

## Prescriptions now biggest cause of fatal drug overdoses

By Liz Szabo, USA TODAY [http://www.usatoday.com/news/health/2009-09-30-drug-overdose\\_N.htm](http://www.usatoday.com/news/health/2009-09-30-drug-overdose_N.htm)  
Debra Jones didn't begin taking painkillers to get high.

Jones, 50, was trying to relieve chronic pain caused by rheumatoid arthritis.

Yet after taking the painkiller Percocet safely for 10 years, the stay-at-home mother of three became addicted after a friend suggested that crushing her pills could bring faster relief. It worked. The rush of medication also gave her more energy. Over time, she began to rely on that energy boost to get through the day. She began taking six or seven pills a day instead of the three to four a day as prescribed.

"I wasn't trying to abuse it," says Jones, from [Holly Springs, N.C.](#), who has since recovered from her battle with addiction. "But after 10 years, I couldn't help what it did to my body or my brain. It was hard to work without it."

Addiction to prescription painkillers — which kill thousands of Americans a year — has become a largely unrecognized epidemic, experts say. In fact, prescription drugs cause most of the more than 26,000 fatal overdoses each year, says Leonard Paulozzi of the [Centers for Disease Control and Prevention](#).

The number of overdose deaths from opioid painkillers — opium-like drugs that include morphine and codeine — more than tripled from 1999 to 2006, to 13,800 deaths that year, according to CDC statistics released Wednesday.

In the past, most overdoses were due to illegal narcotics, such as heroin, with most deaths in big cities. Prescription painkillers have now surpassed heroin and cocaine, however, as the leading cause of fatal overdoses, Paulozzi says. And the rate of fatal overdoses is now about as high in rural areas — 7.8 deaths per 100,000 people — as in cities, where the rate is 7.9 deaths per 100,000 people, according to a paper he published last year in *Pharmacoepidemiology and Drug Safety*.

"The biggest and fastest-growing part of America's drug problem is prescription drug abuse," says Robert DuPont, a former White House drug czar and a former director of the [National Institute on Drug Abuse](#). "The statistics are unmistakable."

About 120,000 Americans a year go to the emergency room after overdosing on opioid painkillers, says Laxmaiah Manchikanti, chief executive officer and board chairman for the American Society of Interventional Pain Physicians.

## More sales, more addicts

Experts say it's easy to see why so many Americans are abusing painkillers.

There are lots of the drugs around, and they're relatively easy to get, says David Zvara, chair of anesthesiology at University of [North Carolina](#) Hospitals.

As Americans age and carry extra pounds, more are asking for pain relief to cope with joint problems, back pain and other ailments, Zvara says. He says he has seen a huge increase in the number of patients seeking care for chronic pain.

Paulozzi notes that the rise in fatal overdoses almost exactly parallels a corresponding rise in prescription painkiller sales. In surveys, about 5% of Americans say they have used a prescription narcotic in the past month.

Doctors today are also more apt to prescribe pain pills in an effort to relieve real suffering, says James Garbutt, a UNC addiction specialist.

Of course, many people take painkillers legally and carefully follow their doctors' prescriptions. The medical profession has paid more attention to adequate pain relief for terminal cancer patients, for example, who aren't in danger of addiction, Zvara says.

But some people are genetically susceptible to addiction, especially if they have a family history of it, says [Nora Volkow](#), director of the National Institute on Drug Abuse.

People are also at higher risk of addiction if they are depressed or under stress, because many people find that painkillers provide a sense of well-being or euphoria, Volkow says. Some begin to rely on these psychological benefits long after their physical pain has subsided.

Many abusers go from doctor to doctor for new prescriptions. Others, when turned down by doctors, buy painkillers on the street or through illegal Internet sites, Manchikanti says.

It's also easy for addicts to overdose. Although these drugs are safe when taken as directed, taking high doses can make people stop breathing.

"At the high doses used by drug abusers, the margin of safety is small," Paulozzi says. "Combining such drugs on your own or using them with alcohol increase the risk."

## **Getting help**

Because persistent pain and painkillers can carry so many risks, people with pain that lasts more than three months should consult a pain-management specialist, says Christopher Gharibo, medical director of pain medicine at NYU-Hospital for Joint Diseases in New York.

To treat long-term pain, doctors may try a combination approach, using anti-inflammatory drugs, anti-convulsants and muscle relaxants, Gharibo says. For lower back pain, for example, doctors may use anesthetic patches and "trigger-point injections" into specific muscles, he says.

To prevent patients from abusing or selling their painkillers, doctors may do unannounced urine tests or count a patient's remaining pills, Manchikanti says. He says patients need to accept that they may never be completely free of pain. Instead, he says his goal is to help patients to "be active and functional without escalating their dosage."

Krista Smith, 39, takes the narcotic Vicodin to relieve the lingering pain caused by a car accident 23 years ago, when she was burned on over 80% of her body. But Smith uses them sparingly — making a bottle of 50 pills last four months — to avoid becoming addicted.

"I deal with pain every day," says Smith, a mother of two from Timberville, Va. "I've been through so much pain that I guess I can tolerate a lot."

Many doctors say that preventing abuse requires a national effort.

Although 39 states have electronic databases to track narcotics prescriptions, none share that information fully with other states, Manchikanti says. So patients who get narcotics in one state may be able to cross the state line to get more.

A nationwide system of electronic medical records also would help, Zvara says, because doctors in different hospitals and clinics would easily be able to measure how many narcotics doses a patient has had.

## **Easy to underestimate**

Experts say there are many reasons why the public — and even doctors — don't realize the seriousness of the problem. Unlike crack, prescription painkillers generally aren't associated with increased street crime or violence, Zvara says.

And Volkow notes that many people underestimate how lethal painkillers can be, assuming that anything prescribed by a doctor must be safe.

Experts say Jones was lucky to get help before it was too late.

Jones says she tried and failed to quit the drug on her own. Although she never spent more than about \$50 at a time buying extra pills from "acquaintances of acquaintances," Jones says she realized she was becoming dependent on them.

She eventually kicked the habit through a UNC program and has been clean for two years. She now takes a methadone-like drug for pain.

"I can't tell you how good it feels to be off of it," Jones says. "I never dreamed it could be so addictive or dangerous. It's something you don't know about until you live it."