

YOU HAVE A SORE BACK OR INSOMNIA. YOUR DOCTOR PRESCRIBES A SEEMINGLY HARMLESS DRUG—AND WITHIN WEEKS YOU CAN'T GET ENOUGH OF IT. LYNN HARRIS REPORTS ON THE NEW GIRL-NEXT-DOOR ADDICTS—WOMEN JUST LIKE YOU.

Could YOU get hooked on these pills?

One day in the winter of 2001, Margaret Perez started wheezing and gasping for air. A longtime asthma sufferer, she rushed to an emergency room near her Los Angeles home for treatment. Hours later, she was sent home with a three-week prescription for Xanax, a powerful tranquilizer used to treat the intense anxiety that often accompanies such attacks. At first the pills did calm her—not just during asthma attacks, but all the time. “My life had been stressful: Work was busy. I had a new boss. I’d just sold my house. Then suddenly, I just didn’t have anxiety,” says Perez, at the time a successful 34-year-old systems analyst pulling in a salary close to six figures. “I didn’t feel like I was ‘on drugs’ when I took them. I felt normal and relaxed.”

The feeling didn’t last. After a week or two, she started to become more anxious and agitated between her every-four-hour doses; confused, Perez thought she was experiencing bad side effects from the Xanax. But, as doctors later confirmed, her body was developing a tolerance for the drug and craving more of it to regain that same peaceful feeling. Within two hours of taking a pill, she’d start sweating profusely, trembling violently and feeling overwhelmed with panic; at night she’d lie awake, unable to get even an hour’s sleep. “I’d take the drug and feel better,” she says, “but soon I’d be a mess again. I couldn’t go to work. I could barely function at home. I was a disaster.”

Vicodin (above) and other prescription drugs can be as addictive as cocaine, experts say.

Perez sought the help of a psychiatrist, who agreed with her suspicion that she was getting hooked on the pills, and who suggested a fairly common approach: replacing the Xanax with a slower-acting—but also potentially addictive—drug, Klonopin, in the hopes that it would be easier for her to taper off. But instead, her dependency on the Klonopin became just as all-consuming. Once her prescription ran out—and a new doctor she was seeing refused to renew it—Perez found herself in the throes of a painful, terrifying withdrawal. “Lights were very bright, sounds were very loud. I started having pain attacks and seizures that felt like I was getting electric shocks,” she says. “I’d never been depressed or suicidal before. But I started planning how I wanted to die.”

Perez wound up once again in the emergency room, where a doctor noted her anxiety and gave her...more Klonopin. After she took it, “I knew the instant relief I felt was very dangerous,” Perez says. Desperate and dependent, she finally decided to go cold turkey under an aunt’s care. Because of medical problems brought on by her addiction, including muscle spasms and blurred vision, it was over a year before she could even think about returning to normal life.

A freakish, unusual reaction? Maybe not. There are nearly one million women addicted to prescription drugs, according to the National Center on Addiction and Substance Abuse at Columbia University in New York City; other estimates have ranged as high as three or four million. “People figure, ‘Hey, I have this prescription from my doctor. How bad can it be?’” says Clifford A. Bernstein, M.D., medical director of the Weismann Institute, a pioneering detox center in Beverly Hills. What many women don’t realize, however—and what too many doctors don’t adequately explain—is that many everyday medications, the ones you take for ailments ranging from insomnia to back pain, are among the most potentially addictive drugs on the market. Commonly abused prescription drugs, according to the U.S. Department of Health and Human Services’ Substance Abuse and Mental Health Services Administration, include narcotic opioids such as Vicodin and OxyContin, typically prescribed for relief of moderate to severe chronic pain; sedatives such as Xanax and Valium, prescribed for anxiety; and stimulants such as Deserline and Adderall, used to treat attention deficit hyperactivity disorder. The federal government has tried to regulate access to these drugs under the Controlled Substances Act, but in reality, it’s never been easier to get your hands on them.

While prescription drug abuse is not a new problem—just think about the 1970s’ epidemic abuse of Valium (aka “Mother’s Little Helper”)—experts tell *Glamour* that in today’s quick-fix, high-tech, pressure-cooker culture, pills that quiet pain and anxiety, sharpen focus and boost energy have an especially powerful appeal. “Who among us thinks she can afford to be less than fully functional, unfazed and efficient?” asks Dr. Bernstein. “Say a woman has a pretty stressful life, she’s not happy in her relationship, whatever—and she comes in for dental work and gets Vicodin. It does a really good job of taking away the pain, and it also makes her feel pretty damn good. Not drunk, not stupid, just...nice.” That’s a woman, he says, who’s going to find a way to get Vicodin even after her tooth feels fine.

To be clear, these aren’t bad drugs; for the vast majority of users, especially those in pain, prescription narcotics and sedatives are a godsend. But for others, “it’s a tragedy: A woman goes into the office with one problem and comes out with another one,” says Carol Landau, Ph.D., professor of psychiatry and human behavior at Brown University’s Brown Medical School in Providence, Rhode Island. And many women who become dependent are in denial about the fact that they’re hooked. After all, when you’re addicted to prescription drugs, “it’s not like you’re shooting heroin,” says Michelle Staub, director of adult services at the Caron Founda-

tion, an addiction treatment program in Wernersville, Pennsylvania. The pills are so enticing, women who’ve abused them tell *Glamour*, precisely because they don’t seem like “real” drugs—the ones you associate with crack houses and shady dealers. Although Adderall and Vicodin have gotten some press as new mainstays of the college party circuit, women who inadvertently wind up addicted to prescription pills generally don’t start taking the drug for fun, Staub explains. “Women think, the doctor prescribed it—it’s not like I’m out on the street or at the bar getting drunk.” For some, that’s a dangerous miscalculation of a very real risk, and the result is that women are becoming hooked—by accident.

Who gets addicted

Men are more likely than women to become addicted to alcohol—but the prescription drug problem appears to be a peculiarly female phenomenon, according to the 2003 National Survey on Drug Use and Health Report. First of all, in some cases women are nearly 55 percent more likely than men to be prescribed an abuseable drug, particularly a narcotic anti-anxiety medication, says the National Institute on Drug Abuse. Why the discrepancy? For one, women are more likely than men to seek medical attention *and*, luckily, to disclose their aches and pains to their health care providers. “Women may be more willing to tell their physicians they’re having problems such as sleep disturbances or anxiety,” says Landau. Unsurprisingly, squeaky wheels get prescribed more pills.

Once on the drugs, too, women are often at higher risk for addiction than men. Among people who’ve been prescribed sedatives like Xanax, women are nearly twice as likely as men to wind up addicted to them. Some experts suspect that women could have a genetic or hormonal predisposition to certain addictions, but no conclusive research has explained why.

Still, not every woman who pops one pill goes on to pop more.

“Each of us is unique, and how we react to medications is going to be different,” says Rebecca Patchin, M.D., a pain specialist in Riverside, California. “When some people take a painkiller they vomit. Others get relief. And others have a sensation they want to replicate over and over again.”

That’s how it felt for Jill*, 35, an actress in Los Angeles. After injuring her arm in a fall off a ladder at home, she was given Vicodin in the E.R.—and in an instant, she says, everything changed. “I felt addicted right away. Right away. I was overwhelmed with euphoria and this sense of peace and calm. I was like, I don’t know how I’m going to be able to let go of this feeling.” The E.R. doctor had told her to take the pills “as needed”—and Jill decided she needed them more each day. She says she’d wake up in the morning and vow not to take her dose until 5 P.M. But then she’d break her own deal with herself and move the dosage time earlier. “I’d think, OK, I can wait another two hours—then realized I couldn’t. I bargained with myself: Just one more.” (continued on page 276)



“I’m a shadow of my former self,” says Jennifer Kellow. “I feel like I don’t even own my body anymore.”

*Name has been changed.

hour. I stared at the clock. Half an hour more. I knew I was in trouble when I couldn't make it to 11 A.M. without taking a pill."

Jill says within four months of taking the first pill, her craving for Vicodin felt nearly uncontrollable. "I felt like a newborn screaming because it's starving, that pure, raw desire," she says. "It was like this little voice in me saying 'I need my Vicodin' over and over. Bottom line, it got to the point where nothing was more important than taking the pill. A conversation with someone? Not more important. Work? Not more important. I would try to distract myself from the craving by turning out—lying down or watching TV. But unfortunately that wouldn't work for long."

Unbeknownst to the physician who handed her that first prescription, Jill was a recovering alcoholic with a family history of substance abuse, putting her at high risk for developing an addiction to Vicodin. Anyone with a history of addiction is more likely to succumb to a new dependency even if she hasn't had a drink or taken drugs in years—nine years, in Jill's case. A family history of addictive disorders (not only substance abuse, but also, say, gambling) constitutes a risk as well. Some physiological tendencies toward addiction can be inherited. Problem is, doctors may not be aware of—and may not ask about—a patient's risks for substance abuse.

Other women may hide their addictive tendencies from doctors, says Staub. A one-time bartender, Barbara*, 35, had always been a heavy drinker. But she never discussed her drinking habits with her physician, who prescribed Vicodin to control Barbara's pain after breast reduction surgery. That's when she realized that certain pharmaceuticals—not just Vicodin, but others she began deliberately stocking up on from doctors—enhanced the effects of alcohol. "I would just not want to think," says Barbara, mother of a two-year-old and now an entrepreneur in Illinois. "Before I started taking the drugs, I felt overwhelmed—in over my head with work. I was taking care of my baby. And my husband told me, 'You have to get control over your emotions.'" The drugs helped her do that—on Xanax, which she mixed nightly with three or four glasses of wine, she felt blissfully removed from her everyday worries. But she also wound up stealing handfuls of Vicodin from her mother-in-law's drawers; then she lied to doctors to get more, and different, drugs. "I realized, damn, it's really easy to get this stuff," she says. The husband's now gone—she's in the process of getting divorced—but Barbara's drug problem remains. Now she starts many days by crushing up and snort-

"I was in over my head with work, taking care of my baby. And I would just want not to think."

—BARBARA, 35



Barbara, who asked not to be identified, crushes and snorts Adderall.

ing Adderall—yet another pill she convinced a doctor to prescribe her—for a happy buzz, then later takes Xanax to bring herself down.

That's a lot of drugs, and Barbara knows it. She worries that she's not setting a good example for her daughter, although she says that her toddler doesn't seem aware of her substance abuse. She also notes that increasingly, when she goes out on dates with new men, the Xanax and alcohol black out the memory of who she was with and what they did. (For example, says Barbara, a guy will say, "Wasn't that fun at the planetarium?" And I'll think, I didn't go to the planetarium.") As potential consequences go, however, date amnesia is fairly minor. When mixed with alcohol, drugs like Xanax, Klonopin and Valium can slow both the

heart and breathing—sometimes fatally.

Barbara doesn't usually tell her prescribing doctors how many drugs she's taking or how much wine she's drinking. When she does cop to the drinking problem, she fudges, saying she needs the Xanax because she's trying to cut down on the booze. That works. Referring to people who'll do what it takes to get their drugs, she shrugs, "We're smart."

Are doctors to blame?

The prescription drug problem is twofold: Women too often ask for the pills, and doctors too often give them.

"Doctors try to do something—and the thing some doctors feel they do best is pre-

How can I take this

We asked doctors how to avoid getting hooked

Know what you're taking. The most potentially abusable drugs include narcotic opiates, sedatives and stimulants. If you're prescribed one of these drugs, ask your doctor about its benefits, side effects and any risk of dependence.

Be aware of your personal risk factors. "If you have a history of substance abuse, tell your doctor. If you've had one dependence, you're a sitting duck for another," says Sheila Blume, M.D., a psychiatrist in Sayville, New York, who specializes in addiction. If the doctor knows your history, she may prescribe a drug that will be safer for you. Pharmacists can also answer these questions.

Take as little as you can. "You should always opt for the smallest dose of medicine possible to control your symptoms. And use it only for short periods

scribe," says Landau. The latest figures from the Centers for Disease Control and Prevention show that over the past 10 years, the number of all drugs prescribed by physicians per office visit has increased by 39 percent. And sales figures for potentially abusable drugs have shot through the roof in recent years. The single-pill combo of hydrocodone with acetaminophen (the generic name for the duo in the painkiller Vicodin) was the most prescribed narcotic drug in the nation in 2003, showing a four-fold increase in sales and production since 1990, according to the U.S. Drug Enforcement Administration (DEA). Revenue from Xanax sales has gone up about 90 percent in the last year alone. And sales for the pain reliever Aetiq, which comes in a berry flavor and looks like a lollipop (it's sometimes called "perc-a-pop" when sold on the street), have increased by more than 500 percent since 2001.

Despite the fact that these drugs are usually plastered with warnings from their manufacturers or the local pharmacies that dispense them, medical experts and patients alike say that today's physicians (especially, but not only, hurried E.R. docs) dole them out too casually. Susan Bro, a spokeswoman for Pfizer, the maker of Xanax, says "these drugs should be used only for the condition that they are intended to treat, and under close supervision by a physician"; that message was echoed by every other pharmaceutical company *Glamour* spoke to. Xanax, for example, is designed to be prescribed only for short-term use in treating an acute condition, such as a panic attack. Here's what often happens instead: "The doctor sees the anxiety, knows that a tranquilizer will make the patient feel better and says,

"We'll taper off sometime," says Landau. "But they may never get to 'sometime.'"

Follow-up is crucial—but that's frequently the step that busy M.D.s let slide. "Physicians have to make time to explain the risks and benefits of the drugs to patients and make sure that they're being properly monitored. Today's medical environment doesn't always allow for that," says Dr. Patchin, citing packed appointment schedules and more time spent filling out insurance forms. The result: Some women end up with a drug problem—and without the medical care that will help them get clean.

Aspiring singer Jennifer Kellow, 35, of New York City, was prescribed Xanax to treat the anxiety that was causing her sleep disorder. She was wary at first. "I was very frightened of medications," says Kellow. "I felt that changing your brain chemistry was kind of scary. I had actually never even been drunk in my life." But after years of trying other alternatives—from light therapy to thyroid tests to vitamin shots—she was exhausted and running out of options. At first the pills did help her sleep, and, pleased with the drug's success, Kellow continued to take them for three years. Everything was fine, in fact, until she tried to stop taking Xanax and found herself with massive headaches, horrific pain throughout her body—and no choice but to go back on. "Still, I had no idea I was addicted," she says. "I mean, I wasn't out on the street selling my television for pills."

Since then, Kellow has bounced from doctor to doctor looking for help in weaning herself off the drug. Those she's seen, she says, have insisted that she go on another drug or that she enter a detox program. Both are reasonable suggestions, but

she's had only bad reactions to other drugs, and the thought of checking herself into a public drug ward, which is all she can afford, terrifies her. As a result of her years-long addiction, she says she's lost two jobs and the ability to pay for insurance. "Right now, I have no job, no savings—I've cleaned out my bank account. But worst of all, I feel like I've lost myself," she says.

While Kellow has searched for a doctor who'll help take her off drugs, many who abuse prescription meds simply look for doctors who'll give them more. These women do what's called "doctor shopping," gathering prescriptions from more than one physician, according to a report by the DEA.

Some get to be real pros. Deborah*, 29, a case manager for a social services nonprofit in Los Angeles, became the patient of 10 to 15 different psychiatrists and physicians. "I was always researching the symptoms of acute anxiety to get my hands on some Xanax or Klonopin, or pretending to struggle with the problems of attention deficit disorder to get Dexedrine and Adderall," she says. A quick Internet search told her, for example, that "uppers" like Dexedrine actually have a calming effect on ADHD sufferers. "I would tell the doctor that I'd been on the medication before and that it made me calmer, more organized and less distracted," she says. "To get the Klonopin, I'd complain of panic attacks and shortness of breath." Deborah eventually resorted to calling in her own prescriptions, even breaking into her psychiatrist's office to swipe a pad so she could write them herself (these are standard ploys, according to the DEA). Ultimately she blew her whole savings on drugs and doctors' fees, endangering her own life in the process: She admits to getting into over a dozen car accidents after mixing Klonopin with too many glasses of cabernet.

When someone recommended morphine as a way to come down from Adderall, Deborah found that injecting it directly worked most efficiently. "As a spoiled and well-educated upper-middle-class girl, I had always sworn I would never use a needle like some dirty street junkie," she admits. Then one day, she recalls, "I had my friend inject the morphine into a vein in my neck. I lifted my hair, and the next thing I knew, I was coming to in a wheelchair that had the words *Detox/Mental Health Unit* printed across the back. I still don't know how I got there." Despite her terror and confusion, she says, she also felt a huge sense of relief.

Other women figure out how to score a prescription without ever leaving the house. "If you're connected to the Internet, you can

stuff safely? on a drug that you're prescribed.

of time—like one to two weeks," says Rebecca Patchin, M.D., a pain specialist in Riverside, California. If you haven't improved by then, the medication may not be working as intended, and you should consider checking in with your doctor.

Don't use your drug to treat other symptoms. If you originally got pain medication because you broke your wrist, don't take it to treat a bad headache or to relax yourself.

Watch for the signs of addiction. They include gradually increasing doses, inactivity, personality changes and defensiveness about your drug use. If you or anyone close to you notices any of these changes, "discuss them with your physician," says Dr. Blume. "Don't be ashamed to talk about it." —REBECCA HESBER

get pretty much anything you want," says Anne Grand, Ph.D., associate director of substance abuse treatment at Columbia University Medical Center in New York City. Indeed, the DEA has called the Web a virtual "Wild West bazaar" for controlled substances and is currently pouring resources and funding into programs aimed at shutting down such illegitimate operations, including a hotline for reporting suspicious Internet pharmacies. When it comes to these outfits, "anything that seems fishy is fishy. Simple as that," says DEA spokeswoman Rogene Waite. Jill, for one, had a "phone consultation" with a so-called doctor she found online; a Vicodin prescription arrived the next day. When she picked up the prescription, she—ever the actress—wore the arm sling from her original accident, and the druggist handed over the pills, no questions asked.

How women break the addiction

In an effort to curb what it has called "an increasingly widespread and serious problem," the White House Office of National Drug Control Policy has launched a series of initiatives to confront the abuse of prescription drugs. They take aim at all different segments of the pill pipeline: The Bush administration says it is considering placing limits on the advertising of prescription medications; tracking physicians who appear to prescribe abusable drugs with an unusual frequency; training doctors in drug-free pain management; and shutting down Internet "pill mills." For its part, the DEA is researching the possibility of reclassifying hydrocodone as a schedule II drug, which would make most forms of the substance harder to get. (Some patient advocates are fighting the idea, arguing that reclassification will make it more difficult for people who need the pills to get them.)

While the major cultural factors propelling prescription drug abuse—stressed-out women, overburdened doctors—aren't likely to change anytime soon, advocates for drug abuse prevention are hopeful that the government's efforts and increased awareness can keep the problem from spiraling further out of control. "We're becoming alarmed, and that's a good thing," says Stacia Murphy, president of the National Council on Alcoholism and Drug Dependence.

But the real key to solving this crisis, experts say, is that doctors and patients must change how they deal with one another. "Doctors need to be more educated about how to prescribe these drugs, and

women need to become their own advocates," says Murphy. "Women need to know that it's OK to say, 'Hey, doc, tell me what's in this drug? What are the risks? Are there any alternatives?' We need to let women know that they've got the right and the power to make informed choices."

In the meantime, women who are already addicted to these pills have a long struggle ahead. Barbara says the idea of asking for help makes her feel guilty and ashamed. "It's just too embarrassing," she says. "I'm afraid I'll lose my drinking buddies if I can't go out for a glass of wine anymore. Also, if I admit I have a drug problem, I fear I could lose custody of my child. That would just be the end of me."

And so Barbara continues to shuttle between doses of Adderall and Xanax, and she may not stop until she reaches the rock-bottom moment that finally propelled other women in this story out of addiction. Jill's turning point, for example, came when she found herself going into one of the sketchier areas of Hollywood and asking someone on the street if he was "selling." She recalls, "That was really scary. I don't know what I would have done if he was like, 'Yeah, I'm selling heroin or cocaine.' I was so desperate for a drug fix...I was willing to try anything." Jill didn't get any drugs that night. But one morning not long after, she realized the extent of her addiction.

"It became very clear that I could die," Jill continues. "I felt like my body couldn't take it anymore. I said to myself, 'You can either die or you can just stop.'" She came clean with the help of her therapist, went to 12-step meetings and steered herself for withdrawal, which left her jittery, nauseous and often totally immobilized. "I felt safe lying down," she says. "I felt like, if I could just stay lying down, I won't have to reach for the pills." Eventually she was able to quit—but she still kept her stash of drugs for over two years. Having some insurance, just in case she couldn't take sobriety anymore, was worth enduring constant temptation.

But one day, in the middle of psyching herself up for an audition, Jill felt ready. She threw her bottle of pills in her trash—then took them out of the trash, walked outside, and placed them in a dumpster, out of her reach. She came inside and burst into tears. "I was finally at a place where I could trust myself again," she says. "For the first time in three years, I felt free." ©

Glamour contributing editor Lynn Harris, author of Miss Media, has written for slon.com and The New York Times. Additional reporting by Rebecca Webber.

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