ALCOHOL AND ILLICIT drugs aren’t the only drugs that teens abuse—according to a recent survey, one in five teens abuses prescription medications. Over-the-counter (OTC) medication abuse is also high. Many teens think that these medications are “safe” because they’re readily found in the home, legally available, and their parents are using them.1

Substance use by teens can impair brain maturity and inhibit learning, thinking, and judgment.2 Along with the potential for addiction, teens don’t understand the short- and long-term consequences of indulging in these dangerous substances. Besides addiction, abuse of prescription and OTC medications can lead to liver and kidney damage, seizures, withdrawal syndromes, respiratory depression, and death.
Recognizing the signs and symptoms of substance abuse in teens is vital in getting them the treatment they need. Teens often feel invincible, and it's up to the adults around them—parents and healthcare providers—to help them understand the long-term ramifications of substance abuse. Knowing which drugs are most often misused by teens is the first step in recognizing abuse.

**Commonly abused drugs**

Prescription medications commonly abused by teens include amphetamines, sedatives, barbiturates, and opioids (see Dangerous medications). The latest data show that the use of these medications for nonmedical reasons ranges from nearly 3% in eighth graders to about 15% in high school seniors.

Pseudoephedrine and dextromethorphan, drugs commonly found in OTC cold and cough medications, top the list of substances abused by teens. Pseudoephedrine can be made into methamphetamine, and dextromethorphan has opioid-like properties in high doses. A 2006 survey showed that 4% of eighth graders and 6% of high school seniors abuse OTC cold medicines that contain dextromethorphan. Even though these numbers seem small, dextromethorphan abuse has multiplied tenfold from 1999 to 2004. Teens may take these readily available medications out of the medicine cabinet and share them with friends at “pharming parties.”

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**Identifying abuse**

Many factors can influence a young person’s decision to use drugs, including peer pressure, depression, a history of physical or emotional abuse, and a history of parental drug abuse. Screening parents and teens for potential substance abuse may help you identify those at risk. Talk with parents about how they can identify others with substance abuse problems, which may help them ward off substance abuse problems in their children.

The Rapid Assessment of Adolescent Preventive Services is a screening tool for assessing teens at risk for substance abuse. The CAGE questionnaire, usually used for assessing alcohol abuse, can be modified to assess drug abuse (see How to use the modified CAGE questionnaire).
These tools can help you start the conversation to identify potential risky behaviors. Have the teen complete the questionnaire in the room without the presence of the parents to begin the confidentiality process. Explain to the parents that you’d like to initially see the teen alone to help the teen take responsibility for his or her healthcare; let the parents know you’ll invite them into the room after the exam to go over what’s been discussed, what’s been found, and what plans have been devised.

When you’re alone with the teen, let the teen know that sexual health matters are confidential and won’t be shared with parents, and while almost all things discussed won’t be discussed with parents, life-threatening behaviors may have to be. Encourage the teen to begin an open discussion with parents about sex, drugs, depression, or other concerns.9,10

During a physical exam, several signs and symptoms may alert you to the possibility of drug abuse. Sudden, unexplained weight loss or weight gain and eye signs may provide clues. For example, abuse of sedatives and hypnotics may cause nystagmus; opioid abuse causes miosis. Stimulants and opioid withdrawal can lead to mydriasis.10 Seeing the signs provides a more detailed list.

### Confirming suspicions

Urine drug screens may confirm suspected drug abuse, but accurate results depend on when the drug was taken and how fast it’s metabolized. The sample may also be contaminated, and other factors can result in incorrect test results for urine drug screens, including the presence of detergents or sodium chloride, hematuria, acidic or alkalotic urine, and urine with a low specific gravity. Although associated with both false-positive and false-negative results, hair analysis can reveal chronic use because the hair stores drug metabolites longer.10 Hair analysis is noninvasive and has a larger window of detection than a urine drug screen.

Once you’ve identified a teen who’s abusing drugs, counseling and detoxification are the first steps toward treatment. Be familiar with agencies in your area that specialize in teen drug abuse and detoxification.10 Because it often can take months to years for someone to accept a diagnosis of drug abuse and to accept assistance, don’t argue with patients or try to force them to accept that they have a problem. Continue to educate them about the negatives of drug use with each visit in a nontreating manner, and discreetly offer information on getting help. Families may also be addictive or in denial, so recruiting them for assistance may be counterproductive. Look at each case individually.

### Prevention tips

Involving children in antidrug abuse programs while they’re in elementary school may discourage them from abusing drugs as they get older. Specific programs include Students Taught Awareness and Resistance and Strengthening Families.10 Have information on abuse prevention available to share with your teen patients, seize opportunities to educate them about drug and alcohol abuse, and teach them techniques to handle peer pressure. Also talk to your teen patients about depression; early identification may help deter substance abuse. Encourage communication between parents and children.
Educate parents about the proper storage and disposal of prescription medications and remind them to keep drugs and alcohol out of reach of all children, regardless of age. Prescription and OTC medications shouldn’t be disposed into water sources unless accompanying literature specifically states it’s safe to do so. Medications can be harmful to the environment, humans, and wildlife when they enter the water system via toilets and water drains. Advise parents to dispose of medications in the trash by removing them from their original containers, crushing them, and mixing them into distasteful substances such as kitty litter, spoiled foods, or coffee grounds. Many communities have drop-off centers where medications can be disposed of properly.

Keep an eye on teens
Experimentation with drugs begins at an earlier age than it did a decade ago because prescription and OTC medications are more widely available. Lend guidance, counseling, and education to both parents and teens to help them stay safe and healthy.

REFERENCES

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