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”? “Triplet C”?

All are street names for Coricidin, the dextromethorphan-containing cough and cold medication that has become one of the more frequent requests 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 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.

But many times, the latest drugs are easily available at these events. One of the most popular is ecstasy, or 3,4-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 2000, 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 at least once in a given year, Dr. Christensen said.

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 teen 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 confidential, 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.

“Our role is to talk about drugs in a nonchallenging and done in an open style.”

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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 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.”

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Not-So-Innocent Paraphernalia at Raves

BY TIMOTHY F KIRN Sacramento Bureau

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The high that teens get from dextromethorphan is described as an LSD-like, hallucinogenic high. Dextromethorphan is a prodrug converted to the isomer of levohaspin, 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.