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Being a Patient

Young, Assured and Playing Pharmacist to Friends

By AMY HARMON

Nathan Tylutki arrived late in New York, tired but eager to go out dancing. When his friend Katherine K. offered him the Ritalin she had inherited from someone who had stopped taking his prescription, he popped two pills and stayed out all night. For the two college friends, now 25 and out in the working world, there was nothing remarkable about the transaction. A few weeks later, Katherine gave the tranquilizer Ativan to another friend who complained of feeling short of breath and panicky. "Clear-cut [anxiety disorder](#)," Katherine decreed.



Ingrid Young for The New York Times

Nathan Tylutki of Minneapolis used to take Ritalin given to him by a friend.

The Ativan came from a former colleague who had traded it to her for the Vicodin that Katherine's boyfriend had been prescribed by a dentist. The boyfriend did not mind, but he preferred that she not give away the Ambien she got from a doctor by exaggerating her sleeping problems. It helps him relax after a stressful day. "I acquire quite a few medications and then dispense them to my friends as needed. I usually know what I'm talking about," said Katherine, who lives in Manhattan and who, like many other people interviewed for this article, did not want her last name used because of concerns that her behavior could get her in trouble with her employer, law enforcement authorities or at least her parents. For a sizable group of people in their 20's and 30's, deciding on their own what drugs to take - in particular, stimulants, antidepressants and other psychiatric medications - is becoming the norm. Confident of their abilities and often skeptical of psychiatrists' expertise, they choose to rely on their own research and each other's experience in treating problems like [depression](#), fatigue, anxiety or a lack of concentration. A medical degree, in their view, is useful, but not essential, and certainly not sufficient. They trade unused prescription drugs, get medications without prescriptions from the Internet and, in some cases, lie to doctors to obtain medications that in their judgment they need.

A spokeswoman for the Drug Enforcement Administration says it is illegal to give prescription medication to another person, although it is questionable whether the offense would be prosecuted. The behavior, drug abuse prevention experts say, is notably different from the use of drugs like marijuana or cocaine, or even the abuse of prescription [painkillers](#), which is also on the rise. The goal for many young adults is not to get high but to feel better - less depressed, less stressed out, more focused, better rested. It is just that the easiest route to that end often seems to be medication for which they do not have a prescription. Some seek to regulate every minor mood

fluctuation, some want to enhance their performance at school or work, some simply want to find the best drug to treat a genuine [mental illness](#). And patients say that many general practitioners, pressed for time and unfamiliar with the ever-growing inventory of psychiatric drugs, are happy to take their suggestions, so it pays to be informed.

Health officials say they worry that as prescription pills get passed around in small batches, information about risks and dosage are not included. Even careful self-medicators, they say, may not realize the harmful interaction that drugs can have when used together or may react unpredictably to a drug; Mr. Tylutki and Katherine each had a bad experience with a medication taken without a prescription. But doctors and experts in drug abuse also say they are flummoxed about how to address the increasing casual misuse of prescription medications by young people for purposes other than getting high. Carol Boyd, the former head of the Addiction Research Center at the University of Michigan, said medical professionals needed to find ways to evaluate these risks. "Kids get messages about street drugs," Ms. Boyd said. "They know [smoking](#) crack is a bad deal. This country needs to have a serious conversation about both the marketing of prescription drugs and where we draw the boundaries between illegal use and misuse."

To some extent, the embrace by young adults of better living through chemistry is driven by familiarity. Unlike previous generations, they have for many years been taking drugs prescribed by doctors for depression, anxiety or attention deficit disorder. Direct-to-consumer drug advertising, approved by the Food and Drug Administration in 1997, has for most of their adult lives sent the message that pills offer a cure for any ill. Which ones to take, many advertisements suggest, is largely a matter of personal choice. "If a person is having a problem in life, someone who is 42 might not know where to go - 'Do I need acupuncture, do I need a new haircut, do I need to read Suze Orman?' " said Casey Greenfield, 32, a writer in Los Angeles, referring to the personal-finance guru. "Someone my age will be like, 'Do I need to switch from Paxil to Prozac?'"

For Ms. Greenfield, who could recite the pros and cons of every selective serotonin reuptake inhibitor on the market by the time she graduated from college, years of watching doctors try to find the right drug cocktails for her and for assorted friends has not bolstered faith in their expertise. "I would never just do what the doctor told me because the person is a doctor," said Ms. Greenfield, who dictates to her doctors what to prescribe for her headaches and sleep problems, and sometimes gives her pills to friends. "I'm sure lots of patients don't know what they're talking about. But lots of doctors don't know what they're talking about either."

Prescriptions to treat attention deficit disorder in adults age 20 to 30 nearly tripled from 2000 to 2004, according to Medco, a prescription management company. Medications for [sleeping disorders](#) in the same age group showed a similar increase. Antidepressants are now prescribed to as many as half of the college students seen at student health centers, according to a recent report in The New England Journal of Medicine, and increasing numbers of students fake the symptoms of depression or attention disorder to get prescriptions that they believe will give them an edge. Another study, published recently in The Journal of American College Health, found that 14 percent of students at a Midwestern liberal arts college reported borrowing or buying prescription stimulants from each other, and that 44 percent knew of someone who had. "There's this increasingly widespread attitude that 'we are our own best pharmacists,'" said Bessie Oster, the director of Facts on Tap, a drug abuse prevention program for college students that has begun to focus on prescription drugs. "You'll take something, and if it's not quite right, you'll take a little more or a little less, and there's no notion that you need a doctor to do that."

Now, Going Online for Pills

The new crop of amateur pharmacists varies from those who have gotten prescriptions - after doing their own research and finding a doctor who agreed with them - to those who obtain pills through friends or through some online pharmacies that illegally dispense drugs without prescriptions. "The mother's little helpers of the 1960's and 1970's are all available now on the Internet," said Catherine Wood, a clinical social worker in Evanston, Ill., who treated one young client who became addicted to Xanax after buying it online. "You don't have to go and steal a prescription pad anymore."

In dozens of interviews, via e-mail and in person, young people spoke of a sense of empowerment that comes from knowing what to prescribe for themselves, or at least where to turn to figure it out. They are as careful with themselves, they say, as any doctor would be with a patient. "It's not like we're passing out Oxycontin, crushing it up and snorting it," said Katherine, who showed a reporter a stockpile that included stimulants, tranquilizers and sleeping pills. "I don't think it's unethical when I have the medication that someone clearly needs to make them feel better to give them a pill or two."

Besides, they say, they have grown up watching their psychiatrists mix and match drugs in a manner that sometimes seems arbitrary, and they feel an obligation to supervise. "I tried Zoloft because my doctor said, 'I've had a lot of success with Zoloft,' no other reason," said Laurie, 26, who says researching medications to treat her depressive disorder has become something of a compulsion. "It's insane. I feel like you have to be informed because you're controlling your brain."

When a new psychiatrist suggested Seraquil, Laurie, who works in film production and who did not want her last name used, refused it because it can lead to weight gain. When the doctor suggested Wellbutrin XL, she replied with a line from the commercial she had seen dozens of times on television: "It has a low risk of sexual side effects. I like that." But before agreeing to take the drug, Laurie consulted several Internet sites and the latest edition of the Physicians' Desk Reference guide to prescription drugs at the Barnes & Noble bookstore in Union Square. On a page of her notebook, she copied down the generic and brand names of seven alternatives. Effexor, she noted, helps with anxiety - a plus. But Wellbutrin suppresses appetite - even better.

At the weekly meetings of an "under-30" mood-disorder support group in New York that Laurie attends, the discussion inevitably turns to medication. Group members trade notes on side effects that, they complain, doctors often fail to inform them about. Some say they are increasingly suspicious of how pharmaceutical companies influence the drugs they are prescribed. "Lamictal is the new rage," said one man who attended the group, "but in part that's because there's a big money interest in it. You have to do research on your own because the research provided to you is not based on an objective source of what may be best."

Recent reports that widely prescribed antidepressants could be responsible for suicidal thoughts or behavior in some adolescents have underscored for Laurie and other young adults how little is known about the risks of some drugs, and why different people respond to them differently. Moreover, drugs widely billed as nonaddictive, like Paxil or Effexor, can cause withdrawal symptoms, which some patients say they only learned of from their friends or fellow sufferers. "This view of psychology as a series of problems that can be solved with pills is relatively brand new," said Andrea Tone, a professor of the social history of medicine at McGill University. "It's more elastic, and more subjective, so it lends itself more to taking matters into our own hands." To that end, it helps to have come of age with the Internet, which offers new possibilities for communication and commerce to those who want to supplement their knowledge or circumvent doctors.

Fluent in Psychopharmacology

People of all ages gather on public Internet forums to trade notes on "head meds," but participants say the conversations are dominated by a younger crowd for whom anonymous exchanges of highly personal information are second nature. On patient-generated sites like CrazyBoards, fluency in the language of psychopharmacology is taken for granted. Dozens of drugs are referred to in passing by both brand name and generic, and no one is reticent about suggesting medications and dosage levels. "Do you guys think that bumping up the dosage was a good idea, or should I have asked for a different drug?" someone who called herself Maggie asked earlier this month, saying she had told her doctor she wanted to double her daily intake of the antidepressant fluoxetine to 40 milligrams.

In another recent posting, a participant wrote that his supply of the beta blocker Inderal, acquired in Costa Rica, was running out. He uses the drug for panic attacks, he said, but he has not told his doctor about it. "What do I do/say to get her to prescribe me some?" he asked. "CraZgirl," who said she was not currently taking any medications, received a resounding "yes" to her posting that asked, "If you wouldn't go on meds for yourself, is it reasonable to do it to keep your marriage intact?"

Still, for some young adults, consulting their peers leads to taking less medicine, not more. When Eric Wisch, 20, reported to an anonymous online group that he was having problems remembering things, several members suggested that he stop taking Risperdal, one of four medications in a cocktail that had been mixed different ways by different doctors. "I decided to cut back," said Mr. Wisch, a sophomore at the University of Rochester who runs www.thebipolarblog.com, where he posts his thoughts on medications and other subjects. "And I'm doing better." Despite frequent admonitions on all the sites to "check with your Pdoc," an abbreviation for psychiatrist, there are also plenty of tips on how to get medications without a prescription. "I know I shouldn't order drugs online," one participant wrote in a Sept. 26 posting on the Psycho-babble discussion group. "But I've been suffering with [insomnia](#) and my Pdoc isn't keen on sleep aids." What should he do, the poster wanted to know, after an order he placed with an online pharmacy that promised to provide sleeping pills without a prescription failed to deliver?

Another regular participant, known as "med-empowered," replied that the poster was out of luck, and went on to suggest a private e-mail exchange: "I think I know some sites where you could post your experience and also get info about more reliable sites." For a hefty markup, dozens of Web sites fill orders for drugs, no prescription required, though to do so is not legal. Instead, customers are asked to fill out a form describing themselves and their symptoms, often with all the right boxes helpfully pre-checked. Erin, 26, a slender hair stylist, remembers laughing to herself as she listed her weight as 250 pounds to order Adipex, a [diet](#) pill, for \$113. One recent night, she took an Adipex to stay up cleaning her house, followed by a Xanax when she needed to sleep. Like many other self-medicators, Erin, who has been on and off antidepressants and sleeping pills since she was in high school, has considered weaning herself from the pills. She wishes she had opted for chamomile tea instead of the Xanax when she wanted to sleep. "I feel like I have been so programmed to think, 'If I feel like this then I should take this pill,'" she said. "I hate that." But the problem with the tea, she said, is the same one she faces when she is coloring hair: "It's not predictable. I know how these drugs are going to affect me. I don't know if the chamomile tea will work."

Online pharmacies are not the only way for determined self-prescribers to get their pills. Suffering from mood swings a decade after his illness was diagnosed as [bipolar disorder](#), Rich R., 31, heard in an online discussion group about an antidepressant not available in the United States. A contractor in the Midwest, Rich scanned an old prescription into his computer, rearranged the information and faxed it to pharmacies in Canada to get the drug. "My initial experience with physicians who are supposed to be experts in the field was disappointing," Rich said. "So I concluded I can do things better than they can."

Even for psychiatrists, patients say, the practice of prescribing psychotropic drugs is often hit and miss. New drugs for depression, anxiety and other problems proliferate. Stimulants like Adderall are frequently prescribed "as needed." Research has found that antidepressants affect different patients differently, so many try several drugs before finding one that helps. And in many cases, getting doctors to prescribe antidepressants, sleeping pills or other psychiatric medications is far from difficult, patients say. The result is a surplus of half-empty pill bottles that provides a storehouse for those who wish to play pharmacist for their friends.

The rules of the CrazyBoards Web site prohibit participants from openly offering or soliciting [pharmaceuticals](#). But it is standard practice for people who visit the site to complain, tongue-in-cheek, that they simply "don't know what to do" with their leftovers. The rest takes place by private e-mail. Sometimes, the person requesting the drugs already has a prescription, but because the medications are so expensive, receiving them free from other people has its merits.

A Post-Hurricane Care Package

Dan Todd, marooned in Covington, La., after Hurricane Katrina, said he would be forever grateful to a woman in New Hampshire who organized a donation drive for him among the site's regular participants. Within two days of posting a message saying that he had run out of his medications, he received several care packages of assorted mood stabilizers and anti-anxiety drugs, including Wellbutrin, Klonopin, Trileptal, Cymbalta and Neurontin. "I had to drive down to meet the FedEx driver because his truck couldn't get past the trees on part of the main highway," said Mr. Todd, 58. "I had tears in my eyes when I got those packages."

It doesn't always work out so well. When Katherine took a Xanax to ease her anxiety before a gynecologist appointment, she found that she could not keep her eyes open. She had traded a friend for the blue oval pill and she had no idea what the dosage was. An Adderall given to her by another friend, she said, "did weird things to me." And Mr. Tylutki, who took the Ritalin she offered one weekend last fall, began a downward spiral soon after. "I completely regretted and felt really guilty about it," Katherine said.

Taking Katherine's pills with him when he returned to Minneapolis, Mr. Tylutki took several a day while pursuing a nursing degree and working full time. Like many other students, he found Ritalin a useful study aid. One night, he read a book, lay down to sleep, wrote the paper in his head, got up, wrote it down, and received an A-minus. But he also began using cocaine and drinking too much alcohol. A few months ago, Mr. Tylutki took a break from school. He flushed the Ritalin down the toilet and stopped taking all drugs, including the Prozac that he had asked a doctor for when he began feeling down. "I kind of made it seem like I needed it," Mr. Tylutki said, referring to what he told the doctor. "Now I think I was just lacking sleep."