What’s New in Prescription Drug Abuse, Drug Sharing, and Marijuana Use?

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In 2005, almost one in four college students met the medical criteria for substance abuse or dependence—triple that of the general population.

From 1993 to 2005, there has been no significant decline in the proportion of students who drink.

Frequent binge drinking is up 16%.
Drug Use – An Overview

- Abuse of controlled prescription drugs in the past month has skyrocketed (1993 to 2005)
  - Proportion of students using prescription painkillers up 343%
  - Stimulants up 93%
  - Tranquilizers up 450%
  - Sedatives up 225%
  - Daily marijuana users more than doubled to 4%

Alcohol abuse - an overview

- The average number of alcohol-related arrests per campus increased 21% between 2001 and 2005
- In 2001, 97,000 students were victims of alcohol-related sexual assaults or date rape
- The culture of abuse is taking its toll in student accidents, assaults, property damage, academic problems, illnesses, injuries, mental health problems, risky sex, rape and deaths

Why are students turning to prescription drugs?

- Relieve stress
- Improve mood
- Enhance performance (help studying)
- Curiosity
- Manage sleep habits
- Self-medicate mental health problems such as depression and anxiety
## Commission on Substance Abuse at Colleges and Universities

- Survey of 2,000 students
- Interviews with 400 college and university administrators
- In-depth analysis of 6 national data sets
- Interviews with key researchers and other leaders in the field
- Review of 800 articles

## Mental Health Issues

- College students who report seriously having considered attempting suicide in the past 12 months are more likely than other students to engage in binge drinking, marijuana use, other illicit drug use and smoking (p.5)
- 22.9% of full-time college students already meet the DSM-IV diagnostic criteria for alcohol and/or drug use (p.5)

## Factors Driving College Student Substance Use and Abuse

- The college environment normalizes and encourages rather than restricts substance use and abuse
- Students model the behavior of parents and peers
- The more ingredients or reasons, the greater the risk of abuse (p.6)
Genetics and Family History

• Genetics and family history plays a significant role in the risk for and development of addiction

• Environmental factors play a larger role in whether an individual starts to smoke, drink or use drugs, but genetic factors are more influential in determining who progresses to problem use or abuse (p.6)

Substance Use in High School

• Two thirds of college students who drink, began drinking alcohol in high school

• Those who started in grade school (8.3%), drink more and more often in college than those who started drinking in high school

• 55.8% of students who have ever abused controlled prescription drugs started before age 18

• 67.5% of college students who use illicit drugs began in high school (p.6)

Mental Health Problems

• Center on Addiction and Substance Abuse (CASA) survey found that students diagnosed with depression:

  • are more likely to have abused prescription drugs
  • to have ever used marijuana, or other illicit drugs
  • be current smokers
Fraternity and Sorority Membership

- Alcohol use Greek (88.5%), non-Greek (67.1%)
- Binge drink Greek (63.8%), non-Greek (37.4%)
- Drink and drive Greek (33.2%), non-Greek (21.4%)
- Current marijuana use Greek (21.1%), non-Greek (16.4%)
- Cocaine use Greek (3.1%), non-Greek (1.5%)
- Tobacco use Greek (25.8), non-Greek (20.7%)

Student Engagement

- Students who reported higher levels of engagement in the learning process are less likely than those less engaged in the learning process to binge drink
- Campuses that have a strong emphasis on character development, engaged learning and service (HBCU’s) have significantly lower rates of student substance abuse

Athletic participation

- College athletes drink at higher rates than non-athletes but are less likely to use illicit drugs including marijuana or to smoke (p.8)
- Campuses typically do not test for alcohol and alcohol is typically out of the body within 24 hours
Office of National Drug Control Policy (Whitehouse.gov) Prescription Drugs

- Many students perceive the misuse of prescription drugs to be safer and more socially acceptable than other forms of drug use
- “Prescription drug abuse is the nation’s fastest-growing drug problem, and the Center for Disease Control and Prevention has classified prescription drug abuse as an epidemic.”

Non-medical use of prescription drugs

- “Data from the National Survey on Drug Use and Health (NSDUH) show that nearly one third of people aged 12 and over who used drugs for the first time in 2009 began by using a prescription drug non-medically.”
- Teens believe these drugs to be safer because they were prescribed by a doctor and dispensed by a pharmacist
- Drugs are easy to obtain, hide and don’t smell

National Survey on Drug Use and Health

- 70% of people who abuse prescription pain relievers got them from friends or relatives, while 5% got them from a dealer or over the Internet
- Drug-induced deaths are second only to motor vehicle fatalities. 1999 = just under 20,000 in 2007 it was 38,000
"Prescription drugs cause most of the more than 26,000 fatal overdoses each year", says Leonard Panlozzi of the Centers for Disease Control and Prevention (surpassing heroin and cocaine combined)

- Number of deaths tripled from 1999-2006
- Higher risk of addiction if they are depressed or under stress because drugs provide a sense of well-being and euphoria
- With use at high doses, the margin of safety is small
- 39 states have databases to track narcotic prescriptions

Commonly-abused prescription drugs:

- Opioids (pain treatment)
- Central nervous system depressants (used to treat anxiety and sleep disorders)
- Stimulants—most often used to treat Attention Deficit Disorder

OPIOIDS Source: National Institute on Drug Abuse (NIDA)

- Opioids—reduce intensity of pain signals reaching the brain
- Hydrocodone
- Oxycodone — Oxycontin, Percocet
- Morphine
- Codeine
- Opioids can produce drowsiness, mental confusion, nausea, constipation and can depress respiration
- "Oxycontin — slow, steady release snorted or injected produces immediate effects thereby increasing the risk for serious medical complications including overdose."
CNS Depressants

- Referred to as depressants, sedatives, tranquilizers - these substances slow brain activity
- Benzodiazepines—Valium, Xanax typically not prescribed for long-term use because of the risk for developing tolerance, dependence or addiction
- Non-benzodiazepine - sleep meds – Zolpidem (Ambien), fewer side effects and less risk of dependence
- Barbiturates—sleep disorders, higher risk of overdose

CNS Depressants

- CNS depressants act on the neurotransmitters inhibiting brain activity
- Withdrawal from benzodiazepines can be problematic
- Combined with alcohol, CNS depressants can effect heart rhythm, slow respiration and even cause death

Stimulant Use

- Stimulants—increase alertness, attention and energy; elevate blood pressure, heart rate and respiration
- Stimulants treat ADHD, narcolepsy and depression
  - Dextroamphetamine = Dexedrine and Adderall
  - Methylphenidate = Ritalin and Concerta
- Produce increase in dopamine can induce feelings of euphoria
- Medical cognitive enhancement poses potential health risks—addiction, cardiovascular events and psychosis
### Source of prescription narcotics among those who used in past year, 12th grade

- Internet - 1.1%
- Other - 11%
- Took from friend/relative - 18.8%
- Bought from a dealer/stranger - 19.5%
- Bought from friend/relative - 37.8%
- Given by friend/relative - 59.1%

### Trends

**NSDUH—National Study on Drug Use and Health 2010**

- Abuse of prescription drugs is highest among young adults aged 18-25. 5.9% reporting non-medical use in the past month
- Youth who abuse prescription medications are also more likely to report use of other drugs

**Top 5 Prevalence of Past Year Drug Use Among 12th graders:**

- Marijuana – 34.8%
- Vicodin – 8.0%
- Cough Med – 6.6%
- Adderall – 6.5%
- Tranquilizers 5.6%

### Demographic Characteristics

Demographic Characteristics

- Results: Males, Greeks, and freshmen were more likely than females, non-Greeks and upperclassmen to use nonmedical prescription drugs in the past.
- The excessive use of alcohol and other illicit drugs are more influential than demographic and college specific risk factors.
- Poly drug use was found to be the most significant predictor of the use of nonmedical prescription drugs as compared to demographic and college specific risk factors.

Demographics

- 5.9% of those 18-25 reported current use of prescription drugs for non-medical purposes.
- Poly drug use: individuals who report use of multiple types of substances (licit or illicit) within a certain time frame (within last 30 days).
- Whites more likely to report nonmedical prescription use (stimulants, opiates, tranquilizers, and barbiturates) than others.
- Whites two times more likely to use opioids compared to African American and Asian students.

Demographics, continued

- Fraternity and sorority and off campus students are more likely to report nonmedical opioids and benzodiazepine twice as often as students living in same sex residence hall, lower GPAs, (B or lower), two times more likely to report use.
- College students who report marijuana use in the past year were 11 times more likely to report nonmedicial use of benzodiazepine anxiolytics.
- Those who engaged in heavy episodic drinking in the last 2 weeks were more than 4 times likely to report nonmedical use of benzodiazepine anxiolytics.

- The authors suggest- to the extent we accept that college drug use is part of a cultural “time-out” in which drug experimentation is acceptable and permissible- the worse our problems will be.
- Their conclusion- “with poly drug use emerging as the most influential predictor for non-medical prescription drug use, campus-based educational and prevention programs should address the larger pattern of poly-drug use behavior versus educational programs that target individual drug types.”

**Lanier and Farley Conclusions**

- “In particular, educational programs need to focus on the cultural norm that permit a ‘time-out’ for students.”
- “This problematic ‘time-out’ culture that is pervasive on college campuses, facilitates drug use, abuse and experimentation among undergraduate students.”

**Marijuana Use**

  “Marijuana use among students at institutions of higher education.”
Marijuana

- Marijuana is the most frequently used illicit drug in the U.S., with approximately 14.8 million Americans over the age of 12 reporting past-month use in 2006.
- In 2000, annual prevalence hovering between 30% and 35% among college students.
- Marijuana considered gateway drug—serving as an introduction to the drug scene.
- Problems associated with marijuana use = social and behavioral problems including isolation, poor academic performance, violence and crime.

Marijuana

- “Specific effects of marijuana depend upon the type of cannabis used, the way it is taken, the setting in which it is used, the expectations of the user and whether or not it is used in conjunction with other drugs.”

Potential Short-Term Effects of Marijuana:
- Feelings of intoxication
- Rapid heartbeat
- Dry mouth and throat
- Bloodshot eyes
- Loss of coordination and poor sense of balance

Marijuana

- Decrease reaction time
- Difficulty listening and speaking
- Impaired or reduced short-term memory
- Impaired or reduced comprehension
- Impairments of learning and memory perception, problem solving and judgment
- Altered sense of time
Marijuana

- Reduced ability to perform tasks requiring concentration and coordination such as driving
- Altered motivation and cognition making acquisition of new information difficult
- Paranoia
- Intense anxiety or panic attacks
- Psychological dependence

Correlates of College Student Marijuana Use: Results of a U.S. National Survey by Bell, R., Wechsler, H., Johnson, L.D. 1997 in Addiction 92 (3): 571-581

- Surveyed 17,592 Students at 140 American Colleges
- 24.8% students reported using marijuana within the past year. Range 0-54%
- Use higher at non-commuter colleges and at colleges with pubs on campus
- Student characteristics: White, male, single, spending more time at parties and socializing with friends and less time studying
- Marijuana correlates with binge drinking, cigarette smoking, having multiple sex partners
- Believed partying important and service as not important.

Drug and Alcohol Dependence

Investigating the relationship between state legalization of medical marijuana and medical use, abuse and dependence found that

- Marijuana is the most frequently used illicit substance in the U.S.
- States that have legalized medical marijuana had higher rates of marijuana use.

Kim Poslick, LPC, LADC

- “First line of defense should be academics because this is where the amotivational syndrome also known in therapy circles as the “dude” phenomenon shows up”
- Academic issues first sign:
  - Procrastination
  - Lack of follow through
  - Not turning in stuff in time
  - Dropping grades
  - Missing class etc.

Best Practices

- Use licensed counselors to treat drug and alcohol abuse or psychiatrist with medical management of drugs
- Educate doctors at health service departments
- Referrals by conduct office
- Work closely with Greek community
- Educate academic advisors
- Use of assessment and treatment
- Greek Life informal evaluation (CYA)

Best Practices: Student Health Center

- Write smaller less potent Rx
- Write out number of tablets given #12 (twelve)
- Check urine if suspect higher than prescribed use or check number of pills
- Find source of pain and deal with source if possible
- Offer alternative pain management— electrical stimulation, non-steroids, muscle relaxers
- Required us of statewide drug registry – 5 minutes to register
Challenges

- Our students don’t know how to entertain themselves
- Many students are socially immature
- Low impulse control
- Can’t delay gratification—they want computer games, rapid texting and immediate responses
- TV advertising of Rx drugs
- Numb or ignorant to side effects
- In a time of crisis, may be only time they listen

Suggestions from National Center on Addiction and substance Abuse (Columbia Univ.)

- Challenge the prevailing campus climate: stop believing that alcohol and drug experimentation and use is simply a right of passage
- Create clear substance use policies and enforce them
- Change student attitudes, beliefs and expectations about drug use: education and enforcement
- Engage parents more effectively (use parental notification)
- Increase substance-free events
- Monitor progress (research: CORE, Harvard Study)

Recommendations continued

- Help students cope with stress, time and work management
- Target prevention messages to groups at higher risk—freshmen, athletes, Greeks
- Examine academic week: teach and test on Friday
- Involve students in prevention/education efforts
- Train faculty, staff and students to recognize signs and symptoms of substance abuse
`“Education Departments Report on Alcohol and Drugs May Promote Crackdown”`  

Chronicle of Higher Education April 11, 2012. Sara Lipka referencing EDGAR Part 86  
* No evidence of enforcement from 1989-1998 a lack of oversight until June 2010  
* Peter Lake, Director of the Center for Excellence in Higher Education Law and Policy at Stetson University College of Law said “Enforcement is a matter of time.”

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`Drug-Free Schools and Campuses Regulations (EDGAR Part 86)`

* This regulation requires an institution of higher education to certify that it has adopted and implemented a program to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees. Failure to comply with the Drug-Free Schools and Campus Regulations may forfeit an institution’s eligibility for federal funding.

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`What does EDGAR Part 86 Require?`

The regulations require, at a minimum, that institutions of higher education (IHEs) annually distribute the following, in writing, to all students and employees, as spelled out in EDGAR Part 86.100:  
1. Standards of conduct that clearly prohibit, at a minimum, the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees on its property or as part of any of its activities;  
2. A description of the applicable legal sanctions under local, State, or Federal law for the unlawful possession or distribution of illicit drugs and alcohol;
EDGAR Requirements continued

3. A description of the health risks associated with the use of illicit drugs and the abuse of alcohol;
4. A description of any drug or alcohol counseling, treatment, or rehabilitation or re-entry programs that are available to employees or students; and
5. A clear statement that the IHE will impose disciplinary sanctions on students and employees (consistent with local, State, and Federal law), and a description of those sanctions, up to and including expulsion or termination of employment and referral for prosecution, for violations of the standards of conduct . . . .

EDGAR Part 86 Requirement

• The regulations further require that IHEs conduct a biennial review of their AOD program to determine its effectiveness and implement changes if they are needed and to ensure that the disciplinary sanctions developed are consistently enforced.

Thank you!
Questions?