



# Prescription Meds Addiction, Alive and Thriving

**Medication** is generally prescribed to help an individual cope with a physical, psychosocial or mental health condition and is usually limited to a month's supply. It is not uncommon for this to be extended to a six month repeat script based solely on the patient's stated view of the severity of continuing symptoms.

Medication is useful, according to patients, for improving sleep patterns and stabilising moods or controlling emotions arising from traumatic events that cause stress, depression, anxiety, insomnia and other symptoms. Prescribed medication can become a means of avoiding, suppressing, numbing, forgetting or coping with life events. From the doctor's perspective, medication is prescribed to treat symptoms.

## Dependence and addiction are not synonymous

The terms dependence and addiction are often confused or used interchangeably. While there is some overlap, it's important to understand the major differences between the two.

Dependence is present when someone develops a physical tolerance to a substance. They may experience withdrawal symptoms if they stop using the drug altogether. Usually, dependency is resolved by slowly tapering off the use of a substance.

On the other hand, addiction occurs when extensive drug or alcohol use has caused a change in brain chemistry, manifesting as uncontrollable cravings to use those drugs despite doing



harm to oneself or others. The only way to overcome addiction is through treatment.

When it comes to prescription medication, classifying overuse or abuse as an addiction becomes difficult because it is legally prescribed by a respected medical professional and so it is seen as being socially acceptable to use.

## Strategies used to obtain more medication

Duplicating scripts, going to different doctors, visiting different pharmacies

### Abstract

Prescription medication from a designated medical professional provides, without any doubt, on-going assistance to enhance and increase the quality of life of many South Africans. However, there is a lack of knowledge and insight regarding the increased misuse and abuse of prescription medication encountered in today's society.

to receive the medication, cash purchasing, dishonesty regarding who the medication is for and utilising medication excessively on a daily basis are all hallmarks of addiction.

Many recovering prescription addicts define this process as "one being too many and a thousand never enough."

The ongoing process of repeat consultations, changing medical professionals, manipulation, insisting or trying to convince the medical professional of the

necessity for the prescription medication and the distorted need to have the medication indicates that there is a problem. This behaviour falls under the classification of being "a prescription medication addict".

## The role of medical professionals in addiction

The points mentioned below have been gathered from patient testimonies regarding their interactions with medical professionals that, from their perspective, contributed to the development of an addiction.

### Psychiatrists and GPs

- Diagnosing on first impressions without utilising diagnostic manuals (DSM V) and tools.
- Insufficient consultation time resulting in misdiagnoses and incorrect prescription.
- Lack of precision diagnoses, leading to misprognosis. Many patients are incorrectly diagnosed with bipolar or schizophrenia.
- Lack of precision prescription.
- Not establishing early in the doctor-



patient encounter whether the patient is a recovering addict or has an addictive personality. This would limit prescribing addictive medication resulting in further risk of dependence.

- Not referring patients for counselling or therapy for psychosocial problems - medication is prescribed to treat emotional issues rather than helping the patient seek alternative coping solutions.
- Continuous assessments not done or not done thoroughly - very brief consultations with repeat scripts of increased dosages. (Many cases report collecting repeat scripts at reception)
- Lack of information provided regarding the dangers of dependence and side effects.
- Inadequate listening and interpretation of traumatic psychological experiences expressed by patients and their need for assistance, instead prescribing or dispensing medication.
- A lack of continuous assessment and monitoring to confirming whether ongoing prescription medication is required or not.
- Prescribing long-term repeat scripts to patients.
- Not considering alternative therapies.
- Prescribing dosages according to a one-size-fits-all approach.
- Allowing patient to exercise undue influence in terms of medication dosage and quantity.

### Pharmacists

- Medication being dispensed without scripts, especially to cash patients.
- Lack of an electronic monitoring system to keep track of patients' medication usage.
- Failure to query the frequency and dosage of medication.
- Failure to provide information regarding the addictive nature of medication or to offer alternatives.

### Consequences of prolonged usage

Feeding the addiction becomes the main priority of the addict, regardless of the harm they may cause to themselves or others. Patients act irrationally and make irrational decisions, especially

### A story from the other side

At the age of 13, I was experiencing severe menstrual pain and the family doctor dispensed a schedule 5 pain killer without a prescription. The medication came at a time where I was going through bullying and additional family related problems. The frequent use of pain killers would suppress and help me avoid all negative feelings and thoughts. Subsequently, my addiction continued as I tried various other over-the-counter medications to give me the same euphoria. Sourcing from different pharmacies at different locations was no problem.

Only two years later, at the age of 15, did the doctor act, "I think you have a problem and need help." The psychiatrist I saw did not inform me about the dangers of using three addictive medications simultaneously (eg, anti-depressant, benzodiazepine and sleeping medication) or the possibility of addiction to the prescribed medication.

Years later the addiction became so bad that my goal was to "use and blackout" and eventually die. I never perceived my constant usage as an addiction or a problem as prescription medication was socially accepted and it was prescribed by a doctor in a legal manner.

when they don't have the substance they are addicted to (eg, xanax, benzodiazepine, valium, morphine).

Consequences of prolonged usage of commonly prescribed drugs include: obsessive behaviour, psychosis, depression, weight loss, memory loss, decreased working performance, isolation, suicidal attempts or thoughts, loss of appetite, outsourcing motherhood duties, loss of reality, insomnia, emotional absence, tiredness, laziness, slurred speech, not taking responsibility, decreased or increased sexual drive, decreased concentration, and many more.

### In-patient treatment of the prescription drug addict

The patient initially undergoes detoxification to wean off all addictive medication and then the mental, emotional and physical well-being of the patient is addressed through a tailored rehabilitation programme. Each patient is individually assessed by a medically trained professional for a greater understanding of the specific nature of their addiction. This process is used to tailor the duration and quantity of detoxification mandatory for each patient.

The rehabilitation process is not limited to just addiction as it also addresses the psychosocial challenges

each patient faces. The aim is to disrupt the internal process of looking to drugs to solve psychosocial and emotional problems so that insight and understanding of the drivers of addiction can be established.

### Tranquility offers a holistic treatment approach

Tranquility Home Rehabilitation Clinic offers a holistic treatment approach primarily focusing on a lifetime abstinence from all mood-altering chemicals, including an improved quality of life.

The treatment programme includes frequent support group meetings with other recovering addicts and changes in lifestyle. Further, the treatment schedule includes cognitive behavioural therapy, individual and group counselling and the 12 steps. The ultimate goal is a psychic change sufficient to bring about recovery from addiction so that there is a change in basic thinking, feeling and interaction with surroundings.

#### Tranquility Clinic – Recovery with Compassion

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