“Pharming”
Taking Rx & OTC drugs from home for recreational use

Keeping it in the Family

Pharm Parties / BYOP
Party!!! Admission: Rx & OTC pills
Enjoy the unknown experience. See what happens.

Pharm Parties: Fact or Urban Myth?
Myth from the 1960’s drug heyday. “Fruit salad” parties
Media invented? Reports since 2002
Few Facebook groups & members Few police reports

Fact or Myth? Teens are dying
July 26, 2010 – Nixa, MO, a town in SW part of the state
Senior Football Player – Austin Lee Edwards is pronounced dead just 24 hours before what should have been the first practice of his senior football season.
Cause of Death? An overdose of oxycodone
One in five high schoolers has abused a prescription drug.

Pharm Parties: a new name for an old tradition of pill parties Not a new trend

Eye to Eye with Katie Couric “Prescription Drug Abuse”
http://www.youtube.com/watch?v=YqWaf9DMFOc&NR=1&feature=fvwp

FACTS:
In 2008, youth aged 12-17
7.7% abused Rx drugs 6.5% abused Rx pain meds 10% abused cough medicine
EVERY DAY: an average of 2,000-2,500 teens abuse a Rx drug for the first time

How Young Adults Obtain Prescription Pain Relievers

The National Survey on Drug Use and Health (NSDUH) asks persons aged 12 or older questions related to their nonmedical use of Rx-type drugs, including Rx pain relievers, during the past year.

Why Rx abuse?
To get high To relieve stress & relax To improve academic performance

When there IS a party...
Rx drugs are often involved Rx drugs are easier to get than alcohol or marijuana.

Reasons Teens Use Rx Pain Relievers: (PATS Attitude Tracking Survey 2005)
Easy to get from parents medicine cabinets 62% Available everywhere 52%
Are not illegal drugs 51% Easy to get (from other people’s Rx) 50%
Are cheap 43% Safer to use than illegal drugs 35%
Less shame attached to using 33% Easy to purchase over internet 32%
Fewer side effects than street drugs 32% Can be used as study aids 25%
Parents don’t care as much if you get caught 21% Can claim to have Rx if caught 9%
Frightening Stats:
1 in 5 teens has tried Vicodin - *hydrocodone and acetaminophen*
1 in 10 has tried OxyContin - *Opioid painkiller*
1 in 10 has used Ritalin/Adderol for non-medical purposes – *Ritalin's can produce effects similar to cocaine.*
1 in 11 teens has gotten high on cough medicine

Teen drug abuse is tied to 2 basic urges:
The desire to experiment to feel good and fit in with the crowd.
The intention to self-medicate to help deal with sources of stress:
  School  Relationships  Conflicts with friends or family

Among Teens, untreated mental illness is a MAJOR risk factor for drug and alcohol abuse.
50% of all lifetime mental health disorders start by age 14.
Substance abuse disorders are associated with 6.2 times greater than average risk of suicide attempts.
Support routine mental health checkups for teens!

Rx Drug Abuse Among Teens is increasing today due to:
Awareness  Pervasive Rx & OTC advertising across all forms of media  OTCs
Availability  Old, unused meds  Steal from family, friends  Ask your doctor  Internet

Availability
   OTC drugs are casually used until we feel better  Keep old meds for “a rainy day”
   Parents’ casual attitudes about Rx  & May misuse Rx themselves.
   Don’t keep track of meds  Personal meds  Children’s meds

Internet: Lots of useful information, but... one can learn:
   How to abuse Rx meds  What kinds of cough syrups to buy, how much to take, how to extract DXM
   Easy for teens to purchase narcotics or sedatives  Enter “no prescription Vicodin” in web search bar
   No need for an Rx
   >95% Internet search results yield illicit websites offering unapproved & potentially counterfeit medicine w/o Rx
   Products sold on rogue websites may be ineffective, substandard, or unapproved.

Pain Medications
Abused by teens more than another Rx med  Emg. Rm. visits tripled since 2000
Vicodin  OxyContin  Percocet - *oxycodone and acetaminophen*  Codeine
Medically used to: treat moderate-to-severe pain
*Abused by teens to* feel pleasure or sensations of well-being
Dangerous because: highly addictive, tolerance develops, withdrawal occurs
   Overdose or with other Rx or OTC: ↓ breathing, possible death
   If crushed & snorted: enters system at once  High doses cause liver damage

Pain Med Abuse
Fentanyl (a pain control patch)—Roll and smoke for a nearly instant high
Tramadol (Tylenol-based pain med)—long lasting tabs ↑ danger
Tylenol 3 contains codeine

Stimulants
Amphetamines ↑ BP, HR, & breathing, ▼ appetite & sleep
Ritalin  Adderall  Desedrine  Meridia
Medically used to treat ADHD, narcolepsy, and obesity
*Abused by teens to* feel alert, focused, and full of energy; manage stress.  To lose weight.
Dangerous because: can be addictive
   High doses in short time → hostility, paranoia
   Combined with OTC decongestants → dangerous BP, arrhythmias
Sedatives & Tranquilizers
Produce drowsy or calming effect, may induce sleep
  Valium  Xanax  Ambien  Luenesta
Medically used to treat anxiety, severe stress, panic attacks, and insomnia
Abused by teens to feel calm and sleepy, less tense or anxious. (Reduces with tolerance.)
Dangerous because: can be addictive   When stopped, seizures & withdrawal can occur
  Deadly combined with Rx pain meds, alcohol or OTC cold & allergy drugs

OTC Drugs
Cough medicine (dextromethorphan--DXM)
  Causes a high when taken in excess, especially with alcohol
Syrups, tablets, capsules, & lozenges
Coricidrin cough & cold tablets  Contac cold & flu products  Theraflu products
Robitussin cough products  Tylenol cold products
Medically used to treat colds & coughs
Abused by teens to feel DXM’s effects:
euphoria   enhanced awareness  distorted sounds/colors
visual hallucinations  out-of-body sensations
Dangerous because physical effects include:
  ↑HR & BP, seizures, panic, confusion, coma
  Worse side effects with other OTCs, alcohol or illegal drugs

Warning Signs of Rx/OTC Abuse:
Visits to pro-drug Internet sites  Possess Rx/OTC meds w/o illness  Declining grades
Loss of interest in hobbies/activities  Extreme irritability  Personality changes
Unexplained disappearance of Rx from medicine cabinet  Change in friends, appearance, & behavior
Disrupted eating or sleeping habits

Preventing Rx Drug Abuse
1. Safeguard all drugs at home
   • MONITOR
     Know how many pills are in each Rx bottle
     Keep track of refills
     Control teen’s Rx & monitor dosage & refills
   • SECURE
     Keep in locked cabinet
     Tell relatives & grandparents to lock Rx meds
   • DISPOSE
     Mix with undesirable substance (coffee grounds, kitty litter or dirty diaper) & discard
2. Set clear rules for all drug use
3. Be a good role model
4. Properly conceal and dispose of old/unneeded medicines
5. Ask friends & parents of teen’s friends to safeguard their Rx drugs

Strategies for Parents:
Be your teen’s greatest fan  Set curfews & enforce them
Encourage involvement in supervised activities  Know your teen’s friends and their parents
NO use of alcohol, tobacco & other drugs  Stay involved in your teen’s life
Give teen tools to get out of drug-related situations (s/he can use parent as an excuse)

Start a Conversation
  Talk when your child is not high and you are calm.
  Express your love and desire for your child’s safety and well-being.
  Be as neutral & non-judgmental as possible.
  Tell your child the signs you’ve noticed.
  Don’t accuse.  LISTEN! LISTEN! LISTEN!
Need Help? Get Help!
- Partnership for a Drug-Free America www.drugfree.org
- Substance Abuse & Mental Health Services Adm. (SAMHSA) www.samhsa.gov
- SAMSHA's National Clearinghouse for Alcohol & Drug Information (NCADI) http://ncadi.samhsa.gov or 1-800-729-6686
- SAMSHA's Center on Substance Abuse Treatment (CSAT) www.csat.samhsa.gov or 1-800-662-HELP
- National Institute on Drug Abuse (NIDA) www.drugabuse.gov
- National Institute of Mental Health (NIMH) www.nimh.nih.gov
- Stop Medicine Abuse www.stopmedicineabuse.org

Questions? For more information, contact:
- Janice Clark Young, EdD, CHES
  Associate Professor, Health & Exercise Science Dept.
  Truman State University, Kirksville, MO
  660-785-4461, jcyoung@truman.edu

- Brenda S. Goodwin, MEd
  Assistant Professor, HPER Department
  Missouri State University, Springfield, MO
  417-836-5966, brendagoodwin@missouristate.edu