

*Educate Yourself*

# **FACTS about DRUGS: RITALIN** *(Methylphenidate)*

## **WHAT IS IT?**

Chemically similar to amphetamine, Ritalin (Methylphenidate) is prescribed for Attention Deficit Disorder (ADD), Attention Deficit/Hyperactive Disorder (ADHD), and narcolepsy (The Vaults of Erowid 2004). The Food and Drug Administration (FDA) has approved Ritalin as part of a total treatment program in children with a behavioral syndrome characterized by moderate to severe distractibility, short attention span, hyperactivity, and impulsivity greater than that expected for a child of that age. In recent years, the frequency of diagnosis for Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD) has increased dramatically, especially now that adults are also diagnosed with this disorder (Bailey 1995).

## **SLANG**

Pellets, R-ball, Vitamin R, Jif, MPH, Kiddie Cocaine, West Coast, Skippy, Kibbles and Bits, and The Smart Drug. Methylphenidate is marketed under many names. Novartis markets methylphenidate as Ritalin, Mallinckrodt as Methylin, Alza as Concerta, and Medeva as Metadate (Seth 2002).

## **AVAILABILITY AND USE**

Methylphenidate hydrochloride is available as 5-, 10-, and 20-milligram tablets, to be taken orally. A 20-milligram extended-release tablet is also available. Many non-medical users crush the tablets and either "snort" the powder or dissolve it in water to "cook" for injection. When purchased in pharmacies with a valid prescription, Ritalin tablets usually cost 25 to 50 cents each. In the illicit street drug market, tablets sell for \$3 to \$15 each (Bailey 1995). When taken in accordance with usual prescription instructions, Ritalin would be classified as having mild to moderate stimulant properties, but when snorted or injected it has a strong stimulant effect. It is a Schedule II Controlled Substance (Seth 2002).

## **RATES OF USE**

The average dosage of Ritalin is 20 to 30 milligrams per day for adults and a typical starting dose for children is 5 milligrams, twice a day. Gradual increase of Ritalin intake is sometimes necessary, and women are known to absorb the drug more efficiently than men.

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## **THE RISKS**

An over-stimulated central nervous system is the primary result of overdose. Symptoms and signs of abuse may include vomiting, agitation, tremors, muscle twitching, convulsion (which may be followed by coma), euphoria, confusion, hallucinations, sweating, headache, hyperpyrexia (high fever), and dryness of mucous membranes (Seth 2002).

When snorted, the acid contained in Ritalin can "burn" the delicate nasal tissues, resulting in open sores, nosebleeds, and possible wear and tear of the nasal cartilage. For individuals that inject the drug, complications occur because insoluble fillers in the tablets can block small blood vessels, causing serious damage to the lungs and retina of the eye (DEA 2004).

Usage can lead to possible dependency and withdrawal symptoms. Binge use, psychotic episodes, cardiovascular problems, and severe psychological addiction have all been associated with methylphenidate abuse. The increased use of this substance for the treatment of ADHD has paralleled an increase in its abuse among adolescents and young adults who crush these tablets and snort the powder to get high (DEA 2004).

## RATES OF USE (cont.)

According to the National Institute of Mental Health (NIMH), 3-5% of the general population experience agitated behavior and an inability to focus on tasks. Two percent of youth aged 12-17 and 5% of individuals 18-25 years old reported using Ritalin in 2001 (SAMHSA 2002).

## THE HIGH

There is a noticeable calming effect for users of Ritalin, enabling those with ADD or ADHD to focus. Individuals without a prescription use it for effects that include appetite suppression, wakefulness, attentiveness, and euphoria (NIDA 2003).

## SIGNS OF USE

Those who use Ritalin to treat ADD or ADHD are noticeably calmer and more focused. Those who abuse the drug and/or take it in high doses can experience appetite loss, digestive problems, nervousness, insomnia, dizziness, headaches, skin rashes, restlessness, and shaking.

## RECOMMENDED READING

Stein, David B. 1999. *Ritalin Is Not The Answer: A Drug-Free, Practical Program for Children Diagnosed with ADD or ADHD*. San Francisco: Jossey-Bass Inc. ISBN: 0787945145.

## REFERENCES

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Safety First, a project of the Drug Policy Alliance, is dedicated to providing parents of adolescents with honest, science-based information about drugs and drug education. For more information, visit [www.safety1st.org](http://www.safety1st.org).

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