

PAINKILLER ADDICTION, ABUSE, AND SYMPTOMS

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Over-the-counter and prescription painkillers containing acetaminophen, ibuprofen, aspirin, or naproxen aren't habit-forming or addictive, except when they're combined with other potentially addictive ingredients. Painkiller addiction typically involves an opioid-based pain reliever available by prescription only, such as oxycodone, hydrocodone, or codeine, among others. Prescription pain reliever misuse was the second most common form of illicit drug use in the United States in 2018, with an estimated 9.9 million people aged 12 or older misusing painkillers, corresponding to 3.6% of the population.

Prescription painkillers containing opioids and non-opioid painkillers that work the same way decrease the perception of pain. Doctors prescribe them to alleviate moderate to severe pain, especially after surgeries or severe injuries, or sometimes to relieve coughing. When taken as prescribed, painkillers are relatively safe and effective. However, opioids can create a feeling of euphoria, so some people abuse painkillers to get high, relax or relieve tension, or increase/decrease the effects of other drugs.

Taking opioid-based painkillers in higher and/or more frequent doses or for longer periods than prescribed increases the risk of dependence, addiction, overdose, and death. Opioids slow respiration, and taking painkillers can slow breathing too much or stop it altogether, potentially leading to death.

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This guide explains the effects, trends, and dangers of painkiller use and behavioral treatment methods for painkiller addiction based on current research and publicly available statistics. In some cases, usage statistics are derived from general prescription painkiller use, and others are from specific painkillers, including oxycodone, hydrocodone, morphine, meperidine, codeine, morphine, and tramadol, among others.

Primary Painkiller Dangers

- **Addictiveness:** An estimated 7 million people in the United States had a prescription pain reliever use disorder in 2018, corresponding to 0.6% of the population. A comprehensive 2007 study by Nutt et al. evaluated the addictive potential of 20 substances based on physical dependence, psychological dependence, and pleasure. Although prescription painkillers weren't on the list, heroin was, and it's the illicit equivalent of prescription opioids found in many common painkillers. Heroin was ranked the most addictive of all substances, with a 3 out of 3 in every category.
- **Risk of overdose:** In 2018, 17,007 overdose deaths were attributed to prescription opioids. The risk of overdose and death increases further if prescription painkillers are combined with alcohol or other medications that also slow breathing, such as Xanax. Males are more likely to overdose from prescription painkillers than females across all age groups. Signs of a possible opioid-based painkiller overdose include slow breathing, vomiting, shaking, cold, damp skin, blue lips and fingernails, and limited consciousness.
- **Unintended side effects:** Prescription painkillers can produce serious side effects, even when taken as directed. Unintended side effects can include increased sensitivity to pain, sleepiness, dizziness, nausea, diarrhea, vomiting, itching, sweating, shaking, confusion, depression, and lower levels of testosterone that could impact strength, energy, and sex drive.
- **Legal risks:** Prescription opioid-based painkillers are considered narcotics, which makes them a Schedule II (2) controlled substance. These include oxycodone, Oxycotin, Percocet, fentanyl, morphine, codeine, hydrocodone, hydromorphone, methadone, meperidine, and Demerol, among others. Individuals with a legitimate prescription are exempt from prosecution, but possession without a valid prescription is a criminal offense. A first offense can be punishable by no less than \$1,000 in fines and up to one year in prison. Future offenses result in higher fines and lengthier prison terms.

Painkiller Background Information

Derived From	Opioid-based painkillers are semisynthetic opioids derived from the opium poppy plant or man-made in labs
Ways Used	Swallowed, smoked, or crushed into a powder that's snorted or injected
Scientific Name	Oxycodone, hydrocodone, morphine, hydromorphone, oxymorphone, meperidine, codeine, propoxyphene
Slang/Street Names for Painkillers	Happy pills, hillbilly heroin, chilli pills, fluff, OC, oxy, oxycotton, percs, vikes, hydros, cody, trammies, dillies, demmies, pinks, blues, greens, oranges, big whites, small whites, subs, and pain killer, among others
How Long in Bodily System	The half-life of painkillers vary depending on the type of painkiller involved, for example: Morphine half-life: 3 hours Fentanyl half-life: 3.5 hours Meperidine half-life: 4 hours Oxycotin half-life: 4.5 hours
Punitive Legal Measures: Using/Possession	As a Schedule II (2) controlled substance, it's illegal to possess any opioid-based painkiller without a doctor's prescription. Legal measures vary by state, but the first offense of simple possession usually includes a fine of not less than \$1,000 and up to one year in prison. Additional violations have higher fines and increased jail time.
Punitive Legal Measures: Selling/Distributing	Possessing large amounts of opioid-based painkillers displays an intent to sell or distribute, which can be a felony. Trafficking any Schedule II substance is subject to federal penalties, including fines of \$1-\$5 million and up to 20 years in prison.
DEA Drug Rating	Schedule II

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II. Signs of Abuse

Behavioral Symptoms of Painkiller Usage and Abuse

How painkillers affect the brain

The National Survey on Drug Use and Health groups numerous prescription painkillers together, including methadone, Demerol, and any products containing oxycodone, hydrocodone, codeine, buprenorphine, morphine, oxymorphone, hydromorphone, fentanyl, and tramadol. Any opioid-based painkiller affects the brain similarly.

The brain is full of molecules called receptors that receive signals from other parts of the body. Opioids attach to these receptors and block pain messages being sent to the brain, which is why they're used in painkillers. They also cause large amounts of dopamine to be released in the brain's pleasure center, which floods the body with feelings of pleasure, well-being, and euphoria. This reward encourages a person to repeat the behavior to recapture this feeling. Over time, taking opioid-based painkillers can change the brain, leading to dependence and addiction.

Behavioral signs of painkiller usage and abuse

Once a person develops a tolerance and begins taking more painkillers, they're at risk of becoming dependent on the drug, which can swiftly lead to addiction. Abusing painkillers can also lead to changes in behavior, including an inability to stop using even when the individual knows it's causing health, psychological, personal, and/or financial problems.

An addicted person may spend an excessive amount of time and money maintaining their drug supply, even when they can't afford it and/or must get pills illegally. Their preoccupation with using painkillers may lead to frequently missing school or work, causing a drop in grades or work performance. They may cut back on activities due to drug use or completely lose interest in activities they previously enjoyed.

Friends and family members also may notice drastic changes in their behavior, such as being secretive about their whereabouts and/or activities, borrowing money with poor excuses for why it's needed, and doing things they wouldn't normally do. The individual may become withdrawn and isolated from people who care about them. Friends and family may also notice that the individual has become more irritable and lost interest in grooming or how they look.

As addiction progresses and a person isn't able to get enough painkillers through legal prescriptions, they may turn to risky behavior, such as forging prescriptions or borrowing or stealing pills from family or friends. About 51.3% of people who misused pain relievers in 2018 got the last pills they misused from friends or relatives, while about one in 15 bought them from a drug dealer or other stranger. For some people, opioid-based painkillers can be a gateway to illicit drug use, because it affects the body similarly to heroin, and they may be able to get heroin on the street easier than painkillers.

Physical Symptoms of Painkiller Abuse

Some physical symptoms of painkiller abuse differ based on the type of painkiller being abused, but opioid-based drugs tend to have similar effects. Besides blocking pain and causing euphoria, painkillers can negatively impact the body in numerous ways. Short-term effects are commonly experienced by most people, whether they're taking the drug recreationally or legitimately to treat pain. The longer a person takes opioids, the worse these symptoms may become, and they can develop serious long-term symptoms. Potential negative effects include chronic constipation, stomach pain, heart palpitations, slowed breathing and heart rate, low blood pressure, confusion, drowsiness, tremors, overdose, coma, and death.

Early physical effects of painkillers

Not everyone has side effects from painkillers, especially when taken appropriately. Misusing painkillers increases the likelihood of short-term physical effects, but these effects heavily depend on the dose, how it's taken, and previous experience with the drug. Some of the more common side effects include drowsiness, nausea, vomiting, pupil constriction, and flushed face and neck. Some people may also experience dizziness, slow or shallow breathing, itching, confusion, hallucinations, or trouble urinating.

This table illustrates the possible short-term physical effects associated with painkillers.

	Short-term Physical Symptoms
Initial (direct effects of drug, 30 – 60 min.)	Pain relief Euphoria Relaxation Sleepiness Nausea Vomiting Dilated pupils Flushed face and neck
Lingering (within an hour of taking the drug)	Dry mouth Confusion Dizziness Itchiness Poor coordination Excessive sweating Slow or shallow breathing Decreased blood pressure Trouble urinating Constipation Hallucinations
Post-Use (several hours to days after use)	Insomnia Muscle pain Stomach pain Irritability Mood changes Cravings Increased risk of addiction

Severe and long-term physical effects of painkillers

Like short-term effects, the long-term physical effects can differ depending on the painkiller being abused and the length of abuse. Chronic users who develop a tolerance may begin taking higher and more frequent doses to achieve pain relief and/or the high they crave. As the dosage increases, the harmful effects become more pronounced.

Chronic use of opioid-based painkillers can adversely impact the person's gastrointestinal, respiratory, cardiovascular, musculoskeletal, endocrine, immune, and central nervous systems. Some physical effects may be reversed after stopping use, but changes in the brain may be irreversible.

Physical dependence is highly possible with chronic use, and withdrawal symptoms are probable when a person stops taking painkillers. The intensity of the withdrawal symptoms is directly tied to the specific painkiller used, daily intake, time between doses, and length of abuse. Some people's health and personality can play a role in the severity and duration of their withdrawal process. It can take days or even weeks for most physical symptoms to disappear.

This table illustrates the possible long-term physical effects associated with painkillers.

	Long-term Physical Symptoms
Casual	Tolerance Risk of dependence and addiction Slowed breathing Problems sleeping Dizziness Constipation
Chronic Including all of the above effects for casual use	Hypoxia Increased sensitivity to pain Sleep-disordered breathing Slow heart rate Low blood pressure Increased risk of fractures due to falls Sexual dysfunction in men Osteoporosis in women Depressed immune system Increased infections Heart problems Liver damage Potentially irreversible changes in the brain Coma or death
Withdrawal	Running nose Watery eyes Abdominal cramps Diarrhea Nausea and vomiting Loss of appetite Cold flashes with goosebumps Excessive sweating Twitching and tremors Anxiety Restlessness Muscle, joint, and bone pain Sleep problems Irritability Intense cravings Severe depression

Further Resources

Both the [National Institute of Drug Abuse](#) (NIDA) and the [Substance Abuse and Mental Health Services Administration](#) (SAMHSA) offer in-depth information on both the symptoms and treatment of prescription painkiller addiction.

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III. Painkiller Usage

Use of pharmaceutical opioids remains high globally

Nonmedical use of pharmaceutical opioids is a growing concern globally, but the highest prevalence in 2017 was in North America. Nearly 4% of the population aged 15-64 used opioids for nonmedical purposes, with pharmaceutical opioids, including oxycodone, hydrocodone, codeine, and tramadol, the primary concern. Nonmedical use in Australia and New Zealand also remained much higher than the global average, comprising 3.3% of the adult population with nonmedical use of pharmaceutical opioids the top concern. Prevalence was also high in Asia, impacting 1% of the population.

Other notable areas included Afghanistan, where opium was the predominant opioid, but nonmedical use of pharmaceutical opioids was also substantial. Of Pakistan's estimated 2.7 million opioid users, 1.6 million reported nonmedical use of pharmaceutical opioids. Heroin is the most prevalent opioid used in India, followed by nonmedical use of pharmaceutical opioids, which impacted nearly 1% of the general population. West and Central Africa also had high nonmedical pharmaceutical opioid usage, with 1.9% or about 5 million users and tramadol being the dominant substance.

Prescription Painkiller Use Throughout the World

	Highest	Second	Third
Regions with the Highest Number of Pharmaceutical Opioids Users	North America	Australia and New Zealand	Asia and Oceania
Countries with the Largest Availability of Pharmaceutical Opioids for Medical Use (daily dose per million people), average over 2015-2017	North America (30,814)	Oceania (12,563)	Europe (8,812)

*This table includes data from users of pharmaceutical opioids, including substances containing oxycodone, hydrocodone, codeine, and tramadol. Source: [United Nations Office on Drugs and Crime, 2019 World Drug Report, Booklet 3](#)

Painkiller Usage Demographics in the U.S.

Prescription painkiller misuse has declined from peak years, but usage remains a concern

Among the 9.9 million people aged 12 or older who misused prescription pain relievers in 2018, an estimated 5.5 million, or 2% of the population, misused hydrocodone products, making it the most commonly misused type of painkiller. These products included Norco, Lorab, Vicodin, Zohydro ER, and generic hydrocodone. Oxycodone products were the painkiller of choice for an estimated 3.4 million people, or 1.2% of the population, which included Oxycotin, Percodan, Percocet, Roxicodone, and generic oxycodone. About 118,000 people misused buprenorphine products, 269,000 misused prescription fentanyl products, and 256,000 misused methadone.

Oxycotin saw peak usage among 12th graders in 2005, with 5.1% of adolescents aged 17-18 using the drug that year. Peak usage for 10th graders was in 2009, with 5.1% of adolescents aged 15-16 using, and for 8th graders, it was 2006, with 2.6% of adolescents aged 14-15 using. Vicodin saw peak usage among 12th graders in 2003, with 10.5% using. Tenth-grader use peaked in 2009 with 8.1%, and 8th-grader use peaked in 2006 with 3%.

While the number of opioids prescribed peaked in 2010 then decreased annually through 2015, the amount prescribed per person was three times higher in 2015 than in 1999. Prescriptions for opioid-based pain relievers remain high and inconsistent across the country, varying widely from one county to the next.

Demographics of Painkiller Usage

	Past Year (2019) OxyContin	Past Year (2019) Vicodin
8th grade (14-15 yo)	1.2%	0.90%
10th grade (15-16 yo)	2%	1.1%
12th grade (17-18 yo)	1.7%	1.1%

Source: [2016-2019 Monitoring the Future Study, Trends in Prevalence](#)

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IV. How to Find Help

Those who've been taking opioid-based painkillers for several months need to taper usage to help manage withdrawal symptoms. The tapering process involves several steps to decrease the number of painkillers taken each day gradually. Tapering slowly is the safest option, but it can take several weeks or even months to keep withdrawal symptoms at a minimum and reduce the likelihood of relapse. There are also medications and behavioral therapies that can help individuals overcome a painkiller addiction. To learn more about the treatment process, read our [Painkiller Rehabilitation Guide](#), a comprehensive resource for starting treatment.

Staging an Intervention

If you have a loved one who's struggling with addiction, staging an intervention is often the first necessary step towards sobriety, but it's important to be strategic and loving in your approach. Even the most well-meaning of interventions can have a negative effect if they aren't handled correctly.

5 Tips for Staging an Intervention

1. **Don't Do It Alone.** A professional interventionist is always the most qualified to guide a successful intervention. Also, rely on non-addict family and friends — especially those who have a close relationship with you or the addict.
2. **Research Ahead of Time.** It's best to do plenty of research ahead of time to gather insight on the addiction and how it affects the addict. Also, be prepared with local resources for getting help.
3. **Write Out Your Statement.** During the actual intervention, emotions will likely be running high, so it's best to have a statement of how the person's addiction has impacted you and your relationship with him or her. These statements should be honest yet written from a place of love — no personal attacks.
4. **Offer Help.** It's important for everyone attending the intervention to offer tangible help and support as the person works through detox and rehabilitation.
5. **Set Boundaries.** If the person refuses to seek help and take the next steps outlined, it's important that they understand that everyone present will end consequences and enabling behaviors.

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