



PRESCRIPTION FOR DISASTER

how teens abuse medicine

A DEA Resource for Parents

This publication is designed to be a guide to help the reader understand and identify the current medications that teens are abusing. It is not all-inclusive; every dosage unit or generic form of the medications cannot be listed due to space constraints and the frequent introduction of new drugs. For more information, go to www.dea.gov or consult the additional resources at the back of this book.

Millions of teens are using very powerful pain medications to get high. Some of these are the same medications doctors use to treat pain in terminal cancer patients.

For many teens, using prescription or over-the-counter medications is their first introduction to getting high. Until recently, teens began their drug use with marijuana.

USA Today, "Teens use Internet to Share Drug Stories" by Donna Leinwand, June 19, 2007

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How Teens Abuse Medicine

Despite recent reductions in teen drug use, particularly marijuana, increasing numbers of teens are using prescribed and over-the-counter medications to get high. It's a serious problem that affects all of us.

Many parents don't know enough about this problem, and many teens don't understand the dangers of using these medications to get high.

The latest attitude surveys tell us that \

Nearly one in five (19 percent or 4.5 million) teens has tried prescription medication (pain relievers such as Vicodin® and OxyContin®; stimulants like Ritalin® and Adderall®) to get high;

One in 10 (10 percent or 2.4 million) teens report abusing cough medicine to get high;

Two in five teens (40 percent or 9.4 million) agree that Rx medicines, even if they are not prescribed by a doctor, are "much safer" to use than illegal drugs;

Nearly one-third of teens (31 percent or 7.3 million) believe there's "nothing wrong" with using Rx medicines without a prescription "once in a while";

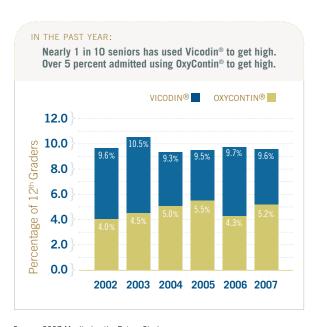
Nearly three out of 10 teens (29 percent or 6.8 million) believe prescription pain relievers—even if not prescribed by a doctor—are not addictive; and

More than half of teens (55 percent or 13 million) don't agree strongly that using cough medicines to get high is risky.

Source: Partnership for a Drug Free America, 2006 Partnership Attitude Tracking Survey (PATS)

How Teens Abuse Medicine

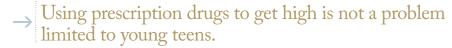
Recent drug use surveys also provide evidence that the problem of intentional medicine abuse has grown. Seven out of the top 11 drugs abused by 12th graders are prescription drugs and over-the-counter medications.



What 12th Graders Are Using To Get High: (NON-MEDICAL USE)

(NON WEDICAL OSE)				
Marijuana 31.7%				
Vicodin 9.6%				
Amphetamines 7.5%				
Sedatives 6.2%				
Tranquilizers 6.2%				
Cough Medicine 5.8%				
Cocaine (any form) 5.2%				
OxyContin® 5.2%				
Cocaine (powder) 4.5%	6			
Ritalin® 3.8%				
Inhalants 3.7%				

Source: 2007 Monitoring the Future Study



The use of these drugs by college students has increased dramatically within the past decade. According to a 2007 report by the National Center for Addiction and Substance Abuse at Columbia University (CASA), "Wasting the Best and the Brightest: Substance Abuse at America's Colleges and Universities," between 1993 and 2005 the proportion of students abusing prescription drugs increased:

343 percent for opioids like Percocet®, Vicodin®, and OxyContin®;

93 percent for abuse of stimulants like Ritalin® and Adderall®;

450 percent for tranquilizers like Xanax® and Valium®; and

225 percent for sedatives like Nembutal® and Seconal®.

The experts give some reasons why teens might turn to prescription drugs to get high:

Escape and boredom;

Preservation of friendships, romantic relationships, and family life;

Competing for college admission, including competition for advanced placement and honors courses in high school;

The balance between schoolwork, grades, and extracurricular activities like sports and clubs; and

The desire to have the "ideal" physical appearance.

Source: www.theantidrug.com

Prescription Drug Basics

A "prescription drug" is a drug that is available only with authorization from a healthcare practitioner to a pharmacist. An "over-the-counter" medication is a drug that is sold without a prescription.

Both kinds of drugs come with explicit instructions on how to use the drug, and these instructions should be followed to avoid adverse consequences. The Food and Drug Administration (FDA) approves all drugs on the market and provides sound advice to consumers.

Source: www.fda.gov

→ Over-The-Counter (отс)

OTC drug labels contain information about ingredients, uses, warnings and directions that are important to read and understand. The label also includes important information about possible drug interactions. Further, drug labels may change as new information becomes known. That's why it's especially important to read the label every time you use a drug.

→ Drug-Drug Interactions

Drug-drug interactions occur when two or more drugs react with each other. This may cause you to experience an unexpected side effect. For example, mixing a drug you take to help you sleep (a sedative) and a drug you take for allergies (an antihistamine) can slow your reactions and make driving a car or operating machinery dangerous.

→ Drug-Condition Interactions

Drug-condition interactions may occur when an existing medical condition makes certain drugs potentially harmful. For example, if you have high blood pressure, you could experience an unwanted reaction if you take a nasal decongestant.

It is also important to recognize that everyone's metabolism and brain chemistry are different, and the same drugs can have very different effects on individuals. Experimenting with medicine to get high is extremely dangerous, and mixing drugs to get high can be deadly.

The Centers for Disease Control and Prevention (CDC) reports in Reuters Health (February 8, 2007) that unintentional deaths due to drug poisoning, primarily with prescription drugs, increased 68.3 percent between 1999 and 2004.

Drug poisoning is second only to motor vehicle crashes as a cause of death from unintentional injury in the U.S. The CDC's Injury Center reports on its website that among people 35 to 54 years old, unintentional poisoning caused more deaths than motor vehicle crashes.

The Injury Center also reports that in 2006, unintentional poisoning caused over 700,000 emergency department visits, with almost 25 percent of those resulting in hospitalization or transfer to another facility.

Mark Bauer's father, Phil Bauer, writes: "A few years ago, my life was changed forever. On May 27, 2004, my youngest son, Mark, was a week away from graduating from high school. Mark's day went something like this: He woke up and went to school and played in the student/staff basketball game. When he came home from school he lifted weights and ate dinner. He then went to work and returned home at about 9:30 that night. When he got home, Mark talked to us about the game that day, and we knew what a special day it had been for him.

story

"That was the last conversation we ever had with Mark.... He never woke up the next day. On Friday, May 28, 2004, his mom and I found his lifeless body in bed. Mark died from an accidental overdose of prescription drugs, including OxyContin® and morphine."

"Street drugs" is a term that refers to drugs that are commonly known as illegal drugs—cocaine, heroin, methamphetamine, marijuana, and others. Many teens mistakenly believe that pharmaceuticals (prescription drugs) are safer than "street drugs" for a variety of reasons:

- → These are medicines;
- They can be obtained from doctors, pharmacies, friends or family members;
- → It's not necessary to buy them from traditional "drug dealers"; and
- Information on the effects of these drugs is widely available in package inserts, advertisements and on the Internet.

Parents and teens need to understand that when over-the-counter and prescribed medications are used to get high, they are every bit as dangerous as "street drugs." And when prescribed drugs are used by or distributed to individuals without prescriptions, they are every bit as illegal.

HOW DOES IT WORK?

Dr. Nora Volkow, Director of the National Institute on Drug Abuse (NIDA), explains how the legitimately prescribed drug Ritalin® (methylphenidate), when abused, can act in the same way as cocaine:

"For example, the stimulant methylphenidate (Ritalin®) has much in common with cocaine: they bind to similar sites in the brain, and they both increase the brain chemical dopamine through the same molecular targets. And when both drugs are administered intravenously, they cause a rapid and large increase in dopamine, which a person experiences as a rush or high. However, when methylphenidate is taken orally, as prescribed, it elicits a gradual and sustained increase in dopamine, which is not perceived as euphoria and instead produces the expected therapeutic effects seen in many patients."

Source: Testimony before the House Government Reform Committee, July 26, 2006

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Common Drugs of Abuse

Illegal drugs and legitimate medications are categorized according to their medical use, potential for abuse, and their potential for creating physical or psychological dependence.

Dependence means that the body adjusts to allow for them and can't function normally without them. When drugs are used in a manner that is inconsistent with the medical or social patterns of a culture, it is called drug abuse. Addiction is defined as compulsive, drug-seeking behavior where acquiring and using a drug becomes the most important activity in a user's life.

Some pharmaceuticals have the same potential for abuse, dependence, and addiction as heroin. They share many of the same properties and effects as the "illegal drugs." It is important for parents to know and understand that using medications outside the scope of sound medical practice is drug abuse.

→ Categories of Drugs

There are five classes of drugs of abuse: Narcotics, Stimulants, Depressants, Hallucinogens, and Anabolic Steroids.

Within each class are substances that occur naturally and those created in laboratories (synthetics). When they are used appropriately in the practice of medicine, these substances can have very beneficial properties. When used for non-medical purposes, including the desire to get high, these drugs can cause great damage and even death.

→ Dangerous and Addictive

Drugs are placed into five different schedules by DEA according to their medical use and potential for abuse and dependence. Schedule I drugs have no accepted medical use and have not been shown to be safe for people to use. Drugs in Schedules II-V have medical uses and different potentials for abuse.

Within the five classes, individual drugs are ranked according to their abuse potential. When controlled substances are prescribed by a doctor and used according to directions, they can be safe and effective.

"Street drugs" and legitimate medications often have the exact same addictive properties. It is important to remember that people can react to drugs differently, and even drugs that are considered to have a low abuse potential can be addictive and possibly fatal to some users.

narcotics

substances that dull the senses and relieve pain

HEROIN, MORPHINE, METHADONE, AND OTHER OPIOIDS

Narcotic Medicines:

Used to treat mild to severe pain (anything from dental surgery to terminal cancer). Also used to suppress coughs, treat diarrhea, induce anesthesia, and treat heroin addiction.

Forms:

Liquid, tablet, capsule, patch, lollipop, diskette, suppository, and injectable forms.

Adverse Effects:

Euphoria, drowsiness, slowed breathing. Skin, lung, and brain abscesses; endocarditis (inflammation of the lining of the heart); hepatitis; and AIDS are commonly found among narcotics abusers who inject drugs or engage in other risky behaviors.

OD:

Slow and shallow breathing, clammy skin, convulsions, coma, possible death.

Narcotic medications available only with a prescription:

(Note: Lists are not all-inclusive.)

{ codeine cough syrup }

ROBITUSSIN A-C SYRUP® | MYTUSSIN AC COUGH SYRUP®

Cough syrups sometimes include other ingredients such as antihistamines (promethazine).

slang names: Lean, Purple Drank, Sippin Syrup

{ fentanyl }

DURAGESIC PATCH® | ACTIQ LOZENGE®

Fentanyl is a very powerful painkiller, 80 times more powerful than morphine. It is used in combination with other drugs to treat extreme pain. The biological effects of fentanyl are indistinguishable from those of heroin, with the exception that some forms of fentanyl may be hundreds of times more potent. Encounters with fentanyl that are not medically supervised are frequently fatal. This narcotic is most commonly used by wearing or chewing a patch or sucking on a lozenge, but like heroin, it may also be smoked or snorted. A new effervescent tablet, Fentora[®], is now available to place between the cheek and gum.

slang names: Tango and Cash, Perc-a-Pop (Actiq[®])

{ hvdrocodone }

VICODIN® | LORTAB® | LORECET® | HYDROCODONE WITH ACETAMINOPHEN

Hydrocodone products are used for pain relief and cough suppression and produce effects comparable to oral morphine. Hydrocodone products are the most frequently prescribed opioids in the United States, and they are also the most abused narcotic in the U.S.

narcotics

{ methadone }

DOLOPHINE® | METHADOSE®

Methadone has been used for years to treat heroin addicts. It is also used as a powerful painkiller. From 1999 to 2004, the Centers for Disease Control and Prevention (CDC) reported that the rate of methadone deaths in younger individuals (15-24) increased 11-fold. For people who are not regular users of methadone, the drug can be dangerous and must be used with a doctor's supervision.

{ oxycodone }

OXYCONTIN® | OXYCODONE WITH ACETAMINOPHEN | PERCODAN® | PERCOCET®

Oxycodone products are very powerful painkillers. Oxycodone is widely used in clinical medicine. It is marketed either alone as controlled release (OxyContin®) and immediate release formulations (OxyIR®, OxyFast®), or in combination with other non-narcotic analgesics such as aspirin (Percodan®) or acetaminophen (Percocet®). Oxycodone's behavioral effects can last up to five hours. The drug is most often administered orally. The controlled-release product, OxyContin®, has a longer duration of action (8-12 hours).

→ slang names: Oxycotton, Percs, OC, OX, Oxy, Hillbilly Heroin, Kicker.

Other abused narcotics

```
{ propoxyphene } DARVON®
{ meperidine } DEMEROL®
{ hydromorphone } DILAUDID®
₹ oxycodone with acetaminophen } ENDOCET®
{ codeine } FIORINAL®
{ morphine } ORAMORPH SR®
{ oxycodone with acetaminophen } ROXICET®
{ pentazocine } TALWIN®
{ cough syrup with hydrocodone } TUSSIONEX®
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How are narcotics abused?

Oral (swallowing pills or liquid). In the case of fentanyl, Actiq[®] is sucked; fentanyl patches are worn on the skin, and abusers sometimes scrape off the fentanyl from the patch or chew the patch to get high. Hydrocodone and oxycodone pills are most frequently taken orally but can be crushed and snorted. Crushing the pills negates the time-release features of some medications, so the user experiences the full power and effect all at once. Cough syrups can be drunk or mixed in sodas or sports drinks.

Where would a teen obtain narcotics?

Friends, medicine cabinets, pharmacies, nursing homes, hospitals, hospices, doctors, Internet. They can also be purchased on the street, as many drug traffickers are now dealing pharmaceuticals.

narcotics













5mg

7.5mg

10mg

{ LORTAB® }















10mg

20g

40mg

80mg

{ OXYCONTIN® }

*hydrocodone bitartrate-acetaminophen













*5-500mg

*10-660mg

*7.5-750mg

{ VICODIN® }







600mcg

400mcg

600mcg

{ ACTIQ® }-

{ GLOSSARY }

With repeated use of narcotics, tolerance and dependence develop.

Tolerance is a state in which a drug user becomes less sensitive to the drug's effects after repeated use. The user must take more of a drug and take it more often to achieve the same painkilling, sedating or euphoric effect. Tolerant users can consume doses far in excess of the dose they started with or that an average person could safely tolerate.

Physical Dependence is a state that develops as a result of repeated use of a drug. A dependent person must consume a drug in order to prevent a withdrawal syndrome. This syndrome can range from mild to severely unpleasant and lifethreatening depending on the drug and pattern of use.

Psychological Dependence is marked by drug craving, an intense desire to take the drug, which can focus all of the person's thoughts and desires on obtaining and using the drug. While physical dependence will go away in days or weeks after drug use, psychological dependence can continue for years.



COCAINE, CRACK, METHAMPHETAMINE, AMPHETAMINES, KHAT

Stimulant Medicines:

Many stimulants have legitimate medical use and are scheduled by the DEA. Caffeine and nicotine are stimulants that are not controlled. Stimulant medicines are used to treat obesity, attention deficit and hyperactivity disorders (ADHD/ADD), and narcolepsy. Pseudoephedrine, found in allergy and cold medications to relieve sinus congestion and pressure, is also a stimulant chemical. Cocaine and methamphetamine have a currently accepted medical use in treatment. Crack cocaine and khat have no legitimate medical uses.

Forms:

Adverse Effects:

Powder, "rocks," "crystal," pills, and smokable and injectable forms.

Alertness, excitation, euphoria, increase in blood pressure and pulse rates, insomnia, loss of appetite. Abuse is often associated with a pattern of binge use—sporadically consuming large doses of stimulants over a short period of time. Heavy users may inject themselves every few hours, continuing until they have depleted their drug supply or reached a point of delirium, psychosis, and physical exhaustion. During this period of heavy use, all other interests become secondary to recreating the initial euphoric rush. Because accidental death is partially due to the effects of stimulants on the body's cardiovascular and temperature-regulating systems, physical exertion increases the hazards of stimulant use.

OD:

Agitation, increased body temperature, hallucinations, convulsions, possible death.

Stimulant medications available only with a prescription:

(Note: Methamphetamine and cocaine have limited legitimate medical uses. Lists are not all-inclusive.)

```
{ amphetamines }
ADDERALL® | DEXEDRINE® | DESOXYN® (methamphetamine)
Amphetamines are used to treat ADHD/ADD.
slang names: Ice, Crank, Speed, Bennies, Black Beauties, Uppers

{ methylphenidate and dexmethylphenidate }
CONCERTA® | RITALIN® | FOCALIN® | FOCALIN XR®

These drugs are used to treat ADHD/ADD.
slang names: Pellets, R-Ball, Skippy, Vitamin R, Illys
```

→ Other abused stimulants

```
{ phentermine} ADIPEX® | IONAMIN® 
{ benzphetamine } DIDREX® 
{ phendimetrazine } PRELU-2®
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These drugs are used in weight control.

stimulants

How are stimulants abused?

Oral (swallowing pill forms of stimulants), smoked (crack, methamphetamine), crushed and snorted, injected.

Where would a teen obtain stimulants?

Friends, doctors, pharmacies, schools, medicine cabinets, Internet, street dealers.

















10mg

{ RITALIN® }





37.5mg







200mg

100mg

{ PROVIGIL® }-





5mg





{ DEXEDRINE® }-

















{ FOCALIN® }

{ FOCALIN XR® }



depressants → substances that induce sleep, relieve stress and reduce anxiety ("downers")



ALCOHOL, VALIUM®, XANAX®, TRANQUILIZERS, SLEEPING PILLS, ROHYPNOL®, GHB

Depressant Medicines: Used to treat anxiety, insomnia, seizure disorders, and narcolepsy. Also used to relax muscles and to sedate.

Forms:

Mainly pills and liquids. GHB is often found in liquid form.

Adverse Effects: Slurred speech, disorientation, drunken behavior without the odor of alcohol, impaired memory, vivid and disturbing dreams, amnesia.

OD:

Shallow respiration, clammy skin, dilated pupils, weak and rapid pulse, coma, possible death.

Depressant medications available only with a prescription:

(Note: Lists are not all-inclusive.)

{ benzodiazepines }

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VALIUM® XANAX® HALCION® ATIVAN® KLONOPIN®
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Benzodiazapines are used as sedatives, hypnotics, anti-convulsants, muscle relaxants, and to treat anxiety. Many times they are abused in combination with other drugs or to counteract the effects of other drugs.

slang names: Downers, Benzos

{ newer sleeping pills }

AMBIFN® | SONATA®

These depressants are used to treat insomnia.

→ Other abused depressants

```
{ choloral hydrate } SOMNATE®
{ barbiturates, such as amo-, seco- and pentobarbital }

GHB → XYREM®

{ carisoprodol } SOMA®
{ ketamine } KETALAR®, KETACET®
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Please note that even though ketamine is a depressant, it is abused by kids for its psychedelic effects.

depressants

How are depressants abused?

Oral (swallowing pills).

Where would a teen obtain depressants?

Friends, medicine cabinet, doctors, hospitals, Internet, street dealers.

PARENT'S story

Jason Surks Was 19 and in his second year of college, studying to be a pharmacist, when he died of an overdose of depressant pills. After his death, his parents discovered that he had been ordering controlled substances from an Internet pharmacy in Mexico. His mother, Linda, writes: "I thought to myself that this couldn't be possible. I work in prevention, and Jason knew the dangers—we talked about it often. I think back to the last several months of my son's life, trying to identify any signs I might have missed.

"I remember that during his first year in college, I discovered an unlabeled pill bottle in his room. I took the pills to my computer and identified them as a generic form of Ritalin. When I confronted Jason, he told me he got them from a friend who'd been prescribed the medication. He wanted to see if they would help him with his problem focusing in school. I took that opportunity to educate him on the dangers of abusing prescription drugs and told him that if he really thought he had ADD (Attention Deficit Disorder), we should pursue this with a clinician. He promised he would stop using the drug. But as a pre-pharmacy major, maybe he felt he knew more about these substances than he actually did and had a 'professional curiosity' about them."



-{ VALIUM® }--



{ KLONOPIN® }

anabolic steroids

→ drugs used to enhance performance, increase muscle mass, and improve appearance

TESTOSTERONE



Synthetically produced variants of the naturally occurring male hormone testosterone are used to promote muscle growth, enhance performance, or improve physical appearance. Prescribed by doctors for loss of testicle function, breast cancer, low red blood cell count, hypogonadism, delayed puberty, and debilitated states resulting from surgery or sickness (cancer and AIDS). Administered to animals by veterinarians to promote feed efficiency, improve weight gain, and treat anemia and tissue breakdown during illness or trauma.

Forms:

Tablets, sublingual tablets, liquid drops, gels, transdermal patch, subdermal implant pellets, water-based injectable solutions, oil-based injectable solutions.

Adverse Effects:

Males: In adults, shrinking of testicles, reduced sperm count, infertility, development of breasts, acne, fluid retention, increased risk of prostate cancer. In boys, early sexual development, acne, and stunted growth.

Females: Acne, oily skin, deepening of voice, increased body and facial hair, menstrual irregularities, fluid retention. Also, in girls, stunted growth.

Both: Harm to heart, liver dysfunction, liver tumors, liver cancer, increased blood pressure, increased LDL cholesterol, enlargement of the heart, heart attacks, stroke, hepatitis, HIV, anger, hostility, male pattern baldness.

Upon discontinuation: Prolonged periods of depression, restlessness, insomnia, loss of appetite, decreased sex drive, headaches, irritability.

Steroids available only with a prescription:

(Note: Lists are not all-inclusive.)

{ anabolic steroids }

ANADROL® | ANDRO® | DECA-DURABOLIN® | DEPO-TESTOSTERONE® | DIANOBO® DURABOLIN® | EQUIPOISE® | OXANDRIN® | THG® | WINSTROL®

There are over 100 different types of anabolic steroids.

slang names: Arnolds, Gym Candy, Pumpers, Roids, Stackers, Weight Trainers, Gear Juice

How are steroids abused?

Steroids are taken orally, injected, taken under the tongue, or applied with topical creams that allow steroids to enter the bloodstream. There are different regimens for taking steroids to increase body mass; they are widely published and available on the Internet.

Where would a teen obtain steroids?

Friends, gyms, school, teammates, coaches, trainers, Internet.

anabolic steroids

THREE PARENTS' STORIES

These three young men were athletes who sought ways to enhance their performance. Each of them turned to steroids, and each of them suffered the depression that comes when steroids are stopped.







TAYLOR HOOTON

Died at age 17. It took a while for his parents to connect Taylor's recent weight and muscle increases with his uncharacteristic mood swings and violent, angry behavior. He'd been using a cocktail of steroids and other hormones to bulk up, and the drugs were wreaking havoc on his body and emotions.... Taylor went to his room and hanged himself. It was only after his death that the whole picture came into focus.

ROB GARIBALDI

Died at age 24. When supplements and workouts did not produce the desired results, Rob turned to steroids. According to Rob, he first obtained steroids from his trainer at the University of Southern California, whose name Rob never divulged. With a wink and a nod, they kept his use a secret. The desire and need to look bigger, be stronger, and avoid losing muscle gains already achieved prompted him to continue steroid use. Over time, Rob gained 50 pounds and became the powerhouse the steroids promised.... Drinking alcohol or taking any other drug, including prescription medication, compounds the adverse effects of steroids. The most dangerous effect of steroids is suicide. His parents said: "We know, without a doubt, steroids killed our son."

EFRAIN MARRERO

Died at age 19. Efrain had been secretly using steroids to prepare for football season. He had been a standout offensive lineman in high school and was now playing at the junior college level. However, he decided he wanted to move from the offensive line to more of a "glory" position at middle linebacker. Any football fan seeing Efrain would recognize the significant physical transformation it would take for him to make that happen. As his parents tell it, "Efrain began using steroids, under the impression that it would make him bigger, stronger, faster, and earn him the title and recognition he so much desired." Unaware of the serious side effects of steroids, Efrain began to experience severe paranoia and deep depression. Frightened, he turned to his parents for help, who took him to the family doctor. The doctor assured them that the steroids would leave Efrain's system soon and that no further action was required. No one knew that quitting steroids cold turkey was unwise; the physician failed to provide an appropriate course of action. Three weeks later, Efrain shot himself in the head.

over-the-counter



ROBITUSSIN®, CORICIDIN HBP®, NYQUIL®

OTC Medicines with DXM: There are well over 100 medicines that contain dextromethorphan (DXM), either as the only active ingredient or in combination with other active ingredients.

These medications (store brands as well as brand names) can be purchased over-the-counter in pharmacies, some grocery stores, and some other outlets.

Forms:

Liquid, gelcaps, pills, powder.

Adverse Effects:

High doses produce confusion, dizziness, double or blurred vision, slurred speech, loss of physical coordination, abdominal pain, nausea and vomiting, rapid heart beat, drowsiness, numbness of fingers and toes, and disorientation. DXM abusers describe different "plateaus" ranging from mild distortions of color and sound to visual hallucinations, "out-of-body" dissociative sensations, and loss of motor control. (Note: Many OTC products listing DXM as an active ingredient may also contain antihistamines, acetaminophen, or other substances, which have other side effects.)

OD:

Unable to move, feel pain, or remember.

→ How are OTCs with DXM abused?

Cough syrup is drunk either alone or in combination with soft drinks or alcohol. Gelcaps and pills are swallowed or crushed and put into drinks.

Where would a teen obtain OTCs with DXM?

Friends, pharmacies, grocery stores, medicine cabinets. DXM is also available over the Internet

There is little in current teen culture—music, movies, fashion, and entertainment—that promotes or even mentions cough medicine abuse. The one exception is the Internet. A number of disreputable websites promote the abuse of cough medicines containing dextromethorphan. The information on these sites includes recommending how much to take, suggesting other drugs to combine with DXM, instructing how to extract DXM from cough medicines, promoting drug abuse in general, and even selling a powder form of dextromethorphan for snorting. You should be aware of what your teen is doing on the Internet, the websites he or she visits, and the amount of the time he or she is logged on.

TRENDS

Source: Partnership for a Drug-Free America,

"What Every Parent Needs to Know About Cough Medicine Abuse." www.drugfree.org.

The Internet, Drugs, and Teens

Many teens obtain illegal drugs, particularly prescription drugs, from their families, friends, or relatives. Since prescription drugs are widely available in the home, teens often do not have to go far to find ways to get high. Other teens turn to the Internet for prescription drugs, and the world wide web plays a big role in providing information and advice to teens.

HERE ARE A FEW THINGS TO CONSIDER

Your teen probably knows a lot more about the Internet than you do. It's never too late for parents to jump in and get acquainted with various websites, communication methods, networking systems, and the lingo teens use to fly under parents' radars.

Some pharmacies operating on the Internet are legal, and some are not. Some of the legal Internet pharmacies have voluntarily sought certification as "Verified Internet Pharmacy Practice Sites" (VIPPS®) from the National Association of Boards of Pharmacies. "Rogue" pharmacies pretend to be authentic by operating websites that advertise powerful drugs without a prescription or with the "approval" of a "doctor" working for the drug trafficking network. Teens have access to these websites and are exposed to offers of prescription drugs through email spam or pop-ups. Parents should be aware of which sites their teens are visiting and should examine credit card and bank statements that may indicate drug purchases.

Teens sometimes brag about their drugging and drinking on social networking sites such as MySpace. Their behavior is out there in the open for future employers, college admissions offices, and others to see.

The Internet is a tremendous resource for teens to learn about the dangers of drug abuse. However, it is also full of information about how to use prescription drugs to get high–how much to use, what combinations work best, and what a user can expect to experience.

The Internet, Drugs, and Teens

There are thousands of sites dedicated to the proposition that drug use is a rite of passage. So-called experts are more than happy to walk your kids through a drug experience.

DON'T LET THEM.





RYAN HAIGHT

Francine Haight, Ryan's mother, shares her son's story with the world: "Ryan Thomas Haight overdosed and died on February 12, 2001, on narcotics (Vicodin®) that he had easily purchased on the Internet. A medical doctor on the Internet that he never saw prescribed them, an Internet pharmacy mailed them to his home. He was only 17 when he purchased them; he was only 18 when he died.

"It is too easy to meet and chat with strangers on Internet websites that glorify the use of drugs and who can easily talk our children into experimenting. These websites encourage our children to take drugs and share their highs, which is extremely dangerous and can lead to death," Francine Haight said.

ASHLEY DUFFY

Ashley Duffy, 18, knew her parents wouldn't tap into her online journal, so she wrote freely about her drug use. She says she used the Internet to contact her dealer and connect at parties with people who had drugs.

"Kids are really open about it. I see posts from other people describing a night on acid or whatever," says Duffy of West Chester, Pennsylvania, who underwent treatment and says she has been drugfree for 16 months. "I think they think their parents are clueless. And I guess they are."

Source: USA Today, "Teens use Internet to Share Drug Stories" by Donna Leinwand, June 19, 2007

What You Can Do

Keeping prescription drugs out of the hands of teens is important, and there are things you can do:

Get information about prescription drug medications abused by teens.Learn what the medication is used for, what it looks like, its effects and interactions, and how teens are using it.

Understand the power and danger of these medications. Many drugs, particularly narcotic painkillers (opioid medications), are extremely powerful and are designed to relieve extreme pain. New medications are continually being approved for medical use, and it is important to be informed about the drugs' uses and properties.

Ask your teens what they are experiencing at school, at friends' homes, and at parties. Share with them what you have learned about the dangers of abusing prescription drugs.

Ask your doctor and pharmacist about the medications you are being prescribed. Ask about their side effects and potential addictiveness. Ask which category the drug is: Narcotic, stimulant, depressant, steroid?

Review what is in your medicine cabinet. Keep powerful medications in a safe place, not in the family medicine or kitchen cabinet, under lock if necessary. Count your pills when you receive them, and periodically check to see how many are in the container.

Read the labels. A drug label includes important information about a prescription drug. Many generic prescriptions are substituted for brand name drugs, and it may be easy to overlook the fact that the doctor has prescribed a very powerful narcotic painkiller, for example.

Different pharmaceutical companies produce many products that have the same basic ingredients. Usually, the generic name of the drug is printed in addition to the brand name, making it clearer that the customer is receiving ibuprofen/oxycodone HCL, for instance.

What You Can Do

Report suspicious Internet pharmacies.

If you or your teen is aware of someone distributing prescription drugs or selling them on a suspicious Internet pharmacy site, please call the DEA hotline. Callers will be able to make confidential reports by dialing toll free 1-877-RxAbuse (1-877-792-2873) around the clock, 365 days per year. The hotline will be staffed by bilingual operators employed by DEA. This is a toll-free call from Mexico as well. During normal business hours, the caller will be connected directly to someone at the responsible DEA Domestic Field Office. After-hours tips will be forwarded by an internal, secure email system for further investigation and follow-up by DEA agents and investigators.

Dispose of your prescription drugs when they are no longer needed.

Federal guidelines recommend ways to do this. Take unused, unneeded or expired prescription drugs out of their original containers and throw them in the trash. Mixing prescription drugs with an undesirable substance, such as used coffee grounds or kitty litter, and putting them in impermeable, non-descript containers, such as empty cans or sealable bags, will further ensure the drugs are not diverted.



The FDA advises that the following drugs be flushed down the toilet instead of thrown in the trash:

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{ fentanyl citrate} ACTIQ®
{ methylphenidate} DAYTRANA TRANSDERMAL PATCH®
{ fentanyl} DURAGESIC TRANSDERMAL SYSTEM®
{ oxycodone} OXYCONTIN® TABLETS
{ morphine sulfate} AVINZA® CAPSULES
{ entecavir} BARACLUDE® TABLETS
{ atazanavir sulfate} REYATAZ® CAPSULES
{ gatifloxacin} TEQUIN® TABLETS
{ stavudine} ZERIT FOR ORAL SOLUTION®
{ meperidine hcl tablets}
{ oxycodone and acetaminophen} PERCOCET®
{ sodium oxybate} XYREM®
{ fentanyl buccal tablet} FENTORA®
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Note: Patients should always refer to printed material accompanying their medication for specific instructions. Flush prescription drugs down the toilet only if the label or accompanying patient information specifically instructs doing so.

Source: Office of National Drug Control Policy

DEA's Role

DEA plays a critical role in preventing prescription drug abuse.

DEA investigates physicians who sell prescriptions to drug dealers or abusers; pharmacists who falsify records and subsequently sell the drugs; employees who steal from inventory; executives who falsify orders to cover illicit sales; prescription forgers; and individuals who commit armed robbery of pharmacies and drug distributors.

DEA investigates unscrupulous Internet pharmacies. Rogue pharmacies exist to profit from the sale of controlled prescription medications to buyers who have not seen a doctor and don't have a prescription from a registered physician. The pharmacies lack quality assurance and accountability, and their products pose a danger to buyers.

DEA works with state, local and foreign partners to interdict controlled substances and precursor chemicals.

DEA's authority to enforce laws and regulations comes from the Controlled Substances Act, Title 21 of the United States Code. DEA also provides objective and timely information to the public about the dangers of drugs through publications, websites and presentations.

As America faces an explosive prescription drug abuse problem, parents need to be aware that their family medicine cabinet and the Internet have become today's back alley drug dealers. Teens need to understand that abusing prescription drugs is every bit as dangerous as abusing 'street' drugs. With this booklet, DEA shows the good news for families: That that there are simple ways to limit access to these drugs and to keep

our teens drug-free."

-DEA Acting Administrator Michele M. Leonhart

All photos courtesy of Wolters Kluwer Health—MediSpan or the Drug Enforcement Administration

ADDITIONAL RESOURCES



U.S. Drug Enforcement Administration (DEA): www.dea.gov

DEA's Office of Diversion Control: www.DEAdiversion.usdoj.gov

DEA's teen website: www.justthinktwice.com

Info for parents on teen prescription drug abuse from the Partnership for a Drug-Free America: www.drugfree.org

Info for parents on teen drug abuse from the White House Office of National Drug Control Policy: www.mediacampaign.org/parent_chronicles/index.html

Info on over-the-counter cough medicine abuse, from the Community Anti-Drug Coalitions of America and the Consumer Health Products Association:

www.doseofprevention.org; www.fivemoms.com

Info kit for parents from D.A.R.E. (Drug Abuse Resistance Education), including curricula for different age groups and a community presentation for adults: "Helping Communities Respond to Rx and OTC Abuse." www.dare.com

Families Changing America, an organization of parents who lost children to drug use who are educating and advocating to protect other families:

www.familieschangingamerica.org

Monitoring the Future Study, annual statistics on teen use of alcohol, tobacco and other drugs: www.monitoringthefuture.org

U.S. Department of Justice, National Drug Intelligence Center: www.usdoj.gov/ndic

National Institute on Drug Abuse (NIDA): www.nida.nih.gov

NIDA's teen page: www.teens.drugabuse.gov

Food and Drug Administration drug information: www.fda.gov/cder/offices/ddi

Drug info from the National Institutes of Health's Library of Medicine: www.medlineplus.gov

Drug info in Spanish: www.medlineplus.gov/spanish







To locate your local Poison Control Center, or for assistance and counseling in identifying and responding to a pill or other medicine you find:

www.poisonprevention.org/emergency.htm Or call 800-222-1222, 24 hours a day, 7 days a week.

