MEDUCATION[™] A dose of knowledge

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Be Aware. Don't Share.

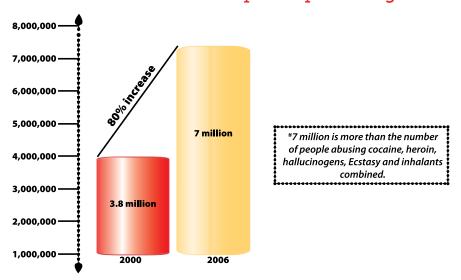


LESSON 1: Your Medicine. Their Drugs.

Prescription medicines taken properly help heal illness, relieve pain, control disease and bring balance to your life. But when others take your medications, they can be very dangerous.

An alarming trend is emerging. Every day, more than 4,000 children and young adults begin experimenting with prescription drugs. These drugs range from pain relievers and depressants to stimulants and over-the-counter (OTC) medicine.

7 million Americans abuse prescription drugs*



(Source: Drug Enforcement Administration Fact Sheet)

Some disturbing facts:

2.1 million teens

abused prescription drugs in 2006.

3.1 million 12 to 25 year olds

used OTC cough and cold medications at least once to get high.

Prescription drugs are the #1 choice among 12-13 year olds.

One-third of all new abusers of prescription drugs in 2006 were 12-17 year olds.

13 is the mean age

of the first non-prescribed use of sedatives and stimulants.

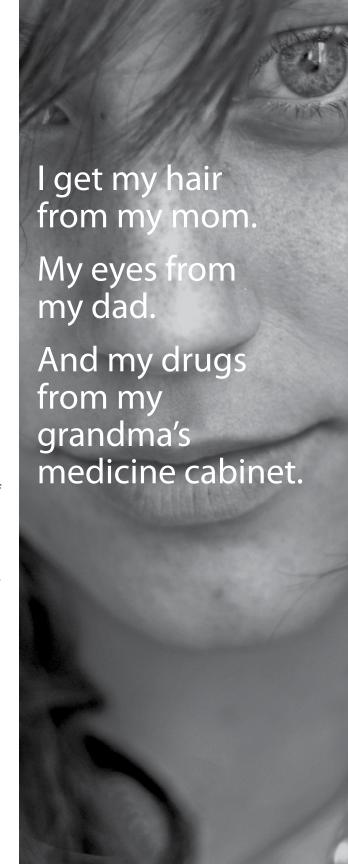
One in seven boys

and one in five girls has shared or borrowed a prescription drug.

Nearly one in 10 high school seniors admit abusing pain relievers.

Girls age 12-17

are more likely than boys to misuse OTC medications, but the trend reverses with 18- to 25-year-olds.



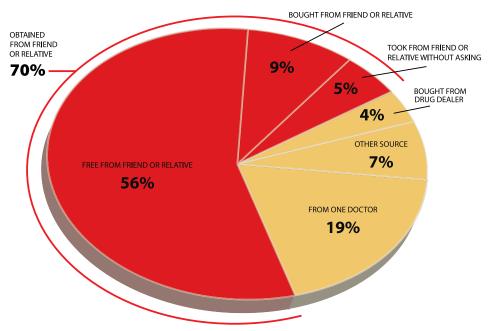
LESSON 2: Your nightstand. Their drug supplier.

hat's in your medicine cabinet? On your nightstand or the kitchen counter? In your purse? Naturally, you keep prescription medicines and cold and cough remedies handy for you to take when needed. But, they are also handy for teens to take without you knowing it.

Adolescents believe that since the medicines were prescribed by a doctor, they provide an inexpensive, legal and "medically safe high." In the case of OTC remedies, most children have been given these medicines by their parents for common illnesses, such as fevers, colds and coughs. So, teens believe it is safe to take these drugs whenever they choose. The proliferation of pharmaceutical ads on television as well as the Internet and peer misinformation helps contribute to this attitude.

Source of Pain Relievers for Abusers

Ages 12 and older



*Percentage from friend or relative is derived before rounding of individual sources. Source: SAMHSA 2006 National Survey on Drug Use and Health (September 2007)

More disturbing facts:

More teens have been
offered
prescription drugs
than other illegal ones, except
marijuana.

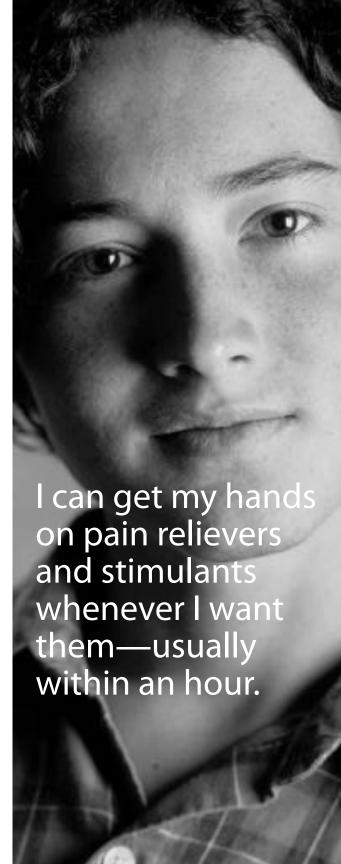
Four out of 10 teens

believe prescription and OTC medicines are less addictive and dangerous than street drugs.

7.3 million young people believe there's "nothing wrong"

with using non-prescribed medicines periodically and that parents "don't care as much if you get caught."

More than one-third say they feel **peer pressure** to take prescription or OTC drugs.



LESSON 3: Your rationale. Their reasons.

e often ask: Why? Teens give many reasons for abusing prescription and OTC drugs, such as wanting to "fit in," relieve depression and anxiety, help them cope with life's stresses, sleep better or increase their alertness and concentration power so they can do better in school. Some want to control their weight with stimulants. Others want to self-medicate to relieve pain. They want to experiment. They want to be accepted by their peers. They want to escape

reality or make their reality more bearable.

The abuse of OTC drugs by teens is largely with cough and cold medicines that contain dextromethorphan (DXM) to get high. Some young people are also abusing laxatives, diuretics and diet pills to control their weight. Some herbal or "natural" products can be just as dangerous as diet pills because they act like a stimulant on the nervous system.

The most commonly abused prescription drugs are:

1. Pain relievers (opioids). These powerful narcotics are used primarily to treat pain and can be found in some cough medicines:

TYPES	PRESCRIBED FOR	SAMPLE BRAND NAMES	
Morphine	Severe pain	Kadian, MS Contin, Oramorph SR	
Oxycodone	Severe pain	OxyContin, Roxicodone, Percodan, Percocet, Vicodin	
Codeine	Coughs, mild pain	Tylenol with Codeine	
		Robitussin with Codeine	
Others	Pain	Darvon, Dilaudid, Demerol, Ultram	
	Relieve diarrhea	Lomotil	

Appeal to teenagers Can produce quick, intense feeling of pleasure followed by a sense of well being and a calm drowsiness

2. Depressants, also known as tranquilizers and sedatives:

PRESCRIBED FOR

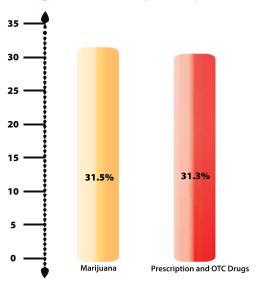
Anxiety, tension, sleep disorders, severe stress reactions, panic attacks

SAMPLE BRAND NAMES

Mebaral, Nembutal, Seconal, Soma, Phenobarbital, Klonopin, Xanax, Valium, Librium, Halcion, Ativan, Rozerem, Ambien, Lunesta

Appeal to teenagers Causes euphoria or relaxation and sleep

Drugs Most Frequently Used by 12th Graders



(Source: "Monitoring The Future Study," University of Michigan, 2006)

3. Stimulants, or uppers:

PRESCRIBED FOR

Respiratory problems, sleep disorders (narcolepsy), attention-deficit / hyperactivity disorder (ADHD), short-term treatment of obesity, depression

SAMPLE BRAND NAMES

Adderall, Ritalin, Dexedrine, Focalin, Methylin, Concerta

Appeal to teenagers Increases alertness, attention and energy, feeling of extreme joy, gives them energy to stay awake, increases concentration, become more talkative, lose weight

4. Over-the-counter drug abuse with dextromethorphan (DXM) which is called "robo-tripping" by teens:

USED TO TREAT

Cough, colds, sinus pressure (with DXM)

Sleep problems Weight control:

Laxatives, diuretics

Diet pills, with ingredients, such as Ephedrine, caffeine, laxatives

SAMPLE BRAND NAMES

Alka-Seltzer, Contac, Coricidin, NyQuil, Robitussin, Sudafed, Theraflu, Vicks, Nytol, Benadryl, Unisom, Tylenol PM

Ex-lax, Dulcolax, MiraLax Alli, Apidexin, Phenphedrine, Liporexall, DecaSlim, Colovox

Appeal to teenagers Creates a high, relieves pain, reduces anxiety, suppresses appetite, helps them sleep or lose weight, gives them an edge in sports or school

If you suspect your teen is using drugs, do not wait to act. The Substance Abuse & Mental Health Services Administration has a listing of treatment centers in your area. (www.findtreatment.samhsa.gov or 1-(800) 662-HELP (4357).

LESSON 4: Your words. Their slang.

Close the COMMUNICATION



1. All Star

Best players lose in this sport.

4. Cotton

(

Little children use it for bunny tails. Big kids use it for fairy tales.

OxyContin

5. Kibbles & Bits

Excites both dogs and teens.

Ritalin



7. Pancakes & Syrup

A sweet way to start your day and end it for them.

Combination of a sedative and codeine cough syrup

10. Legal Speed

Staying within the speed limit is impossible with this fuel.

Over-the-counter asthma drugs





DIRECTIONS: Every generation has their slang, but the lingo today's teenagers use could mean something dangerous if they are abusing prescription or over-the-counter (OTC) drugs. For example, you go "fishing" for salmon or trout, they go "phishing" for pharmaceuticals.

Words that sound innocent to your ears may have another meaning on the street. Read the "hints" and then see if you can guess the drug culture's definition of these common words or expressions.

2. Vikings

Minnesota fans don't cheer these guys.

Vicodin



8. Babysit

Not a healthy way to earn money.

Guiding a friend through first drug experience

3. Trail Mix

Not the usual combination of fruit and nuts.

Various prescription drugs, usually served in a bag or bowl at pharm parties



(1)

6. Jack

A friend you don't want your teen to know.

A person who steals someone else's drugs



9. "V"

Flashing this Victory sign is a downer.

muileV

www.lockyourmeds.org

LESSON 5: Your lifesaver. Their lifetaker.

hen your doctor prescribes medicine for you, the effects are closely monitored. But when teenagers abuse medicines that are prescribed for someone else, no one is monitoring their dosage or frequency of use. They can become addicted, poisoned or even die from an overdose.

All too often, teens combine prescription or OTC drugs with other substances, like alcohol or marijuana, which can lead to dangerous consequences. And, sometimes they attend "pharm or rainbow parties" where various prescription medications are dumped into a bowl and randomly ingested.

Why should families be concerned?

- 20,950 people died from an overdose of prescription drugs between 1999 and 2004.
 The 62% increase is more than cocaine and heroin combined.
- Emergency room visits involving abuse of prescription or OTC drugs increased 21% from 2004 to 2005 and nearly half of the patients under the age of 20 had abused DXM (dextromethorphan).
- Teen admissions to treatment facilities for addiction to prescription pain relievers increased by 300% since the mid-1990s.
- 29% of teens in treatment were dependent on tranquilizers, sedatives, amphetamines and other stimulants. (2004)

Watch for these signs and symptoms.

DRUG

SHORT-TERM EFFECTS OF ABUSE

Pain relievers (opioids)

Physical side effects: relief from pain, lack of energy, drowsiness, constriction of the pupils, flushing of the face and neck, nausea, constipation, vomiting, slowed breathing, nightmares

Psychological side effects: anxiety, impaired judgment, inability to concentrate and learn, apathy, agitation, depression

LONG-TERM EFFECTS OF ABUSE

Addiction, physical dependence paranoia, hallucinations, dementia

Severe withdrawal symptoms when teen stops taking the drug, including deep depression and suicidal thoughts

Need to take more of the drug or a combination of drugs to produce the same high, possibly leading to overdose

Higher risk of graduating to heroin

DRUG	SHORT-TERM EFFECTS OF ABUSE	LONG-TERM EFFECTS OF ABUSE
Depressants	Physical side effects: loss of coordination, dilated pupils, slurred speech, relaxed muscles, shallow breathing, sluggishness, fatigue, dizziness, drowsiness, fever, hyperactivity, visual hallucinations	Addiction, dependence Severe withdrawal symptoms Need to take larger doses to achieve the same effects Shallow breathing, clammy skin, weak and rapid pulse, seizures, overdose, coma
	Psychological side effects: poor concentration, feelings of confusion, disorientation, impaired judgment and memory, lowered inhibitions, rage, hostility, depression, amnesia, paranoia	
Stimulants	Physical side effects: decreased appetite, loss of coordination,	Addiction, high fever, convulsions, heart failure, overdose
	collapse, increased heart and respiratory rates, elevated blood pressure, dizziness, tremors, headache, flushed skin, chest pain, excessive sweating, vomiting, abdominal cramps	Paranoia, aggressiveness, extreme anorexia, thinking problems, visual and auditory hallucinations, delusions, panic, suicidal tendencies, severe dental problems
	Psychological side effects: restlessness, delusions, hostility, irritability, insomnia, anxiety, agitation, nightmares	
Over-the- counter drugs	Physical side effects: nausea, headache, blurred vision, dizziness, vomiting, loss of consciousness, numbness of fingers and toes, loss of coordination, abdominal pain, irregular heartbeat, aches, seizures	Addiction, insomnia, panic attacks, psychosis, high-blood pressure, damage to nerves, muscles and tissues in large intestine, coma
	Psychological side effects: impaired judgment, restlessness, euphoria, cold flashes, dizziness, diarrhea	

If you suspect your teen has overdosed on any of these drugs, seek medical help immediately.

LESSON 6: Your solutions. Their protection.

uite frequently young people merely open the medicine cabinet and there before them is a variety of drugs available for the taking: pain pills for post surgery; sleeping pills from an overseas airplane trip; cough medicine from last season's flu. The time to act is now. You are the key to your child's drug-free future.

Take the following preventative steps:

- Remove drugs from your medicine cabinet and hide them, lock them up or take them out of your house.
- Safeguard all medicines that have to remain at home by monitoring quantities and controlling access.
- Take inventory by writing down the names and amounts of medications you currently have and regularly check to see if anything is missing.
- If your child is on prescribed medication, monitor the

- dosages and refills. **Set clear rules**, such as not sharing and always following proper dosages.
- Warn your youngsters that taking prescription or OTC drugs without a doctor's supervision can be just as dangerous and potentially lethal as taking street drugs.
- Supervise your child's Internet use: many pharmacy sites are not regulated and will sell your child medications without prescriptions.
- Properly dispose of old, expired or unused medicines in the trash. Call your local Sheriff or police department for local "takeback" collection information. DO NOT flush medications down the drain or toilet, unless the label indicates it is safe to do so.

Take the pledge to protect your child and spread the word. www.Lockyourmeds. org

Be Aware. Don't Share.

SOURCES: Center for Lawful Access & Abuse Deterrence, http://www.claad.org/resources; Drug slang: http://www. whitehousedrugpolicy.gov/streetterms/; The Medical Letter, *Treatment Guidelines*, Vol. 43, March 2001; Vol. 4, November 2006; Vol. 5, April 2007; Vol. 6, April 2008; Vol. 50, December 2008; Vol. 7, March 2009; National Institute on Drug Abuse, *Mesearch Reports/Prescription Drug*, Abuse and Addiction, http://www.drugabuse.gov/Research Reports/Prescription/prescription3.html; Office of National Drug Control Policy, *Prescription for Danger*, January 2008, March 2009; Parents. The Anti-Drug, http://www.theantidrug.com/;http://kibhalth.org/teen/drug_alcohol/drugs/prescription_drug_abuse.html; http://www.drugfree.org/portal/drugissue/features/prescription_medicine_misuse; Substance Abuse and Mental Health Services Administration – *National Survey on Drug Use and Health*, 2006, 2007; *National Survey on Drug Use and Health*, "Misuse of Over-the-Counter Cough and Cold Medications among Persons aged 12 to 25", January 2008; U.S. Drug Enforcement Administration, http://www.justice.gov/dea/concern/prescription_drug_fact_sheet.html; The National Center on Addiction and Substance Abuse at Columbia University, *National Survey of American Attitudes on Substance Abuse Wiv: Teens and Parents*, August 2009