

we have a problem with pills

Prescription-drug addiction is on the rise in Canada—and while we might think it can't happen to us, it absolutely can. Three women share stories that prove it.

CANADA IS THE SECOND-LARGEST per capita consumer of prescription opioids in the world (only in the United States do people pop more pain-relief pills every year), and according to data from QuintilesIMS, a pharmaceutical services and information company, Canadian pharmacies filled 8½ million prescriptions for prescription sleep aids in 2015—to the tune of \$205 million.

It's no surprise, then, that the use of prescription drugs has become one of the biggest public-health issues in the country, especially considering the rise of fentanyl, a powerful opioid that has made headlines over its potential for abuse. In addition to opioids like fentanyl, benzodiazepines, which are used to treat anxiety and sleep disorders, and stimulants used to treat attention deficit hyperactivity disorder (ADHD) are the other most frequently abused prescription drugs in Canada—and addiction has become an increasingly common outcome. To shed some light on how easily it can happen, three women—Canadians with regular lives, jobs and families—candidly shared their stories.



Insomnia affects about 40 percent of Canadians, so it's no wonder many of us are resorting to sleep aids to get some rest. **Lisa van de Geyn** reveals what happens when you become so dependent that you can't get to sleep without your "nightly vice."

My relationship with prescription sleeping pills started the day I got out of the hospital after giving birth to my second daughter. Granted, the timing was strange—new mothers are supposed to be sleep-deprived and up at all hours with their wee ones. But not me. That first night home, and every night after, I slept like, well, a baby who sleeps through the night. I was guiltily knocking myself out, sometimes for 10 hours at a time (and with my psychiatrist's blessing), to dull the pain caused by lingering postpartum and prenatal depression and anxiety.

Without drugs, I'd lie awake doing what my psychiatrist calls "catastrophizing." I'd think about all the things that not only *could* go wrong but that, in my head, most certainly *would* go wrong: Peyton was going to die of SIDS. My husband, Peter, was going to be killed in a car accident on his way to work. I'd never feel happiness again.

As the time ticked by, I'd get so panicked about not sleeping that I'd spend more time berating myself for not being able to stop the incessant chatter and drift into dreamland.

The thing about depression and anxiety, though, is that a lack of sleep does not do a body (or mind) good. In fact, it exacerbates the already-raw symptoms. When I didn't sleep, I was miserable, easily aggravated and angry. My worrying was off the charts. But I simply wouldn't—couldn't—close my eyes without knowing I'd swallowed a pill and, soon, my sadness would break for the night.

I'm far from alone. In 2015, the Canadian Centre on Substance Abuse estimated that about 10 percent of the population needs the help of pills to get enough shut-eye.

Even though I slept, I never truly felt rested, so I'd spend my days exhausted; I didn't have energy for the kids or my husband, or to leave

the house. Concentrating at work got increasingly harder. My self-esteem plummeted.

Then, about nine months ago, after more than 5½ years of taking the benzodiazepines lorazepam and clonazepam, zopiclone (a non-benzodiazepine sleep aid), quetiapine (an anti-psychotic used off-label as a sleeping pill) and trazodone (a sedating antidepressant), I came across a magazine article about the long-term effects of chronic sleeping-pill use. When I saw the words "memory loss" and "dependency" (which I already knew I had) and read about the possibility of seizures and—the one that scared me the most—a shorter life span, I went cold turkey and ceased taking my nightly vice.

It was excruciating. I wish I could put my head to my pillow and magically start snoring, the way my lucky husband falls asleep each night. No, learning how to sleep again without my beloved pills took time and energy. I often felt nauseous, headachy and dizzy without them—it was like my body was in withdrawal. When I couldn't settle down, I'd watch TV or read, trying to tire myself out. By 3 or 4 in the morning, I'd finally succumb to sleep, but I'd wake a mere few hours later. Many a night, I'd lie awake for hours, tempted to reach into my nightstand drawer, but I had finally done the math, and the fear was enough to help me resist. In all those years, I'd rarely missed a pill. At one or two a night, I'd ingested a staggering 1,986 capsules, give or take.

I wish I could say I've now weaned off them fully, but no such luck. I still take a pill every week or two, when I have a particularly rough day or can't quiet my thoughts—but I'm cutting back. I pay more attention to good sleep hygiene, my bedroom's cooler and I read historical nonfiction instead of staring at Candy Crush. If nothing else, I can sometimes sleep without taking a pill a night. It's a start. ♦

WARNING SIGNS

Do you or does someone you love have a problem with prescription drugs? Watch out for these signs and symptoms.

FOR YOU...

Do you find yourself reaching for your pills before your next scheduled dose? One of the first early warning signs of drug dependency is medication that seems to stop working properly; patients might feel like their pills are losing their potency or wearing off sooner than expected, says Dr. Joel Bordman, a Toronto addiction-treatment physician and adviser to orbeok.ca, a new site that connects patients suffering from drug dependency with local treatment resources. Another sign is feeling disconnected from reality; opioids should decrease your pain, but you shouldn't feel fuzzy. Finally, if you're ever tempted to chew your pills to get a quicker release, it could indicate that you're starting to head into troubled territory, says Dr. Bordman. If these signs sound familiar, seek help from a doctor or a health-care provider who is knowledgeable about addiction. (Dr. Bordman cautions that not all doctors have experience treating drug dependency.)

FOR LOVED ONES...

It sounds counterintuitive, but if your loved one denies having a drug problem, it could be evidence that he or she has one. Denial is one of the first markers of opioid dependency, which is why it can be difficult to spot. There are, however, physical markers you can look out for, including watery eyes, a runny nose and profuse sweating. Be on the lookout for behavioural signs, too, such as mood swings, irritability, poor school or work performance, problems with intimate relationships and social isolation. Asking for money, lying and stealing are also warning signs of someone trying to finance or cover up a drug dependency. (For tips on helping a loved one, see Take Action, page 51.)



After **Michelle Gray** visited the emergency room for what felt like the world's worst stomachache, the doctor on duty put her on Percocet. She'd remain on opioids, steadily increasing her dosage, for years. **AS TOLD TO STACY LEE KONG**

In November 2008, I started having horrific abdominal pain—so bad that I had to go to the emergency room, where the doctor on duty told me he saw something on my liver, but he wasn't sure what it was. So he said he was going to give me a prescription for Percocet, and the next day, I'd get a call about seeing a specialist in internal medicine at the hospital.

When I went to see the specialist, he ran a gamut of tests over the course of a few months. My mother was a nurse and thought it might be my gallbladder because I had pretty standard symptoms, so we figured the doctor would pick up on it soon. But he never did, and all that time, I was in pain and taking Percocet. Eventually, the specialist put me on oxycodone because he said Percocet was harsh and that I shouldn't be taking that much—I think I was on 12 a day.

This went on for three years, until 2011. I was sent for test after test, but I wasn't getting a lot of answers. At one point, the specialist thought it might have something to do with spinocerebellar ataxia, which is a hereditary disease I was diagnosed with in 2004; it's similar to multiple sclerosis and affects balance and speech. Pain isn't normally a symptom, but the specialist just didn't know what was causing it. It got to the point where the testing stopped and, instead, the strength of my prescription for oxycodone slowly rose. I'd see the doctor and he'd ask if I was experiencing pain, and I was, so he'd increase the dose. At my peak, I was taking 10 80-milligram pills a day, plus 10 20-milligram pills for breakthrough pain.

And I thought I was functioning quite well. I was doing everything I could. I was going to every appointment; I brought my husband, my mother-in-law, my mother. But I was on so much medication that I didn't feel anything. I was so numb. If I cut myself, I barely felt it. But I was still having abdominal pain, if you can believe it. Then, one night, I had so much pain I went back to the emergency room, where they discovered 23 gallstones jammed into the bile duct. (Apparently, they can be hidden and hard to detect, or they can move up and down. Yet, I can't help but think, Maybe if testing had continued, it might have been caught earlier.)

Within a week, my gallbladder was removed, and I didn't experience that abdominal pain ever again—but here I was on all of this oxycodone. I was addicted. My body had become so accustomed to it that I needed to take two 80-milligram pills just to get out of bed. It was no longer about solving pain, but it wasn't about getting high—it wasn't anything like that. It was functioning. Because once you have that much in your system, you can't manage without it.

But I didn't want to be addicted. Right after my surgery, in June 2011, I made an appointment with the specialist to discuss getting off oxycodone; he said, "Let's book a followup appointment to discuss that." So we did. For October.

I couldn't wait that long, so I cancelled the appointment. My family doctor didn't have a lot of experience with addiction, so he referred me to Dr. Kenneth Lee, who put me on Suboxone, which is slowly replacing methadone as the drug to help wean people off opiates. It stabilizes the opioid receptors in your brain, so you don't experience withdrawal. Even if you took an opioid, it wouldn't work. You can lead a normal life again. But not long after I started taking it, I found out I was pregnant. I had to switch to Subutex because Suboxone had not been approved for use during pregnancy.

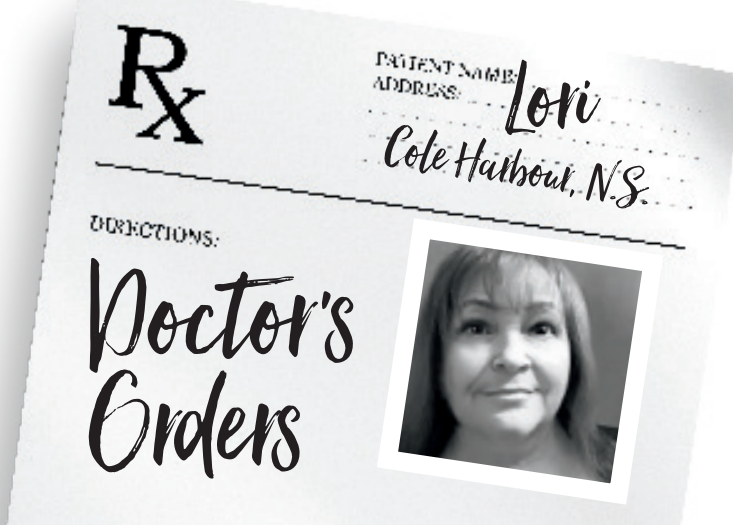
When I had a problem with my liver enzymes, the hospital wanted to take me off Subutex and put me back on narcotics to prolong the pregnancy. I was screaming and fighting over it; in the end, Dr. Lee had to come to the hospital and say, "No way." As soon as I gave birth, though, I was back on Suboxone. I'm still on it, and I might always be. Then, a couple of years ago, I was diagnosed with breast cancer. I had a seven- by seven-centimetre tumour in my left breast, and the cancer had spread to my lymph nodes. I had to have a mastectomy and reconstructive surgery. My first thought was, How am I going to get through this without being put on any drugs? I was on a pain pump when I came out of the operating room, and the hospital did give me a prescription for a narcotic, but between the Suboxone and ibuprofen, it turned out that I didn't need anything more. While I was in the hospital, I was offered stronger painkillers, though. Frequently. The nurses were like, "Really? You don't want anything? Are you sure?" There were a lot of confused looks. Sometimes, it can be difficult to explain why—there's still judgment, especially since you can't always get into how it happened.

I don't think anyone should be afraid of painkillers; there's nothing wrong with saying, "I'm in pain and I need something." But always pay attention to the red flags: how much you're on, when your dose increases, if you experience withdrawal. Do your research about your doctor, too; I didn't know my specialist was known for prescribing opiates. I was naive. But I think a lot of people are naive when it comes to painkillers.

KNOW YOUR RISK

Becoming dependent on prescription drugs can happen to anyone, but Dr. Joel Bordman, a Toronto addiction-treatment physician, says there are some factors that make you particularly vulnerable. The four main risk factors are:

1. A family history of addiction, including problems with alcohol
2. Your personal addiction history
3. Any instances of sexual advances when you were under the age of consent
4. Your mental health history. Past experiences of depression, anxiety, post-traumatic stress disorder or ADHD can increase your risk.



“I don’t think my husband even really knew the extent of how bad it was until I started coming off it. That’s the worst thing about being addicted to anything, that it’s such a taboo subject.”

Degenerative disc disease caused **Lori Sampson-Timmons** so much pain that her doctor prescribed painkillers to help her get through the day. And he kept prescribing her painkillers well after the pain lessened.

AS TOLD TO STACY LEE KONG

I have a condition called degenerative disc disease, and after my daughter, Paige, was born in 2003, it started getting worse. Before I got pregnant, I only needed to take Tylenol 3. But after my maternity leave, when I went back to spending most of the day sitting at my desk job, the pain was terrible. I’d been going to the same physician for 40 years, so when he prescribed Endocet, I trusted him.

The drug worked for a little while, but within a few months, the pain wasn’t really going away, even though I was taking more and more pills. That’s when the doctor switched me to oxycodone. With oxycodone, your body almost becomes immune to the amount you’re taking, so you’ve got to keep taking more. By that point, the back pain wasn’t as bad as it used to be—but I still had to take the pills so I didn’t start to go into withdrawal.

At the time, I think I knew I was addicted, but I pushed it to the back of my mind. I was just worrying about when I could have my next pill; I counted them all the time to make sure I had enough to get through the next day or two. But even if I didn’t, my doctor was always on call for me.

Eventually, I realized that I didn’t need oxycodone to get through the day; I needed it to get through the next hour. But it was my husband who really made me realize I had to get off oxycodone; he said I was like a stranger to my family.

So I went back to my doctor for help, and he put me on Ativan, which was supposed to help me get off oxycodone. He also put me on Ritalin. To this day, I’m not certain why—maybe he suspected ADHD? I now believe he shouldn’t have done that, but I thought he had my best interests at heart. Then again, he did once ask me,

if he wrote up the prescriptions, would I sell them on the street so we could split the money?

He ended up retiring, and when I found out he was leaving the clinic, I cried and cried and cried. I was so panicky. All I could think about was where I would get my pills. But that turned out to be the best thing that could have happened to me. I have a new physician now, Dr. Ponnampalam Sivananth. My husband chose him from a list of doctors who were accepting new patients. On my first visit, he looked at my medications and just shook his head, like, What’s going on? We have to fix this. From the first day he met me, he took responsibility for my health—unlike my doctor of 40 years.

I had been able to transition from oxycodone to Ativan in a month. It was a terrible month, but only a month. It has taken me a year to get off Ativan and I’m now in recovery. But oxycodone has had the worst effect on my health; it took over my brain and my body—I don’t remember much of that time. My husband will say something and I’ll have to ask him what he’s talking about: “When did that happen? Really, what year was that?” I get panic attacks now, and I’m suffering from depression and sleep deprivation. My psychiatrist says it can all be traced back to the oxycodone.

I was so ashamed about being addicted to oxycodone. I didn’t want people to know. I don’t think my husband even really knew the extent of how bad it was until I started coming off it. That’s the worst thing about being addicted to anything, that it’s such a taboo subject.

But it shouldn’t be. If I could wear a sign that says “Don’t take oxycodone,” I would. ●

TAKE ACTION

If you’re worried a friend or family member might be at risk for drug dependency, here’s what to do.

SPEAK UP A person with a drug dependency may feel ashamed or be in denial, but saying nothing helps no one. Dr. Joel Bordman, a Toronto

addiction-treatment physician, suggests using phrases such as “I love you too much to not mention something” when broaching the topic.

BE EMPATHETIC, BUT FIRM Set boundaries, but avoid ultimatums. For example, providing a healthy meal and hygiene essentials can help

with recovery, but paying bills does not. “Tough love doesn’t usually work,” says Dr. Bordman.

FIND SUPPORT IN COMMUNITY Local support groups such as Narcotics Anonymous and Alcoholics Anonymous provide confidential information and counselling to those

who know someone struggling with a drug dependency. Some groups promote pure abstinence, says Dr. Bordman, and although that can work, some people require medically assisted treatment.

If you’re in a potentially life-threatening situation, call 911 or visit your nearest emergency room.