

# Prescription Pill's - America's Silent Epidemic



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Nearly 70 percent of Americans take on prescription drug a day, and over half take two, according to a 2013 study by the Mayo Clinic.

Antibiotics, antidepressants and painkillers are the most commonly prescribed.

While many people take prescription medications without developing addiction—others find themselves caught in a vicious addiction cycle, even though they followed the directed for use carefully.

**Alesandra Rain** started a nonprofit, Point of Return 10 years ago to help people overcome dependency on prescription drugs. Before founding the organization, Rain spent a decade addicted to prescription drugs, which she said she took exactly as her doctor prescribed.

Lisa Bahar is a licensed professional clinical counselor as well as a certified drug and alcohol counselor. She works with people challenged with chemical dependency, including prescription medications.

Q.

What kind of prescription drugs most commonly become addictive?

A.

**Alesandra Rain:** Benzodiazepines [drugs that depress the central nervous system-like] Klonopin, Xanax, Valium and Ativan-are by far the most addictive and overly prescribed. This is the class that I also became trapped on.

Sleeping pills are also horribly addictive, as are antidepressants. These are the main categories we assist with, but we also get [people who are addicted to] painkillers, as opiates can be challenging for many.

**Lisa Bahar:** That depends on the effect the individual is seeking. In some cases, for example, people who take stimulants such as Adderall to lose weight are also dealing with an eating disorder, which motivates them to seek out the stimulant drug categories.

I also have clients with severe anxiety who may be more inclined to take medications from a benzodiazepine family of drug.

Emotional pain has the potential to become an addiction, which can lead to dependence to opiates. The euphoric feeling that results with the use of opiates can numb the pain-physically, emotionally, and mentally-and can begin a cycle of dependence that is hard to break.

Q.

What misconceptions do people have about prescription drug addiction?

A.

**Ms. Rain:** That you have to be an addictive person to get trapped on these drugs. I've helped too many people who were on tiny doses yet had the same experience I did.

**Ms. Bahar:** That there is generally a dual diagnosis involved, meaning the person may have depression, anxiety, eating disorder, a personality disorder all underlying the addiction. Also, the cross-addiction idea-for example, that they are not an alcoholic, and can therefore drink socially is generally a misconception.

Q.

What are the most successful techniques you've found to help people quit?

A.

**Ms. Rain:** With these classifications we have found a slow taper is best, but the patient needs natural help to help minimize symptoms or it is too painful. This is particularly true with benzodiazepines as the withdrawals are crippling.

**Ms. Bahar:** Meet a person where they are at, meaning, be there when they break through the denial—which is serving as a way to cope. Remain non-judgmental, and listen.

Have a primary care physician on board and be aware that a person has an addiction, and that they may or may not be ready to address it with a higher level of care.

Q.

What are common challenges to overcoming prescription drug addiction?

A.

**Ms. Rain:** If done wrong, the withdrawals are so painful that people often reinstate and believe they can not be free.

**Ms. Bahar:** How insidious and tricky the addiction can be, learning how to cope with life stressors without the drug, leaning how to deal with triggers and talk about feelings in a way that will feel awkward.

Q.

What role to you recommend family and friends play in helping their loved one quit?

A.

**Ms. Rain:** There is a misconception that because they are legal, they are safe. Family often misconstrue the withdrawals as worsening mental illness and then believe their loved one needs the drugs.

**Ms. Bahar:** Understand that a person needs time to adjust to the reality of dealing with life without the drug, which can have some emotions that are not understandable at first.

Family members need educations about their roles in the addiction. For example, the enabler, rescuer, co-user, etc.

Q.

What are some of the typical behaviors of enablers and rescuers that friends and family do without realizing it?

A.

**Ms. Bahar:** Minimizing the drug use by covering up for the person, calling into work, or doing work for the person to create a facade of functioning, making excuses, rationalizing the behavior to others.

When a spouse, partner, etc. is in denial, this is what they call a defense mechanism due to the anxiety that may result if the issue is directly addressed.

Ironically, it is easier to maintain the exterior of what appears to be functioning.

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