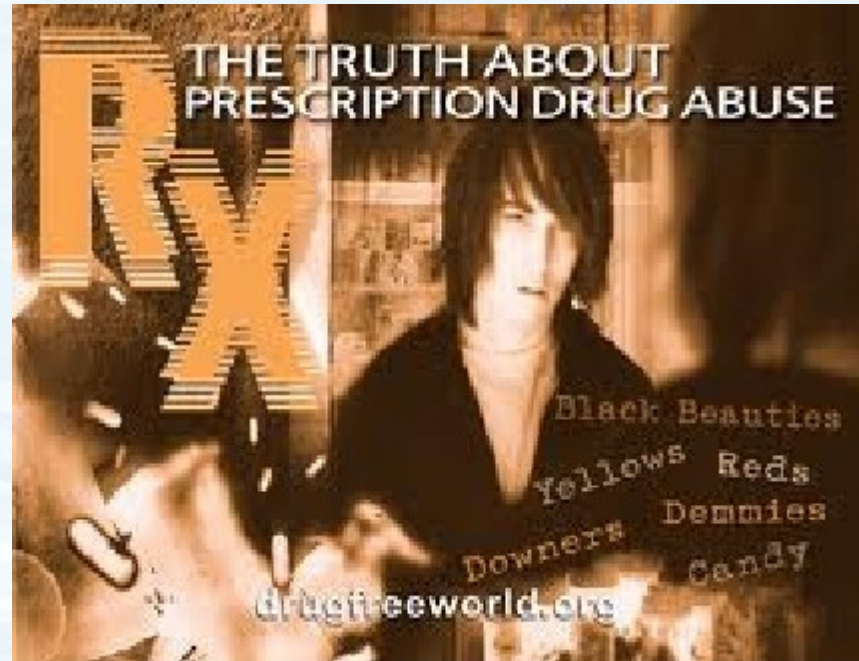


# Teen OTC & Prescription Drug Abuse

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# Why are Teens abusing OTC & Prescription Medication?



- Accessible- at local pharmacy or parents', neighbors', etc. cabinets
- Free! if taken from parents' or friends' parents medicine cabinet
- Less of a stigma & less fear of the consequences by Teens & Parents
- Want to feel “high” or numb out (escape from problems, self-medicate), ex. “Oxy was the only thing that completely took away my anxiety.”
- Want to fit in, look cool, be adventurous, curious, have fun/laugh
- Change one's appearance (girls- lose weight boys- get muscular)
- *Unlike adults*, teens don't tend to start off treating chronic physical pain

# What are the Risks involved in Teens Abusing OTC & Prescription Medication?

- Prescription opiates & stimulants are *just as dangerous* as smoking/snorting heroin (opiate) & cocaine (stimulant)
- It's a felony to take prescription medication not prescribed to you & teens can also get charged with an M.I.P. or distribution (selling) charge + be suspended or expelled from their school for OTC or prescriptions
- Addiction/Substance Dependence- is insidious especially with prescription medication
- Your body can become immune to pain medication and not able to experience relief when you actually need it
- Reverse effect (ex. can cause greater sensitivity to pain, can cause a rebound effect with sleep)
- You can get very sick or die from taking a medication that has ingredients that you are allergic to or from overdosing (respiratory arrest)

## (Cont...) **What** are the Risks involved in Teens Abusing OTC & Prescription Medication?



- Stimulants (such as ADD medication or diet pills) can cause anxiety and tremors, irregular heartbeat, and dangerously high body temperatures
- Pain killers/opiates & central nervous system depressants, ex. Valium can cause constipation, slowed breathing & eventually death
- Dex(tromethorphan) or DXM, the ingredient found in many OTC cough & cold medications, can cause impaired motor function, numbness, nausea, vomiting, & increased heart rate & blood pressure
- Substance abuse leads to *lying, isolating, shame, conflicts* between user & family and friends, *decrease in school performance & healthy hobbies*

## (Cont...) **What** are the Risks involved in Teens Abusing OTC & Prescription Medication?

Teens who abuse OTC &/or prescription medication don't learn **healthy sober coping or “life” skills**, for example:

- a. non-narcotic techniques for pain relief
- b. non-stimulant strategies to boost energy, concentrate, get tasks done
- c. non-CNS depressant ways to relax, relieve anxiety, & improve sleep
- d. facing one's problems and feelings head on to resolve them (instead of numbing out)
- e. overall natural highs & sober fun activities

*Instead*, a teen may believe that the “answer” to all of life's problems is in a pill!



# Which OTC & prescription medications are your students & teens nation-wide abusing?



“After marijuana use, prescription and over the counter medicines account for most of the top drugs abused by 12<sup>th</sup> graders in 2010” (NIDA Info. Facts Jan. '11)

Middle School : inhalants, cigarettes, stimulants (ADD meds), OTC (Robitussin) & prescription cough/cold meds (with Codeine), prescription opiates (ex. OxyContin, Vicodin), stimulants (ex. Adderall, Dex)

High School : *All of the above...* (except decreased use of inhalants)

+ sleep meds (ex. Ambien), benzodiazepines (ex. Xanax), sedatives (ex. Valium), & increased use of prescription medications & OTC cough medicine (ex. Robitussin or Benadryl- also used for sleep)

New Trends~ synthetic cocaine & marijuana- very dangerous!!!

# Which OTC medications are your students & teens nation-wide abusing?

There are 4 main types of OTC medications:

- Decongestants- for sinus congestion; the ones that contain **pseudoephedrine** require consumers to be 18 years old & sign at the pharmacy for them (ingredient for meth), ex. Aleve-D, Sudafed
- Cough Suppressants- may contain **Dextromethorphan** (“DXM”), which teens abuse to to get dizzy & hallucinate, ex. “Robotripping” on Robitussin, also Delsym, Corisidin & Dimetapp (*do **not** contain opiate ingredients, like Codeine, which is prescribed*)
- Antihistamines- for allergies, however some people *misuse them for insomnia*, ex. Benadryl, NyQuil, Sudafed
- Analgesics- for pain, ex. Advil, Aspirin, Tylenol sometimes misused for emotional pain



# How does experimental use *lead to* abuse and then ADDICTION?

## **Myths- Beliefs of Parents & Other Adults that perpetuate ADDICTION**

- Don't all teens experiment with alcohol and drugs?
- What's normal teen behavior anyway?
- Won't all teens outgrow their risk-taking behavior as they get older?
- What if my son/daughter doesn't have the “addict” gene in our family?
- Won't my daughter/son just rebel and do what s/he wants to do anyway even if I set limits?



# As a School Counselor, **how** can I help?



- 1<sup>st</sup>) Create a SAFE space and LISTEN to teens explore their views on alcohol and other drugs (AOD). Have drug info. visible in your office.
- Start a C.A.R.E. Team, Peer Counselor's Club, Snowball, etc.
  - Implement the right techniques for the stage of change the teen is in:
    1. Pre-contemplation → Educate about AOD & use reflective listening
    2. Contemplation → Encourage exploration of ambivalence
    3. Preparation → Support development of a concrete change plan
    4. Action! → Affirm goals, give + feedback for efforts
    5. Maintenance → Prepare for future triggering situations & fill in gaps

# Operation Snowball- a teen-led “natural high” retreat



- Celebrates teens making healthy choices, teen leadership, and adults who empower teens to experience an alternative, FUN weekend, cultivate self-acceptance & clarification of *their* values
- A weekend of “**natural highs**” and a utopia for teens (no put downs are allowed at Snowball & students across “cliques” bond)
- *Isn't it about time* that the adult community REWARDS teens who WANT to live sober lives & gives them a place to belong?

## Cont...As a School Counselor, how can I help?

2<sup>nd</sup>) Listen for the Underlying Issue (80% of teen addicts have mental health disorders!)

- a.) Is the teen experiencing conflict at home with family, at school with friends, or elsewhere in the community?
- b.) Is the teen suffering from depression, anxiety, bipolar, PTSD, psychotic symptoms or other mental health issues? (an internal conflict)
- c.) Is the teen living with other addicts & doesn't know how to cope in a sober way?

3<sup>rd</sup>) Ask about alternative sober ways (healthy coping skills) the teen can achieve the experience s/he gets from his/her drug of choice. (Share "101 Ways to Be Sober"- written by teens in recovery)



## Cont...As a School Counselor, how can I help?

4<sup>th</sup>) Reflect the Teen's *strengths* and demonstrate belief in his/her *dreams*

*"This is Me"*

- Girl's Empowerment  
Club~ created by  
two 9<sup>th</sup> grade girls



5<sup>th</sup>) Go with your gut & refer the teen for more support due to these warnings signs:

- a.) intoxication, possession, or selling drugs **in school**
- b.) s/he is a walking advertisement for drug/alcohol use (notebook, clothes, backpack)
- c.) s/he admits s/he is using a substance *to the extent* of abuse or dependence
- d.) s/he is in a drug-using home and struggling to stay sober (consider Al-Ateen resources)
- e.) s/he has demonstrated significant changes in his/her academics, extra-curricular life, appearance, personality/mood, health, outlook on future, etc.

# Thank you!

*We truly appreciated this opportunity* to share information with you to **empower** youth, professionals, and parents to prevent, treat, and/or refer youth who are experimenting, abusing, or dependent on substances.



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