

Strive for Confidentiality in Talks About Drugs

BY LINDA LITTLE
Contributing Writer

SCOTTSDALE, ARIZ. — Physicians need to talk seriously with adolescents about raves, the drug scene, family, and school to detect dangerous problems, an Arizona pediatrician advised physicians attending a pediatric update sponsored by Phoenix Children's Hospital.

Talking with adolescents without their parents present is essential, said Randal C. Christensen, M.D., medical director of the hospital's Crews 'N Healthmobile, a mobile medical unit serving homeless adolescents and children. "This should start at about 11 or 12 years of age.

"It's surprising how open [preadolescents and] adolescents can be about their lives," he said.

"Some things should be kept confidential, but nothing that could be harmful to the patient."

The latest fad in the teen world is raves, dusk-to-dawn dance parties with fast music, techno sound, and light shows. "They are often promoted as alcohol-free, high-security events," he said.

What more could parents ask for?

"It's a cover-up," he said. "There is a dark side to these events." What isn't advertised is that club drugs, such as ecstasy, methamphetamine, rohypnol, and γ -hydroxybutyrate (GHB) are often free-flowing at these functions. The Internet has provided easy access to these events by advertising, state by state, the locations and times, Dr. Christensen said. "All you have to do is type in 'rave' and your city."

"We're talking about promoters making millions of dollars just on the cover charge and the legal stuff that is sold there," he said.

But many times, the latest drugs are easily available at these events.

One of the most popular is ecstasy, or methylenedioxymethamphetamine (MDMA). "It enhances the sight, sounds, and touch," he said. It also raises the body temperature and causes teeth clenching—so bottled water, flavored pacifiers, and candy necklaces are sold at these events to help ease these symptoms.

Although the use of ecstasy peaked in 2001, it continues to be high, with close to 2 million youths admitting to using the drug. And while ecstasy use has decreased among eighth graders, the use of inhalants is rising at an "alarming rate" among this age group, he said.

Now 12th graders are increasing their use of prescription drugs, with 1 in 10 admitting to use of oxycodone on at least one occasion, Dr. Christensen said.

Physicians need to be savvy about what drugs are in use, he said. This easily can be done by looking at Web sites that explain not only the effects but also the popular usage of these illegal drugs.

"Physicians need to ask questions to open the lines of communication. This can be done during the regular child health check-up," out of the parents' presence, Dr. Christensen said, adding that "this should be nonchallenging and done in an open style."

Ask about how well a teenager is doing at home and school, what outside activities the patient participates in, if he or she has used drugs, about diet, sexual activity, depression, and whether the patient has had thoughts of suicide.

If the adolescent has good friends, a good relationship with family, and is doing well in school but admits to drinking a beer or trying marijuana once, then perhaps this information should be kept con-

Not-So-Innocent Paraphernalia at Raves

Water, menthol, and highlighter markers are just a few of the items commonly found at raves for less-than-innocent reasons.

Pictured are a number of the items found at raves.

Ecstasy use often results in dehydration and hyperthermia, so water is frequently sold at raves at great profit, said Dr. Christensen. Bottled water also may be the vehicle in which other drugs, such as GHB, are smuggled into the clubs; flavored water is often used to mask the taste.

Baby pacifiers and hard candy often are seen at raves because one side effect of MDMA is teeth clenching.

MDMA enhances sensations, and items that produce bright lights (such as light-sticks) or strong aromas (such as menthol) are brought to raves. Masks often are used to smear menthol inside and heighten the sensations. It is thought the menthol mask produces both

stimulant and depressant effects.

Energy drinks frequently are found and "speak to the rush" that many are seeking with caffeine and other legal and illegal substances, Dr. Christensen said.

Pseudoephedrine, the ingredient used to make methamphetamine, now also is seen in "mega-dosing" cases, he said.

Other "outdated" drugs, such as LSD, still make it to the drug scene. They may be sold as sugar cubes or stickers placed on tongues, just as they were several decades ago, Dr. Christensen said. Highlighter markers and lipstick holders often are used to smuggle in these tiny items.



COURTESY DR. RANDAL C. CHRISTENSEN

idential, he said. However, if the adolescent has been skipping school, making bad grades, has a deteriorating relationship with family, is using drugs regularly, and

has "gone wild," then the confidentiality should be broken, Dr. Christensen said.

"This should be discussed with parents," he said. ■

Abuse of Dextromethorphan Is 'Rampant' Among Teens

BY TIMOTHY F. KIRN
Sacramento Bureau

INCLINE VILLAGE, NEV. — A 14-year-old intoxicated and confused girl is brought into the emergency department by her parents. She has nystagmus and is extremely ataxic. One of her friends reports that she may have taken some "skittles."

What are "skittles"? How about "red hots"? "Triple C"?

All are street names for Coricidin, the dextromethorphan-containing cough and cold medication that has become one of the more frequent reasons for calls to poison control centers over the past few years, Steven R. Offerman, M.D., said at an annual emergency medicine meeting sponsored by the University of California, Davis.

"It is just rampant now," said Dr. Offerman in the toxicology division of the department of emergency medicine at the University of California, Davis. "We're seeing this in poison control all the time."

Between 2000 and 2003, the number of calls to poison control centers nationwide

involving abuse or misuse of dextromethorphan by teenagers has roughly doubled, to 3,271 calls in 2003, according to the American Association of Poison Control Centers. Although there are several products that contain dextromethorphan, almost 90% of the calls involve Coricidin.

The reason that product is so popular has to do with the fact that it comes in gelatin tablets, Dr. Offerman said.

Dextromethorphan was first approved in 1958 and was introduced as a replacement for codeine in cough medications. The first product, Romilar, came in tablet form. Its abuse potential was quickly discovered, and in the 1970s Romilar tablets were taken out of the over-the-counter market. New products put dextromethorphan into cough syrups intentionally designed with a bad taste to discourage abuse.

In the 1990s, however, several products

reintroduced it in tablet form, he said.

The high that teens get from dextromethorphan is described as an LSD-like, hallucinogenic high. Dextromethorphan is a prodrug converted to the d-isomer of levorphanol, a semisynthetic morphine derivative, which noncompetitively antagonizes N-methyl-D-aspartate (NMDA) receptors, and possibly also affects serotonin receptors.

Teens who are in the know talk about using specific dosages to reach different "plateaus": the first, a mild stimulant effect (100-200 mg);

the second, intoxication with mild hallucinations (200-400 mg); the third and most sought after, an "out of the body" experience (300-600 mg, or 14-16 Coricidin HBP Cough/Cold tablets, each of which contains 30 mg dextromethorphan hydrobromide).

At doses above 600 mg, individuals become fully dissociated, the fourth plateau.

Treatment of an overdose requires supportive care, but it is also a good idea to consider decontamination with activated charcoal.

Web sites contain recipes for making dextromethorphan cough syrups more palatable and provide instructions on how to extract it from Sucrets lozenges, Dr. Offerman said.

Treatment of an overdose requires supportive care, but it is also a good idea to consider decontamination with activated charcoal, Dr. Offerman advised. Many of the products also contain an antihistamine, which delays gastric emptying.

Dr. Offerman said he recommends giving charcoal all the way up to 6 hours after ingestion.

Emergency department physicians also need to be aware that many of the dextromethorphan-containing products may also contain large amounts of other active ingredients, particularly acetaminophen.

Drug toxicology screens do not specifically test for dextromethorphan, but the drug can cross-react with the test for phenylcyclidine (PCP).

Some reports have suggested that naloxone is effective in reversing dextromethorphan. But there have also been reports that naloxone does not work, Dr. Offerman said. ■