

Generation Rx

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Overview

College students abuse prescription painkillers more than ecstasy, cocaine, crack, or LSD. The abuse of over-the-counter products has increased as well. Almost 10% of students abuse cough medicine (Partnership for a Drug Free America, 2005, November 16).

These meds come from the pharmacy, the doctor, the Internet, or the medicine cabinet at home, not from a drug dealer on the other side of the tracks. Therefore, fewer than half of America's youth see great risk in experimenting with prescription medicines that can be addictive and potentially life threatening.

Today's students embrace, support, and attend pill-popping parties also known as "pharm parties" or "pharming." Students share with each other a wide range of pills from Vicodin and OxyContin to stimulants such as Ritalin and Adderall. The pills are placed in bowls or baggies, referred to as "trail mix," and passed around for all to sample.

Students are also self-medicating to address personal health problems. If Suzy has a Prozac prescription, she might offer it to her sorority sister who happens to be a little stressed out today. It works once! Then Suzy's friend starts battling her daily anxiety and stress with Prozac. All of the sudden, Suzy is out of her medication and her sorority sister is referring to it as "my sunshine in a bottle." The friend turns to the Internet for the next round. Before you know it, she's addicted.

Educational Approach

Judi Braswell, a licensed professional counselor and national employee assistance program administrator, believes that "a change must occur in our educational approach on talking about prescription drug use and abuse. Typically, affected individuals don't see the potential risk when using prescription drugs. People become rapidly addicted to these types of drugs all the time, and we must alert the public, including America's youth" (personal communication, February 13, 2009).

Roy Bostock, Chairman of the Partnership for a Drug-Free America said, "For the first time, our national study finds that today's teens are more likely to have abused a prescription painkiller to get high than they are to have experimented with a variety of illegal drugs. In other words, Generation Rx has arrived" (Partnership for Drug Free America, 2005).

Furthermore, Dr. Vernon Johnson, author of *Intervention* (1986, p. 110), wrote, "The tragedy of our current society is that so few people understand what chemical dependency is and how it functions. Intervention with chemically dependent individuals is an important step in the direction of treating one of the most widespread diseases in our culture."

Today's college students need more education about the harmful effects of prescription and over-the-counter medication abuse. Education should focus on understanding addiction, versus dependency or recreational use. Further, students should be taught the proven theories of intervention to help a friend or family member deal with chemical addiction.

Interventions

Simply put, an intervention, according to Johnson (1990, p. 329), is "presenting reality to a person out of touch with it in a receivable way." It can support an addict to obtain the help he or she needs. The following are Johnson's suggestions for conducting an effective intervention.

1. Conquering Your Own Reluctance

First, individuals must conquer their own reluctance to effectively perform an intervention on a friend or family member. People often wonder why they should take the lead to help someone with addiction. Many feel it is interference in the friend's or family member's private life and others simply feel interventions are secretive or sneaky.

2. Gathering the Intervention Team

The next step is to gather a group of three to five people who play an important role in the life of an affected individual (i.e. parents, significant others, fraternity brothers). These individuals should be emotionally stable themselves and be willing to risk their relationship with the affected individual. At least one person on the team should have knowledge about addiction.

3. Gathering the Data

Each team member should then develop a written list of details and events that legitimize the concern. One person should find out about treatment options in the local area and be ready to present these options at the intervention.

4. Rehearsing the Intervention

The team should designate a chairperson to lead the intervention process. Each team member will verbally present his or her list of details and events about the problem to someone posing as the addicted person. The team should determine ahead of time who goes first, second, etc.

5. Finalizing the Details

The chairperson should coordinate with the team when and where the intervention will take place. Someone should plan to get the

addict to the intervention location. Johnson (1986, p. 85) reminds people to "leave nothing to chance...You will never again have the element of surprise so completely on your side. Use it!"

6. Doing the Intervention

Have all meaningful persons or team members involved. Present the specific data and behaviors to the addict in a non-judgmental way. Present options for treatment to the addict. Outline severe consequences if the person does not comply with the options for treatment. This may be as severe as ending relationships with all team members. Conclude with the fact that help is IMMEDIATELY available and proceed to treatment.

7. What if the Intervention Does Not Work?

Keep trying. Properly done, there are no failures. Team member lives are forever changed. The family or group unit is also changed. And most importantly the addict is changed in relation to his or her drug of choice.

References

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