InterACT and Generation Rx:
Using theatre to promote awareness about the abuse of prescription medications
An interactive theatrical performance with accompanying discussion

General Overview: This activity is designed to showcase a theatrical performance as a tool to discuss controversial issues surrounding the abuse of prescription drugs. Facilitators will introduce each act, guide each discussion block, and interject pertinent information and statistics. However, the most important component of the activity relates to the student participants’ personal reflection, interaction with their peers in the workshop, and group discussion following the viewing of each act.

Procedure for activity: Following the playing of each act of the theatrical performance, ask the student participants to take a few moments to reflect on each question individually. They may feel free to write notes in the workshop booklet. After self-reflection on the questions, instruct them to discuss the questions in small groups. Finally, conduct a group discussion and ask students to provide input. At this point additional information/statistics from the facilitator may be interjected as well.

Activity Agenda
1. Introduction of Facilitators
   - Some facilitators may lead parts of the workshop discussions; others may mingle among the participants during their small group discussions to provide input or answer questions.

2. Student Participant Introductions
   - Ask students to form small groups (3-6 participants). Ask each participant to introduce him or herself to their small group.

3. Introduction of performance and discussion
   The following introduction is provided via a video clip on the website, or could be orally presented by the facilitator.

Americans are using prescription medications at unprecedented rates. In 2008, Americans purchased approximately 3.9 billion prescription medications\(^1\). Unfortunately, we are becoming a growing culture of self-diagnosis and self-prescription, expecting quick fixes to any health-related problem. These attitudes underlie a phrase that is being used to describe us at every age, in America’s drug-taking society, — “Generation Rx.”

In 2009, approximately 7 million Americans (age 12 or older) abused a prescription medication\(^2\). However, the average age for starting the abuse of these medications remains 19-22 years, representing the average college student. This theatrical performance and accompanying discussion explores possible reasons underlying this statistic, as well as addresses many of the issues faced by our youth, college students and society as a result of prescription drug abuse. The performance is also interactive—that is, at the end of the performance, all of the actors stayed in character. The live viewing audience therefore had an opportunity to ask the characters questions—you will have a similar opportunity at the end of the performance and group discussion.

4. Act 1: What is Prescription Drug Abuse?

Q1: What behaviors classify as prescription drug abuse?
- Taking somebody else’s prescription drug
- Taking more of a prescription drug than instructed
- Taking a prescription drug for reasons other than that prescribed

Q2: Why would college students abuse prescription drugs?
- Students may abuse these drugs because they are relatively easy to obtain. Avenues to obtain prescription drugs for non-medical purposes include the family medicine cabinet, friends who may have prescriptions for desired medications, and the Internet.
- Students may abuse prescription drugs recreationally to get “high”
- Students may abuse prescription drugs due to self-medication. They may use these products to relax and reduce stress (Prescription Depressants), to relieve pain (Prescription Pain Relievers or Opioids) or to stay awake and alert for studying purposes (Prescription Stimulants). This answer also lends to identifying the prescription medications most prone to abuse:
  1. Opioids—commonly used to treat pain (e.g., Oxycontin, Vicodin, Percodan, Dilaudid)
  2. Depressants—commonly used to treat anxiety and sleep disorders (e.g., Valium, Xanax, Nembutal, Seconal)
  3. Stimulants—commonly used to treat sleep disorders (e.g., narcolepsy) and attention deficit hyperactivity disorder (ADHD) (e.g., Dexedrine, Adderall, Ritalin, Concerta)

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Q3: Would you consider the abuse of prescription medications to be a safe alternative to using illicit street drugs?
“The Partnership Attitude Tracking Study (PATS): Teens in Grades 7 through 12, 2005” reported the following with regard to teen attitudes about prescription medicine abuse:

- 56% agreed that prescription drugs are easier to get than illegal drugs.
- 40% agreed that prescription drugs, even if they are not prescribed by a doctor, are much safer than illegal drugs.
- 31% agreed that there is nothing wrong with using prescription drugs without a doctor’s prescription once in awhile.
- 29% agreed that prescription pain relievers, even if they are not prescribed by a doctor, are not addictive.

5. ACT 2: Is prescription drug abuse a big deal?

Q1: Terrence was written a legitimate prescription for Vicodin. Did Terrence abuse Vicodin? Yes. Although Terrence had a legitimate prescription for Vicodin, he took Vicodin to “reward himself” due to breaking his arm. Therefore, Terrence took Vicodin for a reason other than that prescribed (pain relief).

Q2: Would you try to convince Terrence to “never take a pill that he isn’t supposed to take”? If yes, how?
If students state No, they may likely believe that the abuse of prescription drugs is a safe alternative to using illicit street drugs. This common myth is false, and factually addressed by reinforcing that many prescription drugs act similarly to illicit street drugs, thereby they both cause similar health-related intoxicating effects, as well as other consequences. You may want to readdress this point-of-view following the discussion to Q3 of Act 3.

If students state Yes, they may attempt to convince Terrence by correcting his understanding of the perceived risks, reinforcing the consequences, identifying positive coping skills to implement or identifying healthy alternative recreational activities.

6. ACT 3: Is abusing prescription drugs really that dangerous?

Q1: Do you think Steven abused Adderall or other prescription medications? Yes. Steven stated he began abusing Adderall to help him study. Steven was not prescribed Adderall, therefore he was taking somebody else’s prescription medication. In addition, abuse of Adderall clearly evolved to abusing other prescription drugs for recreational purposes.

Q2: What consequences did Steven experience as a result of abusing prescription drugs? Why do you think Steven did not stop abusing prescription drugs despite these consequences?
Below are common consequences from abusing prescription medications:

- Health effects relating to the pharmacological actions or side effects of the drug in the body:
1. **Opiates:** respiratory depression, nausea, constipation, unconsciousness, addiction
2. **Stimulants:** irritability, anxiousness, paranoia, reduced appetite, respiratory failure, stroke, seizures, heart failure, addiction
3. **Depressants:** lowered blood pressure, confusion, fatigue, gastrointestinal disturbances, dizziness, memory loss, depression, respiratory depression, addiction
   - Physical harm due to accidents, sexual or physical abuse, organ damage
   - Social/emotional effects involving changes in relationships, depression, isolation, etc.
   - Legal effects due to the fact that it is against federal laws to obtain prescription medications without a prescription.

Steven developed an addiction to prescription medications, preventing him from stopping his abuse despite the negative consequences. Any adding substance or drug activates a common series of connected neurons in our brain, termed the “reward pathway.” Activating this pathway releases a chemical that simulates feelings of reward and pleasure, which often encourages the user to repeat the drug-seeking behavior. In addition, continual release of this chemical over time changes the chemistry of the brain. These changes drive the abuser to compulsively use the drug despite negative consequences. At this point, reward or pleasure no longer becomes the reason for the drug-seeking behavior, manifesting a disease in the brain—addiction.

7. **ACT 4: Is prescription drug abuse and addiction a choice?**

**Q1: Do you agree or disagree with Mike that drug abuse and addiction remains a choice?**
Drug addiction is not a voluntary behavior—as Annie states, “no one chooses to become a drug addict.” Because addiction is a brain disease, the continued use of drugs changes how your brain functions, including impairing your ability to make decisions, think clearly, and control your behaviors. Every person is genetically different; therefore, how many times a person must use a drug before becoming addicted will vary from person to person. Mike likely exists somewhere between the continuum of abuse transitioning to addiction. Therefore, while abusing prescription drugs may remain a choice for Mike now, over time it will likely become a compulsive drug-seeking behavior and no longer a choice.

**Q2: What is your perception of a prescription drug abuser and/or addict?**
Prescription drug addicts challenge the common stereotype of a traditional “drug addict.” Because the reasons for prescription drug abuse often involve self-medication, many prescription drug abusers and addicts are educated, respected, and rational individuals. In addition, as Steven later points out, the act of “taking a pill” requires no practice nor does it draw attention to the user. These points reinforce that prescription drug abuse does not discriminate and challenges our perceptions of a drug addict, similar to Annie’s perception of a prescription drug abuser directly contradicting Mikes.
8. ACT 5: What do you think?

Q1: Has this performance or discussion altered whether you consider prescription medications to be a safe alternative to using illicit street drugs?
This question asks students to reflect on whether the performance and the discussion as a whole altered their consideration of prescription medications as safe alternatives to the use of illicit street drugs. If any students indeed altered their opinion, you may ask them to explain their reasons and evaluate if other students share their opinion.

Q2: What questions would you ask each character? How do you think those characters would respond?
As stated earlier, the live filming of this performance was interactive—that is, at the end of the performance, all of the actors stayed in character. Below is a list of questions that some members of the live audience asked specific characters.

Allow students the opportunity to synthesize questions for each character. For each question posed, ask the class as a whole how they think the specific character would respond to that question. If the list below includes the question asked by the student, play the specific video clip that accompanies this question. If students are not synthesizing any questions for the characters, you may ask the students the questions below to facilitate discussion. Total approximate times for each interactive question and accompanying answer are included in parentheses.
Interactive questions to facilitate discussion:
1. Question for **Mike** (50 seconds): (19:00-19:50)
   - Why do you think abuse is a choice for you but it wasn’t for Steven or Annie?

2. Question for **Mike** (2 minutes): (27:53-29:45)
   - How will you know when your choice stops becoming a choice?

3. Question for **Annie or Steven** (2 minutes): (31:21-33:18)
   - What advice do you have for Mike?

4. Question for **Abby** (45 seconds): (33:18-34:06)
   - How do you deal with peer pressure?

5. Question for **Mike** (2 minutes): (44:22-46:27)
   - Why do you refuse to listen to Annie and Steven?

   - Do you think your choice to abuse only affects you? Do you think your choice to abuse will affect others?

7. Question for **Terrence** (1.5 minutes): (49:40-50:58)
   - Why did you decide to not use at all?

8. Question for **Terrence** (2 minutes): (51:53-54:03)
   - What makes you different from Annie and Steven? Why do you think you can stop and Mike can’t?