



TEENS & DXM

[DEXTROMETHORPHAN]

EVERYTHING A PARENT
NEEDS TO KNOW ABOUT ABUSE
OF COUGH & COLD MEDICINE



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WHAT IS DXM?

Dextromethorphan (DXM) is a synthetically produced opioid that is chemically related to codeine. It acts as a hallucinogen/dissociative drug at high doses. DXM is most often found in over-the-counter cough and cold medicines such as Robitussin, Mucinex and Coricidin.

WHAT DOES IT LOOK LIKE?

It's available as liquids/syrups, tablets, capsules, gel caps and lozenges. It's also available in powdered form.

SLANG NAMES

CCC, Triple C, Skittles, Robo, Poor Man's PCP

HOW IS IT USED?

DXM is taken orally in cough medicines or inhaled in powder form. Some teens mix DXM with soda to make it taste better, and it's often paired with other drugs such as marijuana and alcohol.

WHAT ARE THE EFFECTS OF DXM?

Small doses

(less than 2 ounces):

Mimics a depressant that can feel like mild drunkenness.

Medium doses

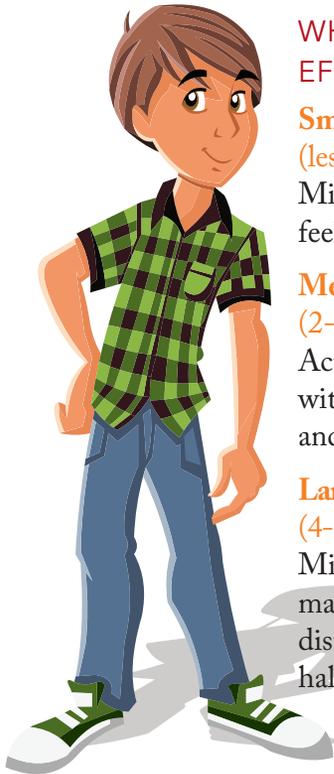
(2-4 ounces):

Acts more like a stimulant, with feelings of euphoria and distorted vision.

Large doses

(4-10 ounces or more):

Mimics hallucinogens that make users feel detached; distorted perceptions, hallucinations, violence.



"Accessibility of a drug always makes it more attractive to a teen. Sometimes, when teens are grounded for other behavior, they might start looking for what they can get their hands on in the home."

– Mary Egan, Rosecrance Director of Outreach

WHAT TO LOOK FOR

Physical signs: Nausea/vomiting, high blood pressure, blurred vision, irregular heartbeat, numbness, headaches, seizures, dizziness/imbalance, panic attacks, slurred speech, dry/itchy skin, difficulty urinating, dilated pupils/bloodshot eyes, shallow breathing, chills or sweating.

Behavioral signs: Irritability, hostility, paranoia, lethargy, secretiveness, mood swings, change in sleep patterns, change in friends, distancing from family members, inability to focus in conversation, inappropriate laughter.

Other signs: Empty cough and cold medicine packages or bottles, medicines missing from family supply, medicinal odor on breath, lying about whereabouts or activities, shoplifting.

Long-term abuse carries the potential for permanent brain damage, liver failure (from medicines also containing acetaminophen) stroke, coma and/or death.



THE DXM EXPERIENCE

“I was a freshman in high school, 14 years old, and a friend came up to me with these little pink pills. I took 12 or 14. It made me feel like I was in a dream, and I loved it. I loved it more than reality. It made me feel really euphoric and disassociated from what was going on around me.

“After he introduced me to it, I just never stopped.

“There was a grocery store near my house and I would go there and shoplift it – just fill up my pockets. It was so easy to get.



“It got to the point that I was using 40 a day. If I didn't have any, the withdrawals were bad. I didn't feel I could cope if I didn't have them. I was so out of it all the time at school. Other kids would videotape me in study hall and in the cafeteria and laugh about it.

“My dad kept sending me to rehab and getting me into outpatient and getting me therapists.

“Sometimes at night when I was high, he would come to my room and hold my hand and cry and beg me to stop. It got to a point that he lost hope in me. He gave up.

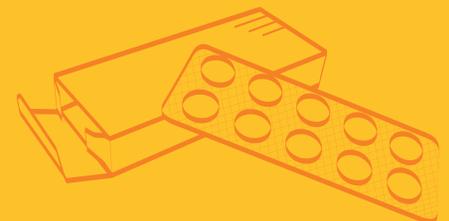
“There was a time I took 120 of them. I felt like I couldn't live with them and I couldn't live without them. I just wanted to end it. I spent three weeks in the hospital.

“This time when I got into rehab at Rosecrance, it was different. The recovery home (Marlowe House) helped me so much. I go to support meetings and work the 12 Steps. I'm starting college soon, and my dad and I are really close – he's my best friend.”

– *A former Rosecrance client*

“DXM abuse is something that's so common. It's part of the story of virtually every adolescent who has a substance abuse problem.”

– Dr. Thomas Wright, Rosecrance Chief Medical Officer and Adolescent Services Medical Director



“Any conversation driven by concern and love that includes data – not ‘I think’ statements – will help your teen start thinking about what he or she is doing. It’s OK for a parent to be the ‘bad guy’ and for your teenager to be mad at you. You’re a parent, not a friend. This is a very serious health issue.”

– Steve Smith, Rosecrance Administrator of Child & Adolescent Services

TIPS FOR PARENTS

- * **Be observant about behaviors**, including changes in friends, habits and sleep patterns.
- * **Be aware of what’s in your medicine cabinet** and if anything is missing.
- * **Ask detailed questions:** “I found an empty cough syrup bottle in your room. Can you tell me why it’s there?”
- * **If your teen is caught shoplifting, ask what product he or she was caught trying to steal.** Teens often steal cough and cold medicine from pharmacies or grocery stores.
- * **Keep tabs on Internet use** because many teens learn about DXM use through the Web.
- * **Understand that behaviors speak louder than words.** Teens may lie and minimize their substance abuse, which often delays parents in reaching out for help.
- * **If you suspect your teen’s friends are using DXM or other substances, confront the issue** with your child with love and concern.

STATISTICS ON DXM

DXM is not scheduled under the Controlled Substances Act, according to the U.S. Drug Enforcement Administration. Certain states have banned the sale of DXM in its pure form and prohibited the sale of DXM to minors. Some pharmacists keep products containing DXM behind the counter or encased in plastic containers on the shelves to make them more difficult to steal.

In 2016, 2.6 percent of eighth graders, 3 percent of 10th graders and 4 percent of 12th graders reported taking cough or cold medicines within the last 12 months to get high, according to “Monitoring the Future: National Survey Results on Drug Use, 2016” report sponsored by the National Institute on Drug Abuse.

RESOURCES FOR PARENTS

Rosecrance.org

- * Click on “Resources for Parents”

National Institute on Drug Abuse

- * “DrugFacts: Cough and Cold Medicine Abuse” drugabuse.gov/publications/drugfacts/cough-cold-medicine-abuse

U.S. Drug Enforcement Administration

- * “Dextromethorphan” www.deadiversion.usdoj.gov/drug_chem_info/dextro_m.pdf

Substance Abuse and Mental Health

- * **Services Administration**
“Cough and Cold Medicines” samhsa.gov/atod/other-drugs

Stop Medicine Abuse

- * Various resources to help parents learn about cough and cold medicine abuse stopmedicineabuse.org



Rosecrance is a leading national provider of treatment services for individuals with substance use disorders. Rosecrance offers evidence-based, accredited treatment for teens, adults and families.



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