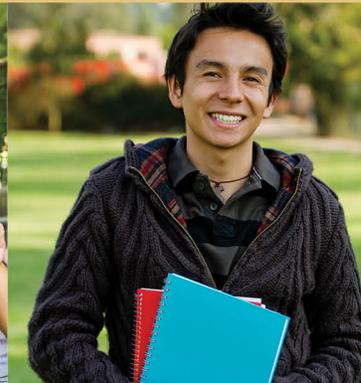




BEHAVIORAL HEALTH AMONG COLLEGE STUDENTS INFORMATION & RESOURCE KIT

*Illicit Drug Use and Nonmedical
Use of Medications*



Illicit Drug Use and Nonmedical Use of Medications

“Most campuses now will tell you that their mean age is not 21. Instead, they will tell you their students are 16 to 80... We actually are seeing high school students attending class with college students on a daily basis. ... These students are being exposed to the same kind of environment as our 18-year-olds.”

Diane Berty, Vice President, Tennessee Independent Colleges and Universities Association

Illicit Drug Use Among College Students

As with alcohol use, college students' use of illicit drugs is largely casual and social. Environmental prevention approaches are important to reduce students' drug use, including clear school policies, strong enforcement, cooperation with the surrounding community, adjustment of social norms, and services for individuals with a drug problem. However, drug use among college students increasingly includes misuse of prescription and over-the-counter (OTC) drugs, often for self-medication to enhance academic performance, cope with stress, or deal with underlying behavioral health issues. As a result, campus-based prevention approaches should include discipline and drug education while emphasizing well-being, mental health promotion, and counseling.

Prevalence and Patterns of Use

In 2017, more college students (21.6 percent) used marijuana than any other illicit drug.¹ The next most common form of illicit drug use among full-time college students was the nonmedical use of prescription pain relievers, tranquilizers, stimulants, or sedatives. In 2017, 5.3 percent of these students reported that they were misusing these drugs.² Current illicit drug use occurred at a similar rate among full-time college students and other people ages 18 to 22 (23.6 versus 25.6 percent, respectively).³

As in the general population, marijuana is the most commonly used illicit drug among college students.⁴ College marijuana use is associated with party-going and socializing, less time studying, and regarding religion and community service as unimportant.⁵ One study examined whether marijuana might be a substitute for alcohol in response to efforts to reduce college students' access to alcohol and curb binge drinking, but the results did not support this theory.⁶

National data showed that few college students—1.9 percent in 2017—used cocaine.⁷ However, opportunities to use this drug can be significant. A study at one university found that by the fourth year of college, 36 percent of students had been offered cocaine at least once in their lives and the rate of past-year use rose from four percent to 10 percent. Male students had greater opportunities to use cocaine, but among students who used the drug, women had more serious patterns of use and were more likely to be dependent on it.⁸ These results show that planning for campus-based prevention efforts must consider a full range of illicit drugs.

Misuse of Medications

Current nonmedical use of prescription drugs among full-time 18- to 22-year-old students was 5.3 percent in 2017. Past month use of stimulants—the most commonly misused medication—was 3.3 percent, and the rates of pain relievers, tranquilizers, and sedatives use were 1.4 percent, 1.2 percent, and 0.1 percent, respectively.⁹ Students misuse prescription and OTC medications not only to get high but also to stay awake and alert to study, to improve athletic performance, to ease stress or anxiety, and to help with dieting.¹⁰

These medications also are seen as acceptable and they are readily available. Most students who use prescription medications get them easily from friends or family members.¹¹ Misuse of prescription drugs can be further supported and complicated by the mistaken belief among many young people that prescription medications are a safer alternative to other illicit drugs.¹² However, research with college freshmen found that most students who had an opportunity to use prescription painkillers and stimulants saw great risk of harm in occasional nonmedical use. “Sensation-seekers”—students who like novel experiences and/or place themselves in high-risk situations—were more likely to use prescription drugs nonmedically no matter how harmful they may have perceived the drugs to be. This group may pose the greatest challenge for prevention efforts.¹³ Research shows that screening tools such as Form V of the Sensation Seeking Scale (SSS-V) and the Brief Sensation Seeking Scale (BSSS), a more concise version of the SSS-V, can be used to identify and target sensation-seeking young adults effectively. Tactics that can be used to target this challenging population include encouraging alternatives to substance use and offering a wide variety of activities from which to choose on campus that appeal to both “high” and “low” sensation-seekers. Colleges may choose to emphasize activities that most differentiate “high-sensation seekers” from “low-sensation” seekers, such as action-adventure activities or programs, when discussing opportunities and alternatives with this population.^{14,15}

Misuse of prescription stimulants like Adderall®, Ritalin®, and Dexadrine®—drugs used to treat attention deficit disorders—are common among college students who are White, members of fraternities or sororities, or earning lower grades. Students who misuse these drugs are more likely to use tobacco, drink heavily, and use illicit drugs.¹⁶ Students use these stimulant medications nonmedically to get high, to stay awake and alert, and to improve their academic performance.¹⁷

Alcohol & Marijuana eCHECKUP TO GO (e-CHUG) San Diego State University (SDSU)

The e-CHUG program is an evidence-based, online intervention that can be tailored to target different high-risk groups and individuals on college campuses and motivate them to reduce their use of alcohol and marijuana. The basic intervention consists of a 20- to 30-minute, self-guided check-up for either alcohol or marijuana use that provides quick, confidential feedback that can be tracked over time for changes in use and behavior. A variety of research studies showed that use of the Alcohol e-CHUG program significantly reduced students' risk-taking and drinking behaviors. The e-CHUG program is used in some capacity at over 550 college campuses internationally.

The Marijuana e-CHUG program was developed and first implemented on the SDSU campus in response to the documented increase in marijuana use among college students and the research-based link between marijuana use and binge drinking. It is a versatile program that can be used by campus health professionals as part of clinical assessments and interventions for students; as a required prevention program for all first-year students or other high-risk populations such as athletes and members of Greek organizations; and as a prevention education tool for residential life staff, such as resident advisors and other campus staff members.

Visit <http://www1.wne.edu/ade/index.cfm?selection=doc.5803> to explore Western New England University's use of the Marijuana e-CHUG tool.

Group First Step

University of Pennsylvania

Group First Step is a brief motivational substance use prevention program/intervention that targets high-risk substance use among individuals and statistically high-risk college campus groups (such as fraternities and sororities). The approach incorporates brief intervention, motivational interviewing, harm reduction strategies, and personalized feedback—interventions that have been individually and collectively found to be highly effective strategies for lowering high risk substance use among college students.

The Group First Step program has been praised for effectively lowering high-risk substance use, increasing protective factors of individual participants, and affecting and addressing group culture that often supports and perpetuates high-risk substance use at the college level. In 2008, the program received recognition from the U.S. Department of Education as a “Model of Exemplary, Effective, and Promising Alcohol or Other Drug Abuse Prevention Program on College Campuses.”

Visit <http://www.vpul.upenn.edu/alcohol/groupfirststep.php> for more information about this intervention.

Nonmedical use of Adderall® is an exception to the pattern of similar drug use among college students and other people aged 18 to 22. Full-time college students ages 18 to 22 were twice as likely as non-full-time college students in the same age group to have used Adderall® nonmedically in the past year (6.4 versus 3.0 percent).¹⁸ The 2015 Monitoring the Future Study found a difference of 10.7 percent versus 7.1 percent in past-year Adderall® use between full-time college students and their noncollege peers.¹⁹ An amphetamine, Adderall® has a high potential for dependence or misuse and increases the risk for heart attack and stroke. Full-time students in the 18 to 22 age group who used Adderall® nonmedically were much more likely

than those who did not misuse this drug to engage in other forms of illicit drug use, alcohol use, and binge drinking.²⁰

Misuse of medications can lead to the use of other drugs. A study of college women linked nonmedical use of prescription drugs with other forms of substance use and with having experienced major depression.²¹ Some colleges have seen a spike in heroin use as efforts against misuse and inappropriate prescription of opioid medications have become more effective. This trend has been attributed to the accessibility and low cost of heroin (\$3 to \$10 for heroin, compared to \$20 to \$60 for prescription pain pills).^{22,23}

OTC drugs also present opportunities for misuse since they are widely available and can be purchased at stores. Commonly misused OTC drugs include remedies for coughs and colds, headaches, and sinus pressure, some of which contain the active cough-suppressing ingredient dextromethorphan (DXM). This substance can produce a “high” feeling and be extremely dangerous when taken in large doses.²⁴ In very large quantities, DXM can cause effects similar to those of ketamine and phencyclidine (PCP) because these drugs affect similar sites in the brain. These effects can include impaired motor function, numbness, nausea and vomiting, and increased heart rate and blood pressure.²⁵ OTC drug misuse also occurs with laxatives, diuretics, emetics, and diet pills, as young people try to lose weight.²⁶

The extent to which college students misuse OTC drugs is unclear. However, it was estimated that 6.5 percent of young adults ages 18 to 25 have misused OTC cough or cold medications at some point in their life and that 1.6 percent have done so in the past year.²⁷ For all types of use, college students appear to use OTC medications at a higher rate than the general public. In one study, 74.1 percent of college students reported using OTC medications, 70.6 percent used herbal or dietary supplements, and 61.2 used these substances in combination. Self-medication seems to be a factor in college students’ use of OTC medications; amount and frequency of use were linked to self-reported emotional distress.²⁸

Combining Medications with Alcohol

Whatever the intent in using medications, mixing them with alcohol can be harmful even if they are not taken at the same time.²⁹ Research shows that most opioid-related fatalities involve multi-substance use at the time of death, with alcohol found more frequently in opiate deaths than any other substance.³⁰ This is a particular concern with college students, given their high rate of alcohol use and their propensity to misuse prescription and OTC medications.³¹

The strength of this link increases with the severity of a student's alcohol disorder. Compared to students without an alcohol use disorder, the rate of nonmedical prescription drug use was four times greater among students meeting the diagnostic criteria for alcohol abuse and nine times greater among those classified as alcohol dependent.³² Students classified as having an alcohol disorder who were most likely to use prescription drugs non-medically were male, White, had grade point averages of B or lower, and attended co-ed colleges and institutions in the South or Northeast.³³

Bringing Prevention to Your Campus

The data presented throughout this section demonstrate a widespread need for implementation of campus-based prevention approaches related to illicit drug use and nonmedical use of medications. Approaches can include development and enforcement of clear school policies; coordination with the surrounding community; adjustment of social norms through campaigns and other means; and drug education emphasizing well-being, mental health promotion, and counseling.

The following strategies and considerations may be helpful as colleges develop initiatives to prevent illicit drug use and medication misuse on campuses:³⁴

- Collaborate closely with key stakeholders and college program and policy influencers when promoting and effecting change on campus;
- Recognize that approaches to prevention can target the college campus as a whole and also the surrounding community—behavioral health problems often require multiple approaches;
- Include students in the development of campus policies and awareness campaigns;
- Work to ensure confidentiality for students reporting illegal behaviors;
- Use validated screening tools to detect drug use issues among students; and
- Develop concrete methods to assess the outcomes of your prevention initiatives.

Campus-based prevention efforts should include screening for co-occurring substance use and mental disorders and education to prevent students from inappropriate self-medication. Other steps may include reminding students that periods of mental anguish are natural and can be overcome with the support of others, and that help is available and there is no shame in seeking it.

Facts

- In 2017, approximately 13.5 percent of 18- to 22-year-old full-time college students were classified with a substance use disorder.³⁵
- In 2017, approximately 9.6 percent of 18- to 22-year-old full-time college students were classified with an alcohol use disorder.³⁶
- College students who use substances at levels consistent with substance misuse or dependence misperceive others' alcohol and marijuana use to a greater extent than students with lower levels of use.³⁷
- Research shows that the rate of increase in lifetime substance use during the first two years of college was greatest for cocaine, hallucinogens, prescription stimulants, and prescription analgesics.³⁸

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