



ILLUSTRATION BY KATE BANAZI. * NAME HAS BEEN CHANGED

ADDICTED TO PRESCRIPTION

DRUGS

KELLY* had suffered from insomnia for years. At her wits' end, Kelly asked her GP about sleeping pills, so he gave her a week's prescription for the sedative zopiclone. "It knocked me straight out – and the relief when I woke up after eight hours was just huge," says the 35-year-old Aucklander. "I didn't feel like a zombie all day anymore."

Zopiclone – also known as Imovane – is like most sleeping pills and is meant to be taken for a maximum of a few weeks. Although Kelly, a graphic designer, tried only to pop a pill when she was desperate, she soon started taking them every night. When she asked her doctor for a repeat, the harried GP

BY HELEN SIGNY
AND SARAH LANG

agreed. Two weeks became four weeks, which then became four years.

It wasn't until this year, when Kelly began paying bills twice and couldn't remember setting her friend up on a date, that she realised her memory problems, daytime drowsiness and foggy brain were due to the tablets. "I know I'm addicted," she says, "but I can't bring myself to stop taking it."

If you think of a drug addict as a junkie injecting in a back alley, think again. While there's a yawning gap between the stigma we place on drugs bought from a pharmacy and those bought on the street, there is no difference when it comes to addiction – and increasingly the drug of choice in this country is a prescription one.

Data doesn't exist on exactly how many New Zealanders are addicted to prescription drugs, largely because the information collected about prescriptions covers only scripts that attract a subsidy, and it cannot differentiate between medications prescribed for legitimate use and those bought or sold for misuse or abuse.

However, figures from government drug-buying agency Pharmac reveal an alarming level of drug dependence. Prescriptions for opioid painkillers and related analgesics rose from just over two million in 2005 to three million in 2009. Meanwhile, New Zealand doctors wrote out a record 659,000 prescriptions for sleeping pills (mainly benzodiazepines) last year.

"Far too many prescriptions are being written for people with sleep



Prescription medicines were identified as a factor in the death of singer Michael Jackson last year, as well as those of actor Heath Ledger and celebrity Anna Nicole Smith

problems," says Dr Alex Bartle, a Christchurch-based, internationally recognised sleep expert. GPs don't have enough consultation time, and don't know much about the behavioural management of sleep disorders, he says. "Sleeping pills are very effective, so many people would prefer to take a pill than consider behavioural change."

The problem is that the body can adapt to drugs such as sleeping pills and painkillers, says Bartle, which means that over time the user has to take higher doses to achieve the same effect. It's normal to develop tolerance – but if you start upping your dose, the problem can get out of control.

It's made worse if people take lots of different drugs, either deliberately or inadvertently. When you take combinations of drugs such as opioids and benzodiazepines, the risks are considerably greater than if you take either drug on its own, says Professor Brian McAvoy, a specialist medical officer at Community Alcohol and Drug Services (CADS) in Auckland.

For example, high doses of pain relievers may slow the breathing, and that can happen with a much lower dose if the pain relievers are combined with sleeping pills. Drugs can interact with each other to cause serious side effects, even death.

An autopsy performed on 28-year-old actor Heath Ledger after his sudden death in 2008 found traces of prescription drugs, including oxycodone, hydrocodone, diazepam, temazepam, alprazolam and doxylamine, which he'd

ARE YOU AN ADDICT?

Professor Brian McAvoy, a specialist medical officer at Community Alcohol and Drug Services in Auckland, says most people can stay on medication long term with no problems.

However, you might need help if:

- You're taking more medication than prescribed
- You're taking it for reasons other than those the doctor intended
- You're running out early
- You're going from doctor to doctor to get more scripts
- You're "topping up" with additional medication from friends or obtained off the street
- You're finding yourself lying to doctors or family, stealing prescription pads or engaging in other dishonest behaviour
- You're generally having problems managing your medication.

taken to help with his insomnia, anxiety and cold symptoms. All had been obtained legally. Michael Jackson, Anna Nicole Smith and Brittany Murphy are also tragic victims of accidental prescription drug overdose.

Even off-the-shelf pills such as Nurofen and Voltaren, known as non-steroidal anti-inflammatory drugs (NSAIDs), can have serious side effects if you take too many – such as stomach ulcers, gastrointestinal haemorrhage or serious perforation.

There are also risks if people *stop* their medication without medical advice. Once the body has become used to regular medication, there can be

serious side effects when you cut your intake – ranging from heart problems to dizziness, depression and seizures. If the thousands of older people taking medication stopped, they would risk major health problems, even death, says McAvoy. “Patients should always check with a health professional – GP, nurse or pharmacist – before stopping any prescribed medication.”

And you’ve got to get continuity of care. Robert McMahon, then 23, was prescribed painkillers after he broke his leg in a work accident and subsequently developed osteomyelitis (a bone infection) and depression.

Three years after the accident, Robert went to a new doctor at a medical centre who, over four weeks, prescribed him more than 2000 tablets including antibiotics and strong painkillers containing morphine. Three weeks later, Robert was found slumped in his car, dead.

“Robert was in pain, but not enough to warrant taking morphine,” says his

mother, Anna. “But the new doctor didn’t have his medical history, and there was no communication between the doctor, the hospital and the pharmacies where he was taking his scripts.

“In the days before he died he was terribly sick with stomach cramps, sleeping a lot and suffering horrific mood swings. I was worried he was getting addicted to the new medication but he didn’t tell me what he was on – I should have seen the signs.”

Most of us know morphine is an addictive opioid drug, but many people don’t know that the common painkiller codeine is also an opioid. And loud alarm bells have been sounding recently about the huge increase in prescription numbers for opioid painkillers, particularly codeine, in New Zealand.

“Prescription numbers and overall medicine volumes for codeine are rising steadily,” admits Simon England from Pharmac. Codeine phosphate prescriptions more than doubled in the

SIDE EFFECTS OF TAKING TOO MANY FOR TOO LONG

Sedatives (sleeping or anti-anxiety medication such as Propam, Ox-Pam, Nitrados, Normison): lethargy, sleeping difficulties, confusion, anxiety, memory problems, falls and driving accidents.

Non-opioid painkillers (aspirin, paracetamol): stomach irritation, tinnitus, skin problems, kidney damage.

Strong opioid painkillers (morphine, oxycodone, codeine) and weaker **analgesics containing codeine** (such as Panadeine and Nurofen Plus): addiction, digestive problems, drowsiness, reduced physical co-ordination and balance.

Non-steroidal anti-inflammatory drugs (NSAIDs) (Nurofen, Brufen, Voltaren, Naprosyn): headache, nausea, stomach irritations and ulcers, skin rashes, fatigue, dizziness and sleep problems.



**MANY PEOPLE
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space of five years to nearly 310,000 in 2009. Meanwhile, prescriptions for drugs containing codeine (including paracetamol or ibuprofen with codeine) almost doubled to 600,000 last year. Some of this increase, however, can be explained by better data capture, a shift away from more problematic medications, and better treatment of pain.

Still, the figures so concern Dr Peter Foley, chairman of the New Zealand Medical Association, that he has called for more research on the escalating numbers of strong painkiller prescriptions, while in February, the Ministry of Health’s Medicines Control division wrote to doctors to highlight the amount of codeine being prescribed.

But of greatest concern is the

genuine patient who gets hooked on opioids without even knowing. “When used in excess of the prescribed dose, or for longer than intended or symptoms require – there is a risk of addiction,” says Foley.

You don’t even need a doctor to feed that addiction. Currently you can buy medications containing up to 15mg of codeine – in combination with paracetamol or ibuprofen – over the counter at pharmacies: think Nurofen Plus and Panadeine Plus. “Some years ago they were only available on prescription, but now they are available for the asking. We see people taking up to 100 tablets per day, and getting into difficulties,” says Dr Lee Nixon, an addiction medicine specialist and NZ representative on the policy committee of the Chapter of Addiction Medicine of the Royal Australasian College of Physicians.

Last year, a 42-year-old mother of two told the *Herald on Sunday* how she pharmacy-hopped and popped almost 100 Nurofen Plus tablets a day after becoming addicted to codeine. By the time she was confronted by her family, she was a wreck, her husband had nearly left her, and she had spent \$10,000 on her addiction.

The number of people presenting at New Zealand drug treatment clinics for treatment of opioid dependence, acquired via use of over-the-counter (OTC) codeine-containing drugs, has gone from a trickle to a stream. McAvoy has seen the upshot first-hand at CADS’ open-access detox, a methadone programme aimed at street users, which is seeing more and more OTC

addicts. “And this is likely to be the tip of the iceberg,” he says. Most don’t fit the drug-addict stereotype; often they’re holding down a job, raising a family. But they’re just as dependent as those using street drugs.

Change, however, is in the wind. After October 4, you’ll need a prescription for medications that contain more than 15mg of codeine and will have to speak to a qualified pharmacist to buy a smaller pack. Pack sizes will be cut from up to eight days’ supply to five days’, medicines will be kept behind the counter, and from May 2011 labels will warn buyers not to use the drugs for more than three days unless on medical advice.

“The law changes are a step forward, which brings NZ into line with the UK and Australia,” says McAvoy.

But the pharmacy is only one front in the battle. What McAvoy calls “supermarket medicine” – short consultations and short-term doctor-patient relationships – is one risk factor for prescription-drug misuse, particularly

opioids. Adds Dr Geoffrey Robinson, former NZ president of the Royal Australasian College of Physicians, “There are no safe drugs, only safe physicians.”

But it’s hard for doctors to withhold prescriptions in a day and age where we expect decent pain relief. “There’s been a general reduction in people’s tolerance for pain, unlike in our grandparents’ era,” says Nixon.

Auckland GP Dr Vicki Macfarlane says codeine may be prescribed because it is considered a safer option. “We’re discouraged from prescribing non-steroidal anti-inflammatories (NSAIDs) because of their side effects [including upset stomachs] and potential interactions with other drugs.” And since it’s subsidised by Pharmac, codeine-based medicine can cost as little as \$3 – a price GPs know most patients can afford. “We’re reluctant to prescribe more expensive medications.”

Other GPs – who prefer not to be named – put the rise in codeine prescriptions down to time pressures, inadequate training and systems, lack of other options, patients withholding information about what they’re already taking, and doctor-shopping.

What might help is better education of people before they are prescribed medication, and a system whereby people potentially at risk are identified by doctors. “We [the Royal Australasian College of Physicians] are attempting to increase the awareness of GPs and other doctors of the potential pitfalls of opioid prescribing, and educate them in ways to reduce the risks

“I WANT TO LET PEOPLE KNOW THAT THEY CAN DETOXYIFY IF THEY REALLY WANT TO”

through medical journals, face-to-face education sessions and peer-group discussions,” says Nixon.

In all this, we can’t forget that people who need these drugs – say, people with acute back injuries – must be able to get hold of them without too much ado. “The balance between optimal pain control and diversion [of drugs from misuse] is difficult,” says Robinson.

It is possible to treat addiction to prescription drugs – but it’s not just a matter of stopping cold turkey. Patients need a holistic approach, looking at the reasons why they have become addicted and addressing whatever else is going on in their lives that has made them turn to medication.

Detoxing from drugs, even prescription ones, can be associated with sometimes distressing withdrawal symptoms, and it can take several weeks or months until the addiction is beaten. But it’s worth it.

Susan* had a 15-year addiction to codeine, which started with recreational cough medicine use at the age of 18. “My husband and I would go to the drive-in, drink a bottle between us and have a good night. He was able to do it only on special occasions but I needed it every day.

“I hid it as best I could and got away with it for the most part, I think. A local chemist sold it with no questions asked, just a few dirty looks, and on our honeymoon overseas he packaged eight bottles for me to take.”

By the time she was 27, Susan was taking up to 50 pills a day. After the birth of her child she knew she had to take action, found a GP who wouldn’t judge her, and was admitted to hospital for seven days while she withdrew.

“I want to let people know, who may be feeling scared as I did regarding over-the-counter or script addictions, to not be ashamed and frightened, that they can detoxify if they really want to. It probably won’t be as bad or hard as they’d convinced themselves it would be.” ■

For more information

Care New Zealand (counselling service) carenz.co.nz

Alcohol Drug Association of NZ adan.org.nz

New Zealand Drug Foundation nzdf.org.nz

Foundation for Alcohol & Drug Education fade.org.nz

CADS (Community Alcohol and Drug Services) cads.org.nz

Pharmac pharmac.govt.nz/patients

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CALL FOR HELP

I didn’t understand the extent of our newborn son’s impact on my wife until the evening she said, “I’m going to make a few phone calls. Cry if you need anything.”

Sammy Gomez