

ADDERALL®

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THE DRUG

Adderall®, a combination of Dextroamphetamine and Amphetamine, is a Schedule II substance that is used in the treatment of Attention Deficit/Hyperactivity Disorder (ADHD), Attention Deficit Disorder (ADD) and narcolepsy.



Adderall® in tablet form. Source: U.S. Drug Enforcement Administration (2006).

APPEARANCE

Manufactured by Shire Pharmaceutical Group, Adderall® is supplied in 5, 7.5, 10, 12.5, 15, 20, and 30 mg tablets, and in the extended release form (Adderall XR®) capsules. On the street Adderall® or Adderall XR® are known as beans, bennies, black beauties, Christmas trees, dexies, double trouble, pep pills, speed and uppers, to name a few.

USERS

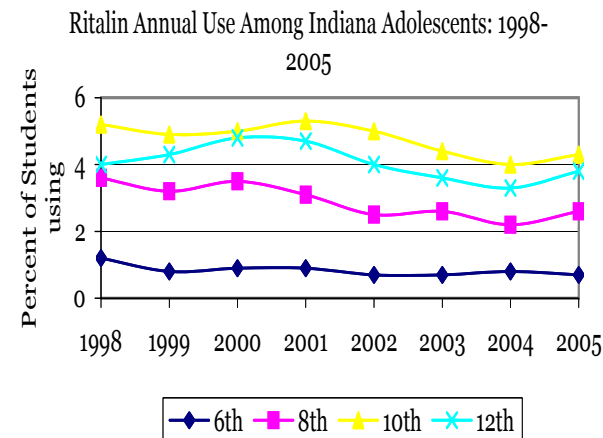
Data from the National Household Survey on Drug Abuse indicated that the percentage of 12- to 17-year-olds who reported having abused stimulants at least once in their lifetime in 1999 (3.9 percent) was comparable to the percentage in 2000 (4.0 percent). When Adderall® is taken by an individual without ADD/ADHD, it creates a stimulant-like effect by increasing focus and attentiveness, making this an attractive drug to abuse among teenagers. According to the National Institute on Drug Abuse, teenagers of middle- and upper-class socioeconomic status are most likely to abuse the drug by crushing and snorting the tablets. Some intravenous drug users combine heroin and the drug to intensify the effect.

INCIDENCE AND PREVALENCE

Until recently, little distinction was made between Ritalin® and other drugs treating ADD or ADHD. Therefore, there is scant data about the incidence and prevalence of illicit use of Adderall®. However, there is a close relationship between Ritalin® and Adderall®; because Ritalin® (Methylphenidate) is also a medication prescribed for individuals (usually children) who have ADHD/ADD. One can therefore infer that rates of use might be similar. Indiana students in grades 6 through 12 have been surveyed on their use of Ritalin® (Methylphenidate) since 1998. All reported figures from the Indiana Prevention Resource Center's *Alcohol, Tobacco and Other Drug Use by Indiana Children and Adolescents* survey indicate a decline in Adderall® use among students from 2002 to 2004, followed by an increase in 2005. There was an increase in annual use among students from 2.2 percent to 2.6 percent among 8th graders, and 3.3 percent to 3.8 percent among 12th graders between 2004 and 2005, respectively. The only category of students who reported a decline in annual use of Ritalin® are 6th graders with a decline of 0.1 percent between 2004 and 2005. Students in 10th and 12th grade reported Ritalin® use of above 3.3 percent, whereas those in 6th grade reported less than 1 percent use. In 2005 there was a significant increase in reported annual use among the students in 10th grade (4.3 percent), but a decrease among those in 12th grade (3.8 percent). The highest rates reported between 1998 and 2005 were in 2001 when 12th graders reported an annual use of 4.7 percent and 10th graders 5.3 percent.

ACQUIRED

Drugs such as Adderall® are legally prescribed for children and adults with ADHD/ADD and are easily available for non-medical use. The cost for illicit use of the drug can range between 2 to 20 dollars for a 20 milligram tablet. Adolescents may acquire the drug from peers, friends or family members who have legal prescriptions. In some cases they may steal from



Source: The Indiana Prevention Resource Center (2006).

medical dispensaries.

EFFECTS

When Adderall® is taken as prescribed (for the prescribed individual, at the prescribed dose and rate), the drug can be highly beneficial and non-addictive. However, when taken at a higher dose or for non-medical use, it can lead to addiction and compulsive activity. Like other stimulant drugs, the non-medical use of Adderall® can have similar adverse effects such as restlessness, dizziness, tremors, euphoria, severe headache, a false sense of well-being and difficulty coordinating musculoskeletal movements. Other effects include insomnia (inability to fall or remain asleep), increased body temperature, irregular heartbeat, heart failure, fatal seizures, hostility and feelings of paranoia. Misuse of the drug can have a cocaine like effect when snorted or injected.

The U.S. Food and Drug Administration (FDA) issued an alert on Adderall® and Adderall XR® in February, 2005. The FDA Alert was issued in response to the suspension of Adderall® from the Canadian market due to concerns over reports of sudden unexplained deaths (SUD). For more information visit the U.S. Food and Drug Administration website at: <http://www.fda.gov>.

THE LAW

While the use of Adderall® itself is not illegal when taken as prescribed, use without a prescription is a

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violation of Indiana Code IC 35-48-4-7 (possession of a controlled substance) and is a Class D felony. Illegal possession on a school bus or school property is a Class C felony in Indiana.

PREVENTION

In order to decrease the non-medical use of Adderall®, adults, school officials and family members may want to consider the following:

- 1) medication supplies should be kept secure in a locked room, drawer or cabinet;
- 2) adults should not allow adolescent patients to self-administer ADHD/ADD medication without suitable adult supervision;
- 3) children should be prohibited from carrying ADHD/ADD medication to or from school. A parent or guardian should deliver and remove the medication from school; and
- 4) ADHD/ADD medication should be provided in properly labeled containers that identify the name of the medication, the prescribed dosage and the frequency of administration.

An additional tip to prevent the non-medical use of prescription drugs is to pay attention to the amount of medication left over in a prescription bottle. This is crucial to discovering patients who sell their medication. For instance, a patient may leave home with a full bottle of medication and return with only a small amount left.

REFERENCES

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