Prescription drugs have a long-standing history of being abused; since the eruption of the opioid abuse epidemic, more attention has been directed toward the abuse of prescription medications. In this issue of *Psychiatric Annals*, we present articles on the abuse of benzodiazepines, opioids, stimulants, and other prescribed medications.

Psychiatrists usually are challenged by benzodiazepines (BZDs) as a primary drug of abuse. Benzodiazepines have been around since the 1960s and are still widely used today to treat an array of symptoms, but shortly after they were introduced into the market as a prescription drug, the potential for abuse and dependence was recognized.1 Currently 4% to 5% of the population of the United States take BZDs.2 Use of BZDs tends to increase with age and women are prescribed BZD medications 2 times more often than men.3 Medication tolerance develops if they are overused, resulting in dosage escalation and potential abuse.4 An estimated 2.3% to 18% of people in the US have abused sedatives or tranquilizers for nonmedical purposes in their lifetime and nearly 10% of them meet the criteria for abuse or dependence.5 Emergency departments have had a 139% increase in BZD-related visits since 2010.6

Several countries have developed guidelines7,8 that recommend short-term use of these medications with smaller doses; however, these are commonly ignored, and BZDs are prescribed for long-term use in particular socioeconomic groups, most prominently the elderly and those on concessionary benefits.9 In addition, in many developing countries, these medications are available over-the-counter without a prescription, leading to rampant overuse and abuse.8 According to the Intercontinental Marketing Services Health’s National Prescription Audit, which is the leading audit system monitoring prescription drug trends, alprazolam was the top psychiatric drug prescribed in the US with 45.3 million prescriptions in 2009 and 49.6 million prescriptions in 2013.9

Nonpsychiatrists wrote most of these prescriptions.9 There has been increasing concern for widespread opioid drug prescriptions in US health care settings. In 2012, 259 million prescriptions were written for opioids, which is more than enough to give every American adult a bottle of pills.10 Opioid misuse has led to a staggering amount of lives lost as well as economic ramifications. In 2015, a total of 20,101 overdose deaths were related to prescription pain relievers.11 From 1999 to 2010, prescription pain reliever overdose deaths among women increased more than 400%, compared to 237% among men.12

Estimates from the 2016 US National Survey on Drug Use and Health indicate that during 2016 alone, 1.1 million Americans age 12 years or older initiated their first use of cocaine, 192,000 Americans age 12 years or older initiated their first use of methamphetamines, and 1.4 million Americans age 12 years or older initiated their first use of stimulant prescriptions.13

This issue also touches on the abuse of other medications such as promethazine, loperamide, bupropion, quetiapine, zolpidem and gabapentin. Because many of these medications result in quick pain relief, the risk of abuse increases. Medical professionals who prescribe medications need to be
extremely vigilant and cautious when writing a new prescription or a refill.

REFERENCES