



ISSUES IN PREVENTION

Drug Abuse on College Campuses: Emerging Issues

Drug Abuse Trends by College Students

For more than three decades the [National Institute on Drug Abuse’s Monitoring the Future \(MTF\) National Surveys on Drug Use](#) has provided information on drug use by the U.S. college student population, despite difficulties in studying this population. The MTF authors point out that college students are “generally not well covered in household surveys, which typically exclude dormitories, fraternities, and sororities. Further, institution-based samples of college students must be quite large in order to attain accurate national representation because of the great heterogeneity in the types of student populations served in those institutions.” College students are defined as “full-time students, one to four years post–high school, enrolled in a two- or four-year college in March during the year of the survey.”

Alcohol is by far the drug of choice of college students, who reported an annual prevalence use rate in 2010 of 78.6 percent. But when it comes to illicit drug use, marijuana is the drug of choice among college students, at 32.7 percent in 2010. But that is a far cry from marijuana use in 1980, when the rate was 51.2 percent. In fact, the overall trend for drug use among college students (including alcohol) has been on the decline for the past 30 years, with some exceptions. Most notable is the increase in the use of narcotics other than heroin. According to MTF, “By 1994 the use of narcotics other than heroin by college students was about half what it was in 1980 (2.4 percent in

1994 vs. 5.1 percent in 1980) as a result of a fairly gradual decline over that 14-year interval. . . . In 2003, annual prevalence among college students reached an historic high point of 8.7 percent before leveling for three years. It then declined some from 8.8 percent in 2006 to 7.6 percent by 2009.” Data on OxyContin and Vicodin were not collected until 2002, but help to explain past differences between the college and noncollege segments in use of narcotics other than heroin. “In 2010, significant proportions of both the noncollege group (11.2 percent) and college students (7.2 percent) reported use of narcotics other than heroin without medical supervision in the past year. With respect to two specific drugs in this class, OxyContin was used by 2.3 percent of college students and 4.0 percent of the noncollege group, and the corresponding numbers for Vicodin were 4.9 percent and 9.9 percent.”

According to the Substance Abuse and Mental Health Services Administration’s [Results from the 2010 National Survey on Drug Use and Health: Volume I. Summary of National Findings](#) (NSDUH), illicit

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drug use varied by educational status. “Illicit drug use in 2010 varied by the educational status of adults aged 18 or older, with the rate of current illicit drug use lower among college graduates (6.3 percent) than those with some college (10.7 percent), high school graduates (8.5 percent), and those who had not graduated from high school (10.8 percent). However, in 2010, adults aged 18 or older who had not finished high school had the lowest rate of lifetime illicit drug use (38.9 percent) compared with the lifetime rate among high school graduates (46.4 percent), those with some college (56.2 percent), and those who were college graduates (52.0 percent).”

Gil Kerlikowske, director of National Drug Control Policy, released the following [statement](#) regarding the results of the 2010 National Survey on Drug Use and Health: “Drugs place enormous obstacles in the way of our work to raise healthy children, maintain strong families, support economic prosperity, and protect communities from crime. I am encouraged there were no significant increases in drug use over the past year. However, today’s survey also shows that drug use in America remains at unacceptable levels.”

* * *

Q&A With Jim Lange

Jim Lange is the coordinator of Alcohol and Other Drug Initiatives for San Diego State University (SDSU). He is also an adjunct professor for the SDSU Psychology Department and the School of Social Work and Doctoral Faculty for the Graduate School of Public Health. His experience includes serving as lead researcher on a number of projects, and consultant to a wide range of alcohol and other drug prevention efforts. Lange was recently selected to serve as one of the National Institute on Alcohol Abuse and Alcoholism’s five [Rapid Response](#) investigators. He is a Fellow at the U.S. Department of Education’s Higher Education Center for Alcohol, Drug Abuse, and Violence Prevention. Working in the alcohol and other drug prevention field for more than a decade, Lange has authored numerous publications on the topic.

Q: What do you think are the most important trends regarding illicit and nonmedical use of

prescription and over-the-counter drugs among college students?

A: The most important trend is a general increase in the nonmedical use of prescription drugs, but more specifically the combination of those drugs with alcohol and illicit drugs. However, just understanding that these drugs are being increasingly used may not be enough information. We need a better handle on exactly how students are using these drugs because many of the most tragic consequences of such use occur when in combination with other drugs, and often that includes alcohol. Those combinations can cause reactions that result in overdoses or other types of medical emergencies.

Q: Are the combining effects mostly with the nonmedical drugs causing problems in combination with alcohol and other prescription drugs, or is it with hallucinogens, methamphetamine, cocaine, or other illicit drugs?

A: In many ways it is all of the above. For example, we know that mixing drinks with painkillers, such as Oxycontin, increases the chance of overdose, a pretty serious consequence. But we are also getting a better sense of how marijuana is being used in combination with alcohol. That poses a serious risk from a traffic safety point of view because low levels of alcohol and low levels of marijuana together can mean a high level of impairment.

Q: It used to be that the people who were marijuana smokers were not so much drinkers. Is there an increase in combining marijuana with alcohol?

A: The distinction between drinkers and “stoners” went away a while ago. One of the best predictors of marijuana use is heavy drinking and vice versa. Students are looking for intoxicants and do not seem to care about what they use so long as it achieves the desired effect. We are seeing a broadening of what people are using and a willingness to combine drugs, including alcohol. I think young people are willing to take from “all of the above” more readily than before. We may also

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be more sensitive to the behavior since we are now asking questions in surveys about combining drugs.

Q: Recently bath salts have raised a lot of concerns and received a great deal of media attention. Is there much use of bath salts among college students?

A: We do not know because bath salts are not showing up in surveys in response to questions about “other” drugs. Bath salts may not be popular among college students because its effects are like amphetamines, which are not as attractive a drug to college students as it is to the noncollege students in the same age group. The dangers are also less known as the pharmacological properties of the drugs in bath salts haven’t yet been thoroughly examined. We can, however, make some assumptions based on their amphetamine-like qualities, which suggests some risks in terms of dependence and effect on the cardiovascular system.

Q: Do you think that trends in liberalization of marijuana laws both for medical marijuana and personal use have implications for prevention, especially for college students?

A: Absolutely. Prevention of illicit drugs usually translates into a “no use” message. There is no accepted definition of moderate use for any illicit drug. There are guidelines that define moderate and low-risk drinking for those over age 21. The lack of similar guidelines for marijuana will be problematic if states legalize marijuana for personal use. The questions then become: What is moderate use? What harms are associated with use beyond that level? Currently, research doesn’t answer those questions because most marijuana research examines gross measures of use, such as “never used, lifetime use, or use within the last month.” We do not have information on daily use or comparisons of the effects of daily use with weekly, monthly, or annual use, which means that we do not have information on the continuum of use patterns needed to identify cutoff points for use that would be moderate, or light, or low-risk. That leaves us in the prevention world a bit flat-footed as the trend toward liberalization continues

to move forward. We just do not have the tools to adapt prevention messages to a harm reduction and excessive use reduction instead of *all use* reduction. If legal consequences associated with marijuana use are no longer an issue, then we have to focus on the health and social consequences of use.

For marijuana, the three obvious areas of concern for prevention for the college population are the development of dependence, the possible impact on academics, and impaired driving consequences. While marijuana dependence is rarer than for other drugs, it does occur. While we don’t have great markers yet for the development of dependence, we can recommend less than regular use and flagging those who appear to be using regularly for further treatment. In terms of academic consequences, we are really in the dark. We don’t know what level of use results in declines in academic performance. While we do know that marijuana use is correlated negatively with academic performance, we don’t know, for example, whether a once-a-month user will have lower grades than someone who is not using or using once a year versus someone who’s using every day. We have the most research on traffic safety and marijuana use. Although many young people have really taken to heart the message of not driving drunk, their rate of marijuana use and driving is really rather high. There appears to be some misinformation among the young population. Many believe that marijuana does not impair driving and that marijuana might even make someone a more careful driver. But this seems to come from selective reading of the research. It is true that a marijuana-impaired driver will increase following distance and drive slower. They are hyper vigilant and tend to overestimate their impairment. But just because they overestimate their impairment doesn’t mean that they are unimpaired. Being more careful can only get you so far. In fact, crash risk does increase with marijuana use. We know the levels of THC [delta-9-tetrahydrocannabinol] in the blood that would result in increased crash risk, so the recommendation is that there should be no driving within three hours of using marijuana and,

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very importantly, not to combine alcohol with marijuana and then drive. Small amounts of alcohol substantially increase the risk of small amounts of marijuana, partly because the two drugs impair different functions and so in combination impair everything. With alcohol, the marijuana-impaired driver loses that overestimation-of-impairment effect because alcohol-impaired drivers tend to underestimate their impairment.

Q: What do you think contributes to drug use among college students?

A: I think that they are many of the same factors that contribute to alcohol use, which is a facilitative social environment, lack of supervision, and access to the substance. Where heavy drinking environments occur, drug use environments occur. There are clearly times and places where people are looking to drink and use drugs. In general, students are entering social environments looking for the experience of getting high. Whatever is available is what gets used or whatever the social environment is encouraging at the moment is what gets used. But since students are seeking out that type of experience, we cannot ignore their internal motivation. But some of those motivations may be incorrectly paired. They want to be around friends, they want to meet people, they want to be out of their rooms exploring, so often the attractor is a party where these substances are available. But there are other types of attractors. If we can decouple some of that we might satisfy that motivation for social experiences that are developmentally appropriate.

Q: What measures can campuses take to reduce drug-related problems among students? Can environmental or policy actions have an impact?

A: It is important to look broadly at the factors leading to drug use and ways to address them. For example, when it comes to lack of supervision, policy can play a part in ensuring enforcement of laws, supporting an environment where controls are in place, and affecting access. If drugs are properly controlled then there is less availability, which means that when students look for an intoxicant we might be able to reduce what's on

the menu, so to say. But it is also very important to recognize that students do have social developmental needs that should be met. Often this means large-scale attractive alternative events. The events don't need to be advertised as alcohol and drug free, but by keeping them alcohol and other drug free, and ensuring that they are attractive, free, and very late at night a campus can serve the students who want to get out of their rooms and explore. SDSU has been having great success with this over the past few years. So a comprehensive approach includes policy and enforcement, access control, and alternatives that decouple substance use from the social experience. These components together make a nice approach to creating an environment that will reduce both alcohol and other drug use.

* * *

Bath Salts, Other Drug Fads, and College Students

According to [Inside Higher Ed](#), while bath salts are the newest substance to attract attention from policymakers, they have yet to permeate most colleges—"but for some administrators, it has pointed to the importance of having policies in place to address such products. The substance in question is being marketed as a bath salt but is actually white powder, a chemical composition that is snorted or ingested, inducing pharmacological effects similar to those obtained through cocaine."

"Although initial fears about the salts becoming the next substance of choice among college students have not come to fruition, concerns about the 'drug of the day' remain. In fact, the salts prompted Mary Anne Nagy, chair of the Alcohol and Other Drugs Knowledge Community of NASPA: Student Affairs Administrators in Higher Education, to re-evaluate the student code of conduct at Monmouth University, where she is vice president for student and community services." Nagy and her colleagues at Monmouth University are examining other colleges' policies

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regarding students using legal products inappropriately, from NyQuil to glue.

“The bath salts, which are sold at head shops, online and in convenience stores, aren’t the only product to have triggered such a response from administrators. In recent years, colleges have dealt with the like of Four Loko, an [alcoholic energy drink](#) that sent several colleges students to the hospital and has been banned by the FDA; salvia, a potent, psychoactive plant that is legal in most states; K2 and Spice, which are illegal in many states and are considered synthetic marijuana but cause more serious side effects that can lead to hospitalization.”

According to the article, at Louisiana State University (LSU), where a few students actually have been caught using bath salts, and where Republican Gov. Bobby Jindal made the state the first to outlaw the substance, students who violate the code of conduct are required to take a substance education class. Bath salts didn’t spread to the point where it became necessary for administrators to educate the entire student body, said Kathryn T. Saichuk, LSU’s health promotion coordinator; in one education class, she asked the group of 40 or so students about the prevalence of bath salts, and they said students aren’t interested in the drug. “This is not something that our college students are engaging in,” Saichuk said to Inside Higher Ed. She and other administrators believe the drug is more likely to be used by teenagers and college-aged students who are not as educated about the substance. “That’s the trend of what we’ve seen in southern Louisiana,” she said.

The University of Tampa has revamped its drug and alcohol policy to cover as many loopholes as possible. The result is an all-encompassing wording that covers bath salts and any other synthetic drug. The policy’s definition of drugs includes any “other chemical substance, compound or combination when used to: induce an altered state; and/or including any otherwise lawfully available product (such as over the counter or prescription drugs) used for any purpose other than its intended use.”

The articles pointed out that the “policy illustrates the general understanding among administrators that somebody is always going to be inventing new products, and students looking for intoxication will use them.”

Refuse to Abuse at University of Wisconsin Colleges



Several University of Wisconsin Colleges campuses recruited student advocates who were educated about prescription drug abuse and associated risks. Using a peer educator approach, these students conducted brief classroom presentations or set up displays and interactive opportunities on campus. At each event, they encouraged their peers to sign a form pledging to “help prevent the abuse and misuse of prescription drugs” and do the following:

- Only take prescription drugs as they are prescribed to me.
- Never give or sell my prescription medication to others.
- Never take a medication that is prescribed to someone else.
- Store my prescription drugs in a locked or otherwise secure location.
- Abstain from alcohol while I am taking prescription medication.

Wendy Seegers, [UW Colleges’ alcohol and other drug education prevention specialist](#), said, “We used T-shirts as our carrot. After a student signed the pledge form, if he/she got two of their friends to also sign the pledge, the initial student signer would get a Refuse to Abuse T-shirt. The subsequent signers were also given the option to

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find two friends to sign and get their own T-shirt—think pyramid scheme for prevention.”

“This was a new initiative for us this semester. Not all 13 campuses participated in the initiative to the same extent, but all of them did at least some of it. We have no formal assessment yet, but are hoping to expand the program into a yearlong initiative in fall 2011. We had at least 1,000 students sign within the two months of the initiative,” Seegers said.

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Related Federal Resource

[2012 National Drug Control Strategy](#)

Released on April 17, 2012, the *2012 National Drug Control Strategy* provides a review of the progress made over the past three years and looks ahead to continuing efforts to reform, rebalance, and renew the national drug control policy to address the public health and safety challenges of the 21st century.

Higher Education Center Resources

Prevention Updates

- [Energy Drinks](#) (June 2010)
- [Marijuana Use and New Concerns About Medical Marijuana](#) (March 2010)
- [Prescription and Over-the-Counter Drug Abuse Prevention](#) (October 2010)

Publications

- [Campuses and the Club Drug Ecstasy](#) (2008)
- [Ephedra and Energy Drinks on College Campuses](#) (2008)
- [Marijuana Use Among Students at Institutions of Higher Education](#) (2008)
- [Other Drug Use and Abuse on Campus: The Scope of the Problem](#) (2009)
- [Recreational Use of Ritalin on College Campuses](#) (2008)

Newsletters

- [Catalyst \(Winter 2006\) Vol. 7 No. 2: Other Drugs](#)
- [Prevention File - Special Fall 2003 Edition](#)

Web Resources

- [Webinar: “Creating a Campus-Based Prescription Drug Abuse Prevention Program”](#)
- [Webinar: “Marijuana Prevention on College Campuses in a Changing Environment”](#)
- Web page: [Other Drugs](#)

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