylenol 3), morphine, hydromorphone (Dilaudid) and meperidine (Demerol).

While these narcotics are effective painkillers, they can also create feelings of intense pleasure or euphoria. People who misuse or abuse them can easily become addicted.

"It's a good feeling," Steven says. "You get a warm buzz and you feel totally blissful."

"I always have had trouble riding the bus. For some reason, I have high anxiety when I ride the bus. But when I was on drugs I was

comfortable riding the bus. I didn't have any fear."

A study, published in the Canadian Journal of Public Health in 2009, found that in major Canadian cities (outside Vancouver and Montreal) abuse of prescription opioids was overwhelmingly higher than heroin use.

In 2003, between 321,000 to 914,000 people were estimated to be abusing prescription opioids.

Dr. David Teplin, a clinical psychologist in Richmond Hill, says one of the main reasons for the growing popularity of painkiller addiction is the broad availability and accessibility of the drugs.

"People find them in medicine cabinets, they can be ordered on the Internet, they're prescribed by physicians," Dr. Teplin, who specializes in addiction, explains.

Det.-Sgt. Dieter Boenheim of the York Regional Police drug and vice unit says prescription fraud is a common crime associated with this type of addiction.

A person could obtain a prescription for opioids from a doctor, fill the prescription at one pharmacy, head to a walk-in clinic for

another prescription, fill that out at another pharmacy and there is no system to track the pattern, he says.

"There is not one main way for pharmacies to communicate with one another," Det.-Sgt. Boeheim explains.

Ontario Health Minister Deb Matthews says the government is taking steps to rectify this.

Last fall, the province passed the Narcotics Safety and Awareness Act, which allows the government to track narcotic prescriptions for painkillers such as OxyContin, morphine and codeine, as well as stimulants and sedatives like Ritalin, Valium and phenobarbital.

"We know that there is a serious narcotics abuse issue facing many Ontarians and their families throughout our province. We are taking a range of steps that reflect the severity of the issue," says Ms Matthews.

Under its narcotics strategy, the province has plans to create a database of prescribing and dispensing practices.

With this information, health care professionals could flag unusual patterns. When there is "inappropriate activity", responses could include educational support and resources, reporting to the appropriate regulatory college and, in extreme circumstances, law enforcement.

The current system only tracks drugs prescribed under a provincial program that funds medications for seniors, welfare recipients and people with disabilities.

The expanded system would send out an alert if someone tries to get the drugs from several doctors or attempts to fill prescriptions at several pharmacies.

EHealth has been working to establish an electronic health information system but delays may push back its 2015 target.

The legislation was well received by the medical, law enforcement and pharmaceutical communities.

"The misuse of prescription narcotics is a growing concern in Ontario and has become a serious safety issue for pharmacists and their patients. This strategy marks a step towards a more comprehensive approach to ensuring narcotics are prescribed and used appropriately," Dennis Darby, chief executive officer of the Ontario Pharmacists'

Association, said in a news release.

A detailed plan hasn't been spelled out yet, but so long as the pills are available in people's medicine cabinets, the opportunity for abuse still exists.

Steven says he never went so far as to write his own scripts for painkillers but he did steal from family and friends who had legitimate prescriptions.

He says he took benzodiazepines (Valium) regularly from his step-mom and stepsisters without them ever noticing.

"I was never confronted," he says.

According to CAMH's 2007 Ontario Student Drug Use and Health Survey, 21 per cent of students (grades 7 to 12) surveyed reported using prescription opioid pain relievers for non-medical purposes and almost 72 per cent reported obtaining the drugs from home. Many prescription drug abusers, especially young people, don't have to look much further than the medicine cabinet to get their fix.

As well, since about 2003, more 12 to 17 year olds trying illicit drugs for the first time are experimenting with prescription opioids rather than marijuana, which used to be the "gateway" drug of choice.

"We hear of young people raiding their parents' or grandparents' medicine cabinets before heading out to a party," Dr. Teplin says. "They pour the pills into one big bowl and treat it like a big candy bowl."

Steven says although opioid use wasn't prevalent among his peers, when he was abusing drugs he tended to spend more time with those who did.

"I navigated around the people that were into it and I stopped hanging out with those that weren't," he says.

Over two years, Steven slowly began to notice how drugs had changed his life. But it was that recurring dream about finding drugs in the bathroom that prompted the youth to seek help. Last spring, he told his parents he was addicted to drugs.

He began treatment with a clinical psychologist and joined a support group for people with addictions.

Steven has been drug free since June 8, 2010.

"I still have the odd craving," he says. "But

those thoughts and dreams (about drugs) have stopped."

Although Steven is confident he can stay clean, Dr. Teplin cautions the road to recovery is not an easy one.

He says relapses are common within the first year of quitting and most often happen during the first seven to 14 days when the body is in physical withdrawal. However, he says, if people with addictions can deal with the issues that got them into drugs in the first place, they will have a better chance of getting clean and staying clean.

Treatment services for addiction in York Region

Addiction Services of York

This non-profit agency supports change in the lives of individuals, their families and communities related to substance use and gambling. It serves anyone 12 years of age and older who is affected by substance use or problem gambling. For services, call the intake co-ordinator at 905-841-7007 or 1-800-263-2288.

Centre for Addiction and Mental Health (CAMH)

The centre provides care to people facing addiction and mental health challenges at different stages of their lives and illnesses, from children to seniors. Clinical services include assessment, brief interventions, inpatient/residential programs, continuing care, outpatient and ambulatory services and family support. For information about treatment programs, call 416-595-6111 or 1-800-463-6273.

Drug and Alcohol Registry of Treatment

This information line to source treatment can be reached at 1-800-565-8603.