

Research Article

The Truth about Prescription Drug Abuse

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Abstract

Abuse of prescription medicines is defined as using them for purposes other than those for which they were intended or in a way that is not authorized by a medical expert. This can involve using the substance recreationally, receiving prescription medications from someone else, or taking larger quantities than advised. Prescription drug abuse has become one of the most prevalent types of addiction in the modern world due to the rise in its use for non-medical purposes over the last ten years. It is well documented that as the epidemic spread over time, there were an increasing number of overdose deaths linked to prescription medications. It has been reported that millions of individuals are reliant on prescription medications. There has been a rise in the number of prescription medication users in the last decade and it has become one of the most prevalent forms of drug abuse in the previous ten years. It has been determined that prescription drug addiction is an epidemic, and numerous organizations are working to stop its rapid expansion. Prescription medication abuse can have detrimental effects on a person's health and well-being. Addiction, overdosing, and even death may result from this. Prescription medicines that are frequently used include stimulants, sedatives and opioids. It's critical to get assistance while dealing with the epidemic of prescription medication misuse. A consultation with a medical expert, such as a physician or therapist, who can offer direction and support, can be the first step in the process. Additionally, there are groups and hotlines that provide resources and information about addiction treatment. It is important to keep in mind that during stressful situations like war, when a portion of the population experiences mental trauma, especially those at home, there is a tendency for prescription drug use to occur outside of doctor's orders.

Keywords: Drug addiction; Mental health; Prescription drug; Substance use disorders

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Introduction

Prescription drug abuse is the use of a prescription medicine in a way not intended by the prescriber. Prescription drug abuse, also called prescription drug misuse, includes everything from taking a friend's prescription painkiller, snorting or injecting ground-up pills to get high. Prescription drug abuse may become ongoing and compulsive, despite the negative consequences. The most commonly misused prescription drugs include opioid painkillers, anti-anxiety medicines, sedatives and stimulants [1]. Recreational use of prescription drugs is a serious problem with teens and young adults. National studies show that a teen is more likely to have abused a prescription drug than an illegal street drug. Many teens think prescription drugs are safe because they were prescribed by a doctor. But taking them for nonmedical use to get high or "self-medicate" can be just as dangerous and addictive as taking illegal street drugs. There are very serious health risks in taking prescription drugs. This is why they are taken only under the care of a doctor. And even then, they have to be closely monitored to avoid addiction or other problems. Many pills look the same. It is extremely dangerous to take any pill that a person feels uncertain about or were not prescribed. People can also have different reactions to drugs due to the differences in each person's body chemistry. A drug that was okay for one person could be very risky, even fatal, for someone else. Prescription drugs are only safe for the individuals who actually have the prescriptions for them and no one else. Prescription drug abuse can have several negative effects on the user's health and well-being. Some of the common symptoms and signs of prescription drug abuse depend on the specific drug. For example, opioids used to treat pain can cause constipation, nausea, slowed breathing rate, drowsiness, confusion, poor coordination and increased dose needed for pain relief. Anti-anxiety medicines and sedatives used to treat anxiety and sleep disorders can cause drowsiness, confusion, unsteady walking, slurred speech, poor concentration, dizziness, problems with memory, and slowed breathing. Stimulants used to treat Attention-Deficit Hyperactivity Disorder (ADHD) and certain sleep disorders can cause increased alertness, irregular heart-beat, high blood pressure, high body temperature, reduced appetite, insomnia, agitation, anxiety and paranoia [2]. Due to their potential for abuse and addiction, many prescription drugs have been categorized in the same category as opium or cocaine. These include Ritalin and Dexedrine (stimulants), and the painkillers OxyContin, Demerol and Roxanol. Many illegal street drugs were at one time used or prescribed by doctors or psychiatrists but were later banned when the evidence of their harmful effects could no longer be ignored. Examples are heroin, cocaine, LSD, methamphetamine and Ecstasy. Abuse of prescription drugs can be even riskier than the abuse of illegally manufactured drugs. The high potency of some of the synthetic (man-made) drugs available as prescription drugs creates a high overdose risk. This is particularly true of OxyContin and similar painkillers, where overdose deaths more than doubled over a five-year period. Many people don't realize that distributing or selling prescription drugs (other than by a doctor) is a form of drug dealing and as illegal as selling heroin or cocaine, with costly fines and jail time. When the drug dealing results in death or serious bodily injury, dealers can face life imprisonment [2-4].

To prevent prescription drug abuse from turning into an addiction, early identification and intervention are crucial. While the consequences of prescription drug abuse may seem dire, there is hope for those struggling with addiction. Recognizing addiction as a medical condition is a vital first step in seeking help. It's crucial to remember that individuals experiencing prescription drug abuse are not alone and that support is available. Professional help is often necessary to overcome addiction successfully. Various treatment options, such as therapy, counseling, support groups, and medication-assisted treatment, can provide the necessary tools and support to recover from prescription drug abuse. Therapeutic interventions can address the underlying causes of substance abuse, help develop healthy coping mechanisms, and provide emotional support. Support groups offer the opportunity to connect with others facing similar challenges, providing a sense of community and reducing feelings of isolation. It's important to recognize that recovery is a journey, and relapse may occur. However, with the right support systems in place, individuals can rebuild their lives, mend damaged relationships, and regain control of their physical and mental well-being [5-7].

Identifying the addicted patients

Naturally, drug addicts and prescription drug addicts consciously tend to hide their addiction from the world around them. In addition to what has been said, in the examination and investigation, question marks appear before the environment close to the addict, which includes many behavioral and medical aspects. As a result, the family doctor is crucial to detecting prescription drug abuse during doctor-patient meetings [8,9].

When a patient has been identified as a prescription drug abuser, the doctor should ask the following questions:

- What medicine is used?
- How many users and for how long?
- How does the patient obtain the prescriptions?
- Why is the medicine used? I mean, what does the drug do to the patient?
- Why does the patient want to stop taking the medicine, if this is the case?
- How can the problem be solved?

The first two questions are simple pharmacological issues. The third often reveals information about the doctor and the patient. The fourth is clinically important, but the answer is often very elusive. Most prescription drug abusers, unlike illicit drug users, will deny any recreational motive, such as "fun" seeking or euphoria, and give a genuine medical reason for taking the drug, such as anxiety, depression, fatigue, insomnia, or chronic pain. Some will say that they started taking the drug for medical reasons such as illness, but now they are motivated by the pleasant effect of the drug or by the fear of withdrawal effects. It is important to remember that in some cases the drugs obtained through prescriptions that are used only as supplements to the use of drugs are prohibited, either by the person to whom the prescription is issued or by the "black market" trade.

The patient who purchases the prescription is usually the drug abuser. With a skillful examination of the patient's history and physical examination, along with further tests, such as laboratory tests, the doctor can then categorize the majority of patients into four groups:

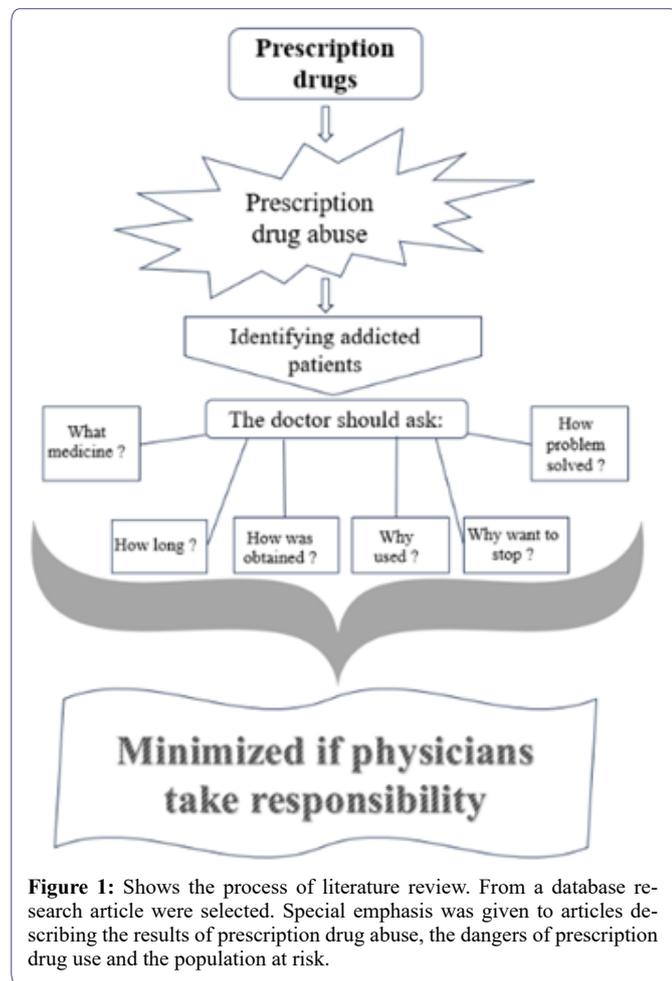
- Patients with a proven disease for which the continuation of the "used" drug is justified. Some cases may still require adjusting the dosage. Although these patients are relatively rare in having their medication use tested, it is crucial to recognize that doctors should not exclude patients who have adequate, suitable, and worthy needs in their zeal to eradicate prescription drug misuse
- When patients are prescribed medications for a proven or probable reason but are given inappropriate medications, such as narcotics for migraine or arthritis, barbiturates for insomnia caused by depression, or long-lasting sedation for long-term conditions, that may lead to dependence, or may cause dependence
- Patients for whom no examination reveals a probable cause for their discomfort, but they seem to be really suffering, so the doctor is convinced that they are not suffering from drug dependence
- Patients who exaggerate or fake symptoms that the patient brings up in order to receive medicine. These subterfuges are not uncommon, but the doctor will rarely be successful in getting the patient to confess to their actions

The next questions are: does the patient recognize the pattern of abuse of a prescription drug? does he want to quit? And if so, why? Some patients are truly motivated by their recognition of the dangers of their medication habits. Others only pay lip service to the desire to quit and are forced to ask for help from some external source, such as pressure from the family when they are seen as applying the "double doctor" phenomenon, are examined by different doctors to get additional prescriptions, or the doctor's refusal to continue providing the prescription. The last problem is the treatment. After identifying the misuse of prescription drugs, the doctor faces two tasks - to stop the drug being misused and to offer an alternative. The first medium is usually easy, the second very difficult. Of course, withdrawal from a drug should be conducted according to the appropriate withdrawal methods for that particular drug. Appropriate alternatives may include a change in a sensible and less risky medication regimen, a nonpharmacological intervention such as psychotherapy, relaxation, or physical therapy, or more complex programs offered by multispecialty pain clinics. In addition, it is not unreasonable to advise patients that they may have to accept some degree of discomfort to avoid the consequences of drug dependence [1,3,5,7-9].

Methodology

A protocol was developed to study the impact of prescription drugs use on health and mental health, while bearing in mind the role of prescription drugs as medications. This opens up some important avenues for research, considering both substance use and health outcomes, including mental health, provides a more comprehensive understanding of potential impacts. Incorporating medical acknowledges, the complex interplay between individual biology and environmental factors like prescription drug abuse. This helps tease apart causal relationships and identify vulnerable populations. Which specific conditions are related to prescription drug abuse? Some, like young or elderly population, have stronger links to prescription drug abuse than others. Observational studies can identify associations, but it is difficult to prove causation. Other studies, like clinical trials, can provide stronger evidence, but have ethical and logistical limitations. Other factors, like socioeconomic status or pre-existing mental health conditions, can influence both prescription drug abuse and health outcomes. Figure 1 addresses the abovementioned questions regarding

prescription drug use at a medical setting, prescription drug abuse and the vulnerable population [10].



Population at risk

Surveys conducted in 2010 by public health systems and mental health services found that millions of people, including those 12 years old and older, had used painkillers, tranquilizers, and stimulants for nonmedical purposes at least once in the year prior to the survey date. Approximately three percent of individuals had used psychotherapeutic drugs for nonmedical purposes in the month leading up to the survey. Among those who misused these drugs, 55% reported obtaining them from a friend or relative for free. Another 17.3% stated that they received the medication from a doctor, 4.4% obtained it from a drug dealer or a stranger, and only 0.4% purchased it online. The survey also revealed that “Among those who reported receiving the pain reliever from a friend or relative for free, 79.4% mentioned in a follow-up question that the friend or relative had received the medication from only one doctor.” Another study found that over 50% of teenagers obtained prescription drugs from their family’s medicine cabinet. Another survey indicated that millions of people are abusing opioids, with 60% of abused opioids being obtained directly or indirectly through a prescription. Furthermore, millions of people reported using nonmedical prescription pain relievers for the first time in the past year [1,2].

Abuse of prescription drugs among the young

Many surveys have shown that young people between the ages of 12 and 25 report the highest rates of non-medical use of prescription drugs. The rate of misuse of prescription drugs was 5.9% among young people between the ages of 18 and 25. The survey showed that 2.7% of 8th graders, 7.7% of 10th graders and 8.0% of 12th graders misused opiate drugs during the year preceding the survey. In addition, the surveys showed that 2.1% of 8th graders, 4.6% of 10th graders, 5.1% of 12th graders used OxyContin, an opiate drug, for non-medical purposes. Besides marijuana, prescription and over-the-counter drugs make up the majority of drugs commonly abused by high school seniors.

It is important to note that the survey data changes over the years and this depends on a variety of factors including the availability of drugs, enforcement and control by the authorized authorities, and other factors. Therefore, when examining the survey data over time, there may be changes in the findings, but the phenomenon does not disappear [3]. According to many surveys, young people aged 12 to 25 report the highest rate of non-medical prescription drug use. The rate of prescription drug misuse among young people aged 18 to 25 was 5.9%. The survey found that 2.7 percent of 8th grade students, 7.7 percent of 10th grade students, and 8.0 percent of 12th grade students used opiate drugs in the year prior to the survey. The surveys also found that 2.1 percent of 8th Grade students, 4.6 percent of 10th Grade students, and 5.1 percent of 12th Grade students used OxyContin (an opiate drug) for non-medical use. Prescription drugs, in addition to marijuana, make up the vast majority of drugs commonly used by high school senior students.

Keep in mind that the survey data may change over time due to a variety of factors such as availability, enforcement, and control by authorized authorities. However, the phenomenon does not go away. According to many surveys, young people aged 12 to 25 have the highest rate of nonmedical prescription drug use. The prevalence of prescription drug misuse among young people aged 18 to 25 is 5.9%. In the year prior to the survey, 2.7 percent of 8th grade students, 7 percent of 10th grade students and 8 percent of 12th grade students reported misuse of opiate drugs. In addition, surveys have shown 2.1 percent of 8th and 10th grade students, as well as 4.6 percent of 10th and 12th grade students, used OxyContin (an opiate drug) for nonmedical use. Prescription drugs, in addition to marijuana, make up most of the drugs commonly used by high school senior students.

The prevalence of prescription drug abuse among young people varies from year to year and depends on a number of factors, including availability, enforcement, and control by authorized authorities, as well as other factors. So, while the findings may change over time, the phenomenon of prescription drug abuse does not disappear [11-14].

Abuse of prescription drugs among the elderly

People aged 65 and over make up about 13% to 16% of the population, but they account for more than a third of all prescription drug spending. Recent data also reflect that the dispensing of opioid medications has increased significantly over the past five years for people 60 years of age and older. While illicit drug use is relatively low in this population, the prevalence of prescription drug abuse may be as high as 11 percent among women, with social isolation, depression, and a history of drug use increasing the risk. Older patients often have co-morbidities and are more likely to be prescribed long-term and

multiple prescriptions, including opioid pain medications. The elderly are also susceptible to age-related changes in drug metabolism and drug interactions. In addition, use drugs that do not require a medical prescription, nutritional supplements, which in addition to alcohol may worsen all the negative health consequences resulting from the abuse of prescription drugs. As a result of the above, it is emphasized that the use of prescription drugs may be more dangerous in the elderly than in younger populations. It is important to emphasize that there are older people who use prescriptions incorrectly due to cognitive impairment. It is also possible that pensioners on a fixed income may misuse a spouse's or other person's remaining medication to save money. It was found that elderly people, who are not suffering from a malignant disease or staying in a hospice, received high doses of opiate drugs for at least 90 consecutive days a year and therefore may be at risk of addiction or misuse of these drugs [15,16].

Pregnancy and prescription drug abuse

Prescription drug abuse during pregnancy can harm a pregnant woman's health, harm a developing fetus, and cause family, work, and financial problems. It can affect a woman's life not only during pregnancy, but also long after, reducing the ability to work and increasing the risk of occupational accidents. Continued abuse of prescription drugs can reduce promotional opportunities or lead to job loss. In a recent study, approximately 6% of pregnant women aged 15-44 reported nonmedical use of mood-altering drugs in the past year, compared with 9.3% of nonpregnant women in the same age group. Prescription drugs can harm a developing fetus, substances taken by pregnant women can affect their developing fetus by crossing the placenta, which supplies the fetus with oxygen and nutrients. In this regard, it is important to mention that smoking and drinking alcohol can harm the developing fetus. Many people may think that prescription drugs are safe for the fetus, but they are not. By pregnancy stage categories, several highly abused prescription drugs are known to be harmful to the fetus. The effect of different drugs on the fetus depends on the unique biological characteristics of each woman, the type, amount and frequency of abuse of prescription drugs, the stage of pregnancy and the level of development of the fetus during the use of drugs [17,18].

Prescription drug abuse varies in rural communities

Prescription drug abuse is a global problem, and the growth rate of this phenomenon is faster in rural areas than in cities, and probably comparable to the outskirts of Israel. A study of deaths in rural areas found a significant increase in deaths caused by drugs, including prescription drugs, related to or contributing to the death. Drug-related deaths in rural areas have been steadily increasing for a long time. Multiple drugs were involved in 58 percent of the deaths, including combinations of drugs from the opioid family, which were identified in 74 percent of cases. Data shows that prescription drug abuse is highest among people under 25, and research shows that prescription drug use is high among 35-45-year-olds in rural areas. One of these studies identifying the elderly dead concludes that it is possible that this population uses or abuses medications that are against the guidelines or are addicted to prescription drugs. As policymakers and researchers formulate a response to the rise in nonmedical use of prescription drugs, they believe the public should also focus on increasing knowledge. The researchers recommend that all patients and their families be educated about taking medications only as prescribed, only for the people they are prescribed for, and the dangers of combining medications without the prescribers' knowledge. It is

also worth noting that prescription drugs have replaced heroin and cocaine as the leading cause of fatal drug overdoses in all urban and rural groups [19-21].

Prescription drug abuse in high-performance sports

Prescription drug abuse is a serious issue in high-performance sports, driven by a complex interplay of factors, including:

- Performance enhancement: Athletes may misuse prescription drugs like stimulants, painkillers, and hormones to gain an unfair advantage in training and competition
- Pain management: Injuries are common in sports, and some athletes may turn to prescription painkillers to cope with chronic pain, leading to dependence and abuse
- Mental health: The intense pressure to perform and succeed can take a toll on athletes' mental well-being, leading to anxiety, depression, and sleep disturbances, for which they may self-medicate with prescription drugs
- Accessibility: Athletes often have easier access to prescription drugs through team doctors, trainers, and even coaches, increasing the risk of misuse

The consequences of prescription drug abuse in sports can be severe, both for the individual athlete and for the integrity of the sport itself including health risks such as:

- Addiction and dependence
- Organ damage (liver, kidneys, heart)
- Increased risk of accidents and injuries
- Mental health problems
- Overdose and death
- Ethical and competitive concerns
- Unfair advantage and undermining of fair play
- Erosion of public trust in sports
- Potential disqualification and bans

Efforts to address the issue were created and a lot of financial sources were invested including:

- Anti-doping agencies have implemented stricter testing and regulations for banned substances, including some prescription drugs
- Educational programs are being developed to raise awareness among athletes, coaches, and medical professionals about the dangers of prescription drug abuse
- Support systems are being established to help athletes with mental health challenges and pain management in a safe and ethical manner

It's important to note that not all use of prescription drugs by athletes is considered abuse. When taken as prescribed for legitimate medical conditions, these medications can play a crucial role in an athlete's health and recovery. However, it's essential to be aware of the potential risks of misuse and to seek help if necessary [22-24].

Prescription drug abuse and fraud

Extensive cases of fraud were also exposed in the program in health insurance frameworks. A wide review of the United States found cases where insured people in health plans, incorrectly obtained drugs that could be addictive, also found a disturbing amount of fraud involving thousands of prescriptions written for dead patients or by people posing as doctors. There are patients who mostly “shopped around” to get prescriptions from 6 to 10 doctors. At least 400 insureds visited 21 to 112 doctors and up to 46 different pharmacies for the same controlled substances. It was found that although some of the insured have justified reasons for receiving prescriptions from several doctors, such as visiting specialists or several doctors in the same medical group, for others, it is likely that they saw several doctors to support and mask their addiction or obtain drugs to sell fraudulently [25-27].

Causes and contributing factors

Several factors are believed to be responsible for the increase in prescription drug abuse. The motivations for abusing prescription drugs include: longing for the sensation provided by their influence, coping with anxiety, pain and sleep problems, and a desire to improve cognition. Unintended misuse can result from misconceptions about medication safety, use of non-prescription medications, and dosing errors due to cognitive decline or impairment. One of the main factors contributing to the problem is the dramatic increase in the availability and prescription of drugs. The number of prescriptions increased over the years by 39% compared to 2010, compared to a 9% increase in the US population. The average number of prescriptions per capita increased from 10.1 in 1999 to 12.6 in 2009. Between 1991 and 2010, prescriptions for stimulants increased from 5 million to nearly 45 million and for opioid analgesics from approximately 75.5 million to 203.5 million. Opioids also became more available as new opioids were developed as available slow-release drugs to allow longer dosing intervals to treat patients with pain. After a survey of the significant increase in controlled drugs established in recent years and their correlation with increases in misuse and overdose, researchers have argued that the significant increase in non-medical use of opioids and related drugs is an expected negative effect of a marked increase in prescription drug abuse. Furthermore, they have questioned the extent to which medical advertising campaigns and other initiatives to improve pain management, specialized professional pain management groups and vigorous marketing of pain management drugs by pharmaceutical companies have also contributed, directly or indirectly, to the current problem and epidemic. Overprescribing of drugs by physicians to treat limited acute or postoperative pain is also a contributing factor. The excess drugs in treatment, along with inadequate guidelines, probably serve as a logical basis for the misuse of prescription drugs or a diversionary intent for profit. Society and the medical profession must reexamine how we treat pain and alleviate suffering with pens. As several experts have concluded: “The problem facing the US now is how to change the culture to one that acknowledges pain without confusing pain relief with opioid treatment. The treatment of pain includes several approaches besides opioids. Most of them require more time than writing a prescription...” It is understood that doctors and practitioners in the field of pain need a broader therapeutic toolkit that starts with the relationship between patient and doctor and supportive treatment systems [28-30].

Prevention and Treatment

Abuse of prescription medications involves taking medications that are not prescribed by a physician. The term nonmedical use also includes the following categories of abuse: taking another person’s prescription, even if it is medically justified, and using a drug to induce mood changes, including euphoria. The three most commonly used classes of drugs are opioids, which are usually prescribed to treat pain; CNS depressants, including sedatives, tranquilizers, and sleeping medications, which are used to treat anxiety and sleep disorders; and stimulants, which are often prescribed for Attention Deficit Hyperactivity Disorder (ADHD). During the last two decades, the abuse of prescription drugs has become more common. Both prescription use disorders, prescription drug overdoses, and their deaths have increased, leading to an increase in the need for treatment. These trends initially rose significantly before leveling off by 2020. Prescription drug abuse is a major problem, and getting help is critical during an epidemic. Prescription drug misuse is a serious concern, and it is vital to obtain help while coping with the epidemic of prescription medicine abuse. A visit to a medical professional, such as a doctor or therapist, who can provide guidance and support, might be the initial step in the process. Clubs and hotlines offer services and information about addiction treatment. It is crucial to remember that during stressful conditions, such as war, when a segment of the population undergoes mental trauma, particularly at home, prescription drug use tends to occur outside of doctors’ prescriptions, and seeking help is crucial. When the abuse of prescription drugs is suspected, to begin with is to seek help from a doctor, or a therapist, who can provide guidance and support. Clubs and hotlines also offer addiction treatment services and information. During stressful times, there can be an increase in the off-label use of prescription drugs. Off-label use refers to prescribing medications for conditions, dosages, or age groups that have not been approved by regulatory agencies. This practice is legal and common, especially in situations where there might not be an approved drug available for a specific condition or when approved treatments have not been effective. Healthcare providers may decide to use drugs off-label when they believe it is in the best interest of the patient, weighing the potential benefits against the risks. It’s important for patients to have open discussions with their healthcare providers about the reasons for off-label drug use and to understand the potential risks and benefits involved. In areas of medicine where patients are less likely to be included in clinical trials, such as paediatric, pregnancy, or psychiatry, off-label drug use may be more prevalent. However, it’s crucial for healthcare professionals to stay informed about the implications of off-label use to provide the best possible care for their patients. Prescription drug abuse prevention involves education, awareness, and responsible prescriptions. It is recommended that someone struggling with prescription drugs seek professional assistance. Since prescription drug abuse is a significant issue that affects many individuals and communities. It’s important to seek help if someone is struggling with this problem. The steps and resources that can assist include:

- Consulting a healthcare provider like the primary care doctor can be a starting point for overcoming prescription drug abuse. They may refer the patient to an addiction specialist or a facility specializing in drug withdrawal treatment
- Counselling and support groups often play a crucial role in the treatment of prescription drug abuse. Support groups can also provide emotional and moral support during recovery

- Education can help understanding the risks and signs of prescription drug abuse and can assist preventing misuse
- Professional treatment services can help to directly approach local drug treatment service
- Website provide information and offer guidance on finding support
- Treatment options included medical supervision, counselling, and support groups. It is emphasized that prescription drugs can be used without proper medical guidance in stressful situations. Seeking help is a brave and critical step towards recovery. It's never too late to reach out and start the journey to better health and well-being [3,28-32].

Discussion

Prescription drug abuse is a serious and important clinical problem that has always existed and will likely continue to exist; however, prescription drug abuse can be minimized if physicians examine their role in the process of creating the phenomenon. Most of the cases of prescription drugs and their abuse are caused by honest doctors who foster prescription drug abuse because of their prescription preparation habits or medical malpractice. It is important to emphasize that drug control agents and health authorities should exercise increased enforcement in this area. Furthermore, self-study and ongoing, organized medical education about prescription drug abuse are generally the best preventive measures against this problem.

The negative consequences of abused prescription drugs are reflected in key indicators of opioid painkiller abuse that have risen over the years. The worst severity was in measures of adverse health outcomes, such as emergency department visits, drug treatment hospitalizations, and unintentional overdose deaths. The serious misuse of prescription drugs has also resulted in significant increases in health care costs. The use of prescription drugs is widespread in the population in all its components, including the young, the elderly, and affects urban and suburban areas. The fact that the misuse of some drugs is done by injection significantly increases the risk of HIV and other infectious diseases due to the use of unsensitized equipment or use with a partner. Unintentional overdose deaths include prescription opioids that have increased and now outnumber heroin and cocaine combined.

Tranquilizers, which depress the central nervous system and are used to treat anxiety and sleep problems, are also addictive and stopping long-term use without a doctor's guidance can cause severe withdrawal symptoms, including seizures, such as seizures, which can be life-threatening. At high doses there is also a risk of severe respiratory depression which increases when depressants are combined with other drugs or alcohol. Abused prescription drugs also include stimulants used to treat attention deficit disorders and narcolepsy. Adverse health consequences may also include psychosis, seizures, and complications of the cardiovascular system. In addition to the costs of addiction treatment and other negative health consequences associated with prescription drug abuse, there are additional costs to consider. These include not only the actual cost of purchasing drugs, but also the costs of the previous doctor and emergency room visits to administer these drugs. The economic cost of death and loss of productivity must also be added. Each year, prescription drug abuse and addiction cost taxpayers in preventable medical care, law enforcement, crime, and other additional costs [6,9-12].

Conclusion

The main point of the given text is that prescription drug abuse is a serious problem that can be minimized if physicians take responsibility for their role in creating the phenomenon and if drug control agents and health authorities enforce regulations. The negative consequences of prescription drug abuse include rising opioid painkiller abuse indicators, such as emergency department visits and unintentional overdose deaths, as well as increased healthcare costs. The misuse of prescription drugs affects various populations and increases the risk of HIV and other infectious diseases. Tranquilizers and stimulants used in prescription drugs can be addictive and have severe withdrawal symptoms. Increased enforcement, education, and prevention measures are necessary to address the rising rates of abuse, which have led to adverse health outcomes, increased healthcare costs, and a range of negative consequences for individuals and society as a whole. The costs associated with prescription drug abuse include addiction treatment, healthcare visits, and loss of productivity, resulting in a burden on taxpayers.

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