

College Students and Other Drugs

Going to college full time in a two- or four-year college is a risk factor when it comes to drinking alcoholic beverages. Surveys routinely find that full-time undergraduate college students use alcohol, engage in high-risk drinking, and drink heavily at higher rates than peers who are not enrolled full time, including part-time college students and persons not enrolled in college. But when it comes to other drug use, students more closely resemble their noncollege peers.

According to the National Survey on Drug Use and Health, for persons aged 18 to 22 years, the rate of current illicit drug use, defined as use within the past 30 days, was nearly the same among full-time undergraduate college students (21.4 percent) as for other persons aged 18 to 22 (22.5 percent).

It's a different story for tobacco. In 2003, college students were less likely to report current cigarette use than were their peers. Students reported using cigarettes in the past month at a rate of 31.4 percent, compared with 45.3 percent of their peers who were not enrolled full time.

Marijuana is by far the most common of the illicit drugs used by college students, with 20.3 percent reporting use within the past 30 days, according to the *Core Institute's* 2003 Alcohol and Drug Survey of 38,857 undergraduate students from 89 two- and four-year colleges around the nation. At 4.6 percent, amphetamines are a distant second when it comes to illicit drug use by college students.

Ecstasy, or MDMA, a so-called club drug, raised concerns when there was a sharp increase in its use by college students after 1997. Annual use rates rose fourfold in just three years, from 2.4 percent in 1997 to 9.2 percent in 2001, before it began to decrease, reaching 4.4 percent in 2003. The trends among college students have run fairly parallel to those for the noncollege segment of these young adults and high school seniors through 2003. Since 2000, the noncollege segment has exhibited the highest rate of ecstasy use—reaching 14 percent in 2001, when use among college students and

12th-graders was at 9 percent. But ecstasy use has sharply declined, with the 2003 annual use rates for college students at 4.4 percent and their noncollege peers at 6.7 percent.

Recently, the nonmedical use of prescription drugs has increased among students and nonstudents alike (see article on page 6). While such use is increasing, it still lags far behind marijuana use.

Good News Over the Long Haul

Since 1980, *Monitoring the Future (MTF)*, an annual survey of drug use by students that is supported by the National Institute on Drug Abuse, has asked college students about their alcohol, tobacco, and other drug use. Student drug use has dropped considerably over the past 24 years. The proportion of college students using any illicit drug in the 12 months prior to the survey dropped fairly steadily between 1980 and 1991—from 56 percent to 29 percent. In other words, illicit drug use fell by nearly half during this 11-year period. After 1991, annual (and also 30-day) prevalence held fairly steady for a couple of years before beginning to rise, reaching 38 percent in 1998—still well below the peak of 56 percent in 1980. There has been little change since, with the 2003 rate at 36.5 percent.

The noncollege group moved similarly from 1980 to 1998. But in 2000, the noncollege group had a 4 percentage-point increase in its annual use of illicit drugs that was due largely to their increased use of marijuana, amphetamines, and tranquilizers in that year. For example, according to MTF, amphetamine use among college students and their noncollege age peers leveled for a year before beginning to increase in both groups after 1992 and 1993, respectively, through 2001, with a leveling through 2003. The 2004 Core Survey found the annual prevalence of amphetamine use among college students to be 8.3 percent. Nevertheless, over the years, those not in college consistently have reported a higher rate of amphetamine use than college students. The noncollege segment's 2003 level of almost 41 percent remains above that of the college student sector. ■

CATASTROPHES

Commentary

Environmental Management and the Prevention of Other Drug Abuse

by William DeJong

The essence of environmental management is to structure the campus and community environment in ways that will decrease both the demand for and the supply of alcohol and other drugs. Recent years have seen increasing numbers of campus administrators join with community leaders to develop and implement environmental approaches to reduce alcohol problems among students. Based on that foundation, campus officials should now apply the same commitment and energy to reducing other drug abuse.

Campus administrators who have applied the environmental management approach have focused primarily on reducing alcohol-related problems. Key strategies include limiting alcohol availability, restricting alcohol marketing and promotion, and developing and enforcing new policies that restrict the times, places, and circumstances under which alcohol can be purchased and consumed. At the same time, administrators have sought to reduce the attractiveness of illegal and dangerous alcohol use by offering and promoting a variety of social, recreational, extracurricular, and public service options and by creating a campus environment that supports health-promoting norms.

While alcohol is the leading substance use problem on college campuses, the abuse of other drugs—including marijuana, cocaine, ephedra, Ecstasy, methamphetamine, OxyContin, Ritalin, and steroids—is also of great concern and deserves focused attention from administrators who are responsible for creating safe and healthy campuses.

Campus officials have an obligation to keep students informed about the dangers of illicit drug use, especially as new research becomes available, and they should also work to refer addicted students to drug treatment and recovery



Senior Center Advisor William DeJong

programs. By themselves, however, these individually focused interventions will not make a significant dent in the scope of the problem.

To make real progress against illicit drugs, campus administrators need to develop and implement the types of environmental approaches they have already embraced to combat alcohol-related problems. Many of the tactics being used nationwide to change the alcohol environment will also serve to reduce the attractiveness and availability of illicit drugs; however, there are additional tactics specific to illicit drug use that should be considered as well.

The environmental management approach involves five strategies, with each one focused on a problematic aspect of typical college environments. Each strategy involves multiple program and policy options for administrators to explore as part of a comprehensive strategic plan for preventing illicit drug use.

1. Offer and promote social, recreational, extracurricular, and public service options that do not include alcohol and other drugs. Students at residential colleges may have comparatively few responsibilities and a great deal of unstructured free time, and there are too few social and recreational options. To help ensure that substance use does not become the easiest and most readily available option, campus

administrators are investing additional resources to: create and promote substance-free events and activities; provide greater financial support to student clubs and organizations that are substance-free; open or expand a student center, gym, or other substance-free setting; and develop student service learning or volunteer activities.

With problems related to Ecstasy and other club drugs in mind, administrators can design alternative events that simulate the club and rave atmospheres that appeal to some students, with high-energy music, dancing, and extended hours. Such events must be widely advertised as substance-free. As with any event, adequate supervision and security measures must be in place to ensure that alcohol and other drugs are not used.

2. Create a social, academic, and residential environment that supports health-promoting norms.

Beginning with student recruitment materials and continuing with routine communications from the president and other administrators, campus officials must clearly state their expectations that students will not engage in illegal alcohol and other drug use or misuse prescription drugs. Communications from faculty and staff must reinforce, not undermine, those declarations.

There are additional options for conveying the institution's expectations that its students will be focused on their academic objectives and not engage in illegal alcohol and other drug use: modifying the academic schedule to increase the number of early morning and Friday classes; increasing academic standards so that students will need to spend additional time studying outside of class; increasing faculty-student contact; and improving faculty mentoring of students.

Students generally overestimate the percentage of their peers who use marijuana or other

(Continued on page 3)

(Continued from page 2)

Environmental Management and the Prevention of Other Drug Abuse

drugs, which in turn can lead to perceived normative pressure to engage in substance use. One promising strategy is to conduct a social norms campaign that communicates accurate information about how few students actually use other drugs, thus reducing that normative pressure.

Regarding the residential environment, many colleges and universities now offer substance-free residence halls where all substance use (even alcohol and tobacco use by people of legal age) is expressly prohibited. Another option is to employ older, salaried resident assistants who can both declare and enforce the institution's housing rules with greater authority than can junior or senior undergraduates.

3. *Limit the availability of other drugs both on and off campus.*

An existing campus and community coalition, which includes active participation by law enforcement agencies, can work to identify where students are getting and using illicit drugs and then take action by arresting and prosecuting dealers, working to close clubs that allow drug use on the premises, and taking actions against local landlords whose premises are used to sell drugs. In addition, local ordinances can be amended to prohibit sales of drug paraphernalia.

Campus health officials can tighten controls on prescribed drugs by reviewing prior medical records before writing prescriptions for new students and restricting prescriptions to a month's supply or less. Students using campus-based computers also can be blocked from accessing online pharmacies.

4. *Restrict marketing and promotion of clubs and raves.*

Campus officials can act to prohibit on-campus advertising of rave clubs and related events where club drug use may be encouraged or tolerated. Student party announcements that refer or allude to illicit drug use can similarly be prohibited.

5. *Develop and enforce campus policies and local, state, and federal laws.*

Administrators should revise campus alcohol and other drug policies as necessary to cite specific drugs of abuse and then seek to communicate those policies clearly and frequently to the campus community, including possible consequences for violations.

When it comes to enforcing these laws, the campus should never be viewed as an enclave that protects students from the consequences of their illegal behavior. Hence, administrators should authorize campus police, residence hall staff, and other appropriate staff to work in partnership with local law enforcement to uphold campus policies and local, state, and federal laws related to the distribution or possession of illicit substances.

Other tactics to be considered include: (1) developing and enforcing new policies to curb off-campus parties, including tougher ordinances to restrict open house assemblies and noise; (2) developing a system for local law enforcement agencies to report off-campus offenses to campus officials; and (3) collaborating with local drug courts or other community-based diversion programs.

Environmental management is based on a simple but powerful idea: the most cost-effective way to reduce substance use problems among college students is to change the campus and community environment in which students make decisions about alcohol and other drug use. This prevention approach has paid off in reducing alcohol-related problems on campus. It will work to reduce other drug abuse as well.

William DeJong is a professor of social and behavioral sciences at the Boston University School of Public Health and a senior advisor to the Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention. ■

Message From the Center Director



Center Director
Virginia Mackay-Smith

The literature as well as the field's front-line experience tell us that alcohol remains the drug of choice among college students, and so it is also the drug of focus for much of the prevention field. Yet the impressive advances we have made in preventing high-risk alcohol use can sometimes distract us from the need to address the concerns peculiar to the "other drugs" that students are using and abusing, to the impairment of their health and their education.

In this issue of *Catalyst*, we look to some of the good work and progress the field has made in addressing abuse of other drugs. The field as well as the general public are aware that marijuana remains a visible presence on campus, and that while Ecstasy and other club drugs may fluctuate in popularity, they have not been conquered. Lately the emerging concern of "pharming," or students sharing and abusing prescription drugs recreationally, has commanded campus leaders' attention, as has the resurgence of the strikingly dangerous methamphetamines. Variable as the challenges of these drugs may be, a comprehensive prevention approach based in environmental management can be the foundation for real progress against the spectrum of illicit drugs on campus.

As reported by [Monitoring the Future](#) and summarized elsewhere in this issue, we've seen some important gains in drug abuse prevention over the past decades. The battle is not won, though, and in some cases we have lost ground. While alcohol by far remains the drug of choice among college students, we must not lose sight of the toll that other drug abuse takes. There is important work to be done in responding to other drug use—both illicit and legal—by college students. ■

Q&A With R. Vic Morgan



R. Vic Morgan, Ph.D., has been the president of Sul Ross State University in Alpine, Texas, since 1990. In 1975, he joined the university as an associate professor of mathematics. He was appointed president in September 1990. Morgan has been active in professional organizations in mathematics, student affairs, and educational administration. He has served on the Commission of Colleges for the Southern Association of Colleges and Schools. He is also a member of the Presidents Leadership Group, a project of the Center for College Health and Safety funded by The Robert Wood Johnson Foundation.

Q: With so much focus on college students' alcohol use, why do you feel university presidents also should be concerned about students' marijuana use?

A: If 33 percent of college students report using marijuana currently or within the last year, then it is a major problem. I don't understand why many people distinguish marijuana from alcohol. Marijuana stays in the system, carrying over from the activity of the night before well into the next two or three days, which has an impact on learning and motivation. And, of course, it's illegal.

At Sul Ross we have a zero-tolerance policy for the use of illegal drugs, so any student who is caught with any illicit drug—including marijuana—faces suspension for two long semesters. We have some flexibility, depending on individual circumstances. For example, if a student happens to be in the room where marijuana is found, but we cannot tie it to him or her personally, we may impose probation to include counseling. Marijuana is the most widely used illegal drug. We are making some headway in other areas such as alcohol and tobacco use; we now need to focus our attention on marijuana use as well.

Q: Many students contend that there are few negative consequences related to marijuana

use—certainly not the magnitude of those associated with alcohol use. How do you respond to them?

A: I tell them that they don't have all the facts and data. Marijuana is a depressant and hallucinogen and different people have different reactions. It decreases motivation and



affects short-term memory and judgment. Paranoia, defensiveness, anxiety, and depression can also occur. While research doesn't definitively say that the use of marijuana leads to the abuse of other illegal drugs, we do know that there is a correlation. People who use marijuana are eight times more likely to use cocaine and 15 times more likely to use heroin

than those who do not use marijuana. Until recently it was not believed that marijuana could be addictive. Not everybody who uses marijuana becomes addicted—just like not everybody who uses alcohol becomes addicted. It's the same principle. In addition, students lose the ability to absorb and retain information. If they use marijuana the night before a class, they have more difficulty concentrating and focusing on their studies the next day. Until recently, I didn't realize that alcohol has much the same effect. I thought that once you got past the hangover, the learning restrictions that it places on the brain are gone, but that's not true. Its impact also carries over for several days, and with marijuana, the effect often increases with time.

Q: Is it because marijuana use interferes with the primary mission of students in going to college—which is to get an education—that you believe it should be of concern to presidents?

A: Exactly. It is principally a learning issue, but there are health issues that are as severe—or more severe, perhaps—as with alcohol and tobacco use. For example, I have learned that a marijuana joint contains many of the same chemicals as a tobacco cigarette, but at a level equivalent to four cigarettes. In addition, smoking marijuana decreases the ability to

(Continued on page 5)

(Continued from page 4)

Q&A With R. Vic Morgan

fight such things as chest colds. Bronchitis, emphysema, and bronchial asthma can arise from the prolonged use of marijuana. And marijuana can lower inhibitions, which may lead to unprotected sex, with the risk of sexually transmitted diseases.

In addition, some of the marijuana currently on the marketplace is the result of biological processes to increase the THC [tetrahydrocannabinol] concentrations—or potency—in marijuana. That means there is a more concentrated dose of the chemicals leading to the problems related to marijuana use. That's assuming that the marijuana is good. There are additional adverse consequences of street marijuana in that it may not be pure and may contain a number of unknown additives.

Q: Are there lessons that university presidents can learn from alcohol and tobacco prevention when it comes to marijuana use?

A: Most strategies we have used to influence alcohol and tobacco use can be used with marijuana. I believe in the social norming process of helping students and young people understand that not everybody is doing it. The same documents and instruments used for social norms campaigns for alcohol use can be used for marijuana to communicate to students that a smaller percentage of their peers use marijuana than students believe. Like a lot of other issues in higher education, students have a lot of misperceptions. If we can counter some of those, then perhaps we can encourage students to change their behaviors.

Q: You mentioned that you have a zero-tolerance policy on your campus. Do you have some specific prevention measures aimed at preventing or reducing marijuana use that you can talk about?

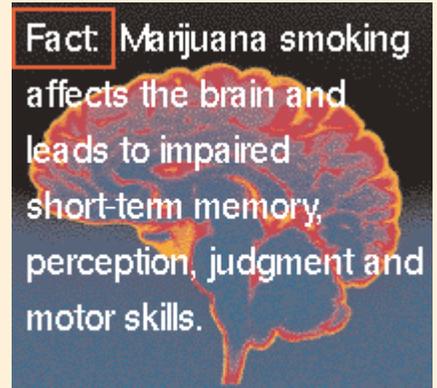
A: They are not different from the prevention measures we use for alcohol and tobacco. It is now okay to ban tobacco. For the most part we

also ban alcohol from campus facilities. We have a collection of programs where we train peer mentors to work with students to convey the social norms message that “not everybody is doing it” and that they can have a good time without alcohol and other drugs. We incorporate those presentations into the orientation program for new students and parents. We have programs and presentations in the residence halls. While many are sponsored by grants, such as one from the Texas Alcoholic Beverage Commission to address alcohol issues, we always incorporate the issues of marijuana and other illegal drugs in those presentations. We purchase brochures and literature on alcohol and other drugs and distribute those materials to the campus community.

Q: Marijuana poses some very special problems when it comes to talking about other drugs because there is a lot of resistance among students to hearing about the negative effects of marijuana. Is that true on your campus?

A: I'm certain it is. Students from one campus to another aren't very different when it comes to social issues. As a society we seem to be creating a group of people—students and adults—who are almost immune to hazard warnings related to drugs, alcohol, and tobacco. For example, ads for drugs on television spend about 15 seconds on a litany of all the possible negative consequences that the drug may cause. Such warnings tend to dull our ability to recognize what the true hazards are. We are constantly bombarded with hazard warnings, so we just tune them out. It is a part of our culture to explain away hazards. For example, if you truly believe that unprotected sex can lead to AIDS, then why on earth would you ever do it? If you truly believe that alcohol creates problems for you, then why do you drink? Of course, young people think that they are indestructible and it's not going to happen to them, but it does.

(Continued on page 11)



Marijuana and Learning

According to a report from the National Institute on Drug Abuse (www.nida.nih.gov/ResearchReports/Marijuana/), research has shown that marijuana's adverse effect on memory and learning can last for days or weeks after the acute effects of the drug wear off. For example, a study of 129 college students found that among heavy users of marijuana—those who smoked the drug at least 27 of the preceding 30 days—critical skills related to attention, memory, and learning were significantly impaired, even after they had not used the drug for at least 24 hours. The heavy marijuana users in the study had more trouble sustaining and shifting their attention and in registering, organizing, and using information than did the study participants who had used marijuana no more than three of the previous 30 days. As a result, someone who smokes marijuana once daily may be functioning at a reduced intellectual level all of the time. More recently, the same researchers showed that a group of long-term heavy marijuana users' ability to recall words from a list was impaired one week following cessation of marijuana use, but returned to normal by four weeks. An implication of this finding is that even after long-term heavy marijuana use, if an individual quits marijuana use, some cognitive abilities may be recovered. ■

Legal but Not Necessarily Safe

by Kellie Anderson

Students pulling all-nighters studying for exams or working under deadlines for papers used to rely on copious quantities of coffee or caffeine tablets such as Nō-Dōz to stay awake—if not fully alert. These days, some students are engaging in more dangerous practices to burn the midnight oil. Prescription stimulants such as Ritalin and Adderall have replaced caffeine for many students looking to study and focus for long periods of time.

While alcohol and marijuana remain the drugs of choice among college and university students, prescription drugs are quickly gaining ground as drugs of choice on campuses. Painkillers, depressants, and stimulants are widely available to students, some of who use them to relieve stress, stay awake to study or party, or to lose weight. They are a small but increasing minority at colleges big and small, urban and rural.

College students' use of prescription drugs is part of a growing practice in the United States. About 6.3 million Americans use prescription drugs nonmedically, a number lagging far behind only marijuana, according to government estimates. Emergency room visits related to prescription painkillers rose by 153 percent between 1995 and 2002, according to the federal [Drug Abuse Warning Network](#).

Among young adults, 18 to 25 years old, the rise in misuse is outpacing that of the population as a whole, according to fall 2004 data from the National Survey on Drug Use and Health. Young adults' nonmedical use of prescription painkillers rose by 15 percent in 2003 from the previous year, compared with no increase among the general population.

"In just one year, it went up 15 percent for young people," said Leah Young, a spokesperson with the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration. "I find that disturbing."

People view prescription medications differently from illicit drugs, such as marijuana or

cocaine. Because such medications are prescribed by physicians and are created in well-regulated laboratories, many students believe that taking prescription medications is safe, even when obtained from sources other than physicians. But prescription drugs have many side effects that can be adequately managed only when taken under a doctor's careful supervision in a controlled manner. These side effects are often magnified when medications are taken in combination with other prescription and over-the-counter drugs, alcohol, or illicit drugs.



Students are most likely to nonmedically use three classes of prescription drugs: opioids or painkillers, like OxyContin or Vicodin; central nervous system (CNS) depressants, such as Valium or Xanax; and stimulants, including Ritalin, Dexedrine, and Adderall.

Painkillers

Physicians can prescribe opioids as painkillers primarily for people who are suffering from acute, chronic, or severe pain, such as those who have had surgery or have pain-causing conditions. Physicians closely monitor patients for whom they prescribe painkillers due to their risks for side effects, especially when mixed with other drugs, and their potential for addiction.

The nonmedical use of painkillers is on the rise, and narcotic pain relievers are now the most abused class of drugs among Americans aged 12 and over. Because they affect the pleasure-

mediating areas of the brain, causing feelings of euphoria, students may use opioids, including OxyContin and Vicodin, to achieve a "high" while partying. Students sometimes mix these drugs with alcohol to enhance their effects. Many painkillers have a time-release coating so that the drug enters the system gradually. But students may crush the pills to compromise this mechanism and swallow, snort, or inject the powder to experience the drug's effect immediately.

Students taking these drugs over a long period of time will build up a tolerance to their effects, leading to more frequent use and higher doses to achieve the same effect. Long-term, medically unsupervised use of painkillers can lead to physical dependence and withdrawal symptoms when users suddenly stop taking the drug. Moreover, students who inject powder forms of opioids are at risk of contracting hepatitis or HIV and have a higher likelihood of overdosing than those who take the drug in other ways.

Taking a large dose of opioids, or taking them with other drugs, can lead to respiratory depression and death. Painkillers are especially dangerous when mixed with alcohol, antihistamines, barbiturates, benzodiazepines, and anesthetics.

Central Nervous System Depressants

Physicians prescribe CNS depressants like Valium or Xanax to treat anxiety and sleep disorders. Students may nonmedically use these drugs to "come down," mellow out while partying, or help them sleep. When used without a prescription or taken other than prescribed, CNS depressants have the potential for abuse. As with opioids, regular use of CNS depressants leads to tolerance and physical addiction. Suddenly stopping use may lead to severe withdrawal, which can have life-threatening consequences.

CNS depressants can slow down respiratory and circulatory systems and may lead to death.

Online and Easy!

Anyone with an e-mail address is likely to be bombarded with offers from Internet pharmacies for prescription medications at low cost and without a prescription. Apparently all that is needed is a credit card and a computer to access a cornucopia of prescription drugs online.

According to a 2004 white paper from the National Center on Addiction and Substance Abuse (CASA), painkillers, depressants, and stimulants are readily accessible online. Out of the 157 online pharmacy sites CASA tested in early 2004, 90 percent did not require a prescription to dispense prescription drugs, including controlled substances.

Internet pharmacies are largely unregulated because the state and federal authorities with regulatory powers over pharmacies have not been able to keep up with them. For example, state authority to license and register pharmacists does not apply to Internet pharmacies, and federal legislation is not evolving quickly enough to address the problem. In addition, online



pharmacy sites come and go so quickly that they are very difficult to track and regulate.

Some pharmacy sites require a prescription to be mailed or faxed, but will charge a customer's credit card and ship medication without having the prescription in hand. Some sites rely on customers to assess their symptoms to determine their diagnosis and subsequent pharmacological treatment, while still others provide online consultations with their "doctors" before dispensing prescriptions.

These sites allow students to access the drugs for

recreational use and also allow others to obtain large quantities to sell on campus.

Colleges and universities can minimize the on-campus marketing of these rogue pharmacies. Riley Venable, Ph.D., of Texas Southern University, said his campus has installed spam-blocking programs that prevent advertisements from these pharmacies from reaching students' campus e-mail addresses. Limiting access to these sites in this way can restrict the availability of these drugs on campus.

According to the CASA report, in response to safety concerns about Internet pharmacy practices, federal agencies, including the U.S. Drug Enforcement Agency, the U.S. Food and Drug Administration, the U.S. Bureau of Customs and Border Protection, and the Federal Trade Commission, have increased efforts to tackle the problem of rogue online pharmacies. But to date, federal law and regulatory practice have not yet caught up with Internet technology, and no new legislation has been enacted. ■

(Continued from page 6)

Legal but Not Necessarily Safe

And they are potentially lethal when taken in conjunction with other prescription pain medications, over-the-counter cold and allergy medicines, or alcohol.

Stimulants

Diagnoses of Attention Deficit Hyperactivity Disorder (ADHD) among children skyrocketed in the 1990s. Many of those children are now in college and take stimulants to treat their ADHD. Ritalin, Dexedrine, and Adderall are prescription stimulants that increase alertness, attention, and energy by regulating brain chemistry in those with ADHD. For others, these drugs increase blood pressure and heart rate, increase blood glucose, suppress appetite, constrict blood vessels, and may cause feelings of euphoria—effects similar to those of illicit amphetamines, often called speed.

Students take Ritalin and Adderall to stay awake for studying marathons, to party all night, or to lose weight. According to a recent study (*Addiction*, January 2005), up to 25 percent of students at some colleges report non-medical use of stimulants. Students who take stimulants to study during "crunch time" may believe that doing so is safe because they are taking the drugs for short periods of time rather than on a regular basis. As with painkillers, students may swallow the pills whole, chew them, crush and snort them, or pulverize and inject them to get a quicker high. Students who use stimulants while partying sometimes combine the drugs with alcohol.

While stimulants are not considered to be physically addictive, they can result in psychological dependency, prompting the use of higher doses, which can lead to paranoia and hostility, dangerously high body temperature, and irregular

heartbeat. Overdoses may cause lethal heart failure or seizures. Students who use stimulants intravenously are at increased risk for HIV, hepatitis, and overdose.

When mixed with other drugs, especially decongestants, these stimulants pose increased risk. Their effects are also enhanced when taken with antidepressants, reinforcing the need for a doctor's close supervision when taking these drugs.

Access and Prevention

It's easy for students to get prescription drugs. They get prescriptions from physicians. They buy or steal prescription drugs from someone who has a prescription, such as a parent, friend, or acquaintance. They buy them from online pharmacies (see sidebar "Online and Easy!").

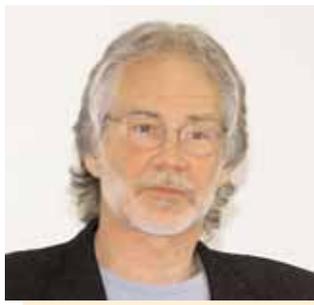
Anecdotal data suggest that students are most likely to buy prescription drugs to use recreationally from fellow students who have

One Step Forward, One Step Back Reframing the Issue of Collegiate Drinking

by Robert J. Chapman

To suggest that collegiate drinking is a high-risk behavior of epidemic proportions is not exactly news. For more than a decade, social scientists have been nothing if not persistent in alerting us to the problem and its apparent resistance to change. Yet, if we drill deeper, we learn of significant changes in the campus drinking culture during this period. With the design of intervention strategies for problematic or *indicated* collegiate drinkers and prevention tactics for the remaining students, professional educators are affecting collegiate drinking. Having moderated their drinking, these students graduate, join the professional workforce, and cease to be included in the research of social scientists investigating collegiate drinking. When these changed drinkers graduate, who replaces them? The very students that social scientists tell us are among the highest-risk of all collegiate drinkers: arriving freshmen.

Some of the factors that make first-year students among the highest-risk drinkers are well-established patterns of high school drinking, the increased independence and sense of personal freedom realized during the last years of high school, and misperceptions about collegiate drinking. In short, graduating students affected by environmental management strategies, social norms campaigns, and what the literature refers to as the *maturing-out phenomenon* are replaced by entering students who frequently are experienced drinkers who expect to imbibe more often because “that is what college students do.” Knowing that higher education is a cyclical environment that turns over its population every four to five years, logic



Network Regional Coordinator
Robert J. Chapman

suggests that addressing the stubbornly resilient rates of high-risk collegiate drinking by targeting first-year students makes sense.

Historically, intervening with entering students has been the responsibility of *freshman orientation* programs and, more recently, *opening weekend* celebrations. Unfortunately, established high school drinking behaviors coupled with misperceptions about collegiate drinking that are exacerbated by a dearth of the life skills necessary to negotiate the day-to-day demands of college life result in first-year students being among the highest-risk drinkers on campus.

To make an appreciable difference in the risks freshmen run, these students need to be exposed to prevention programming and intervention strategies, similar to those that have shown results in higher education, while still in high school. Such interventions are needed years before high school students arrive on campus, and certainly no later than when they begin their college quest in earnest.

If institutions of higher education begin to market to high school juniors following their completion of the PSAT (Preliminary Scholastic Aptitude Test) then these same

colleges and universities need to collaborate with high school educators to implement strategies to lessen high-risk drinking by their future students. Such an approach would necessitate a formal *transition to college* curriculum for high school students and their parents as well as establish a collaborative collegiate–high school coalition to address mutual concerns. Such a curriculum could address the following issues:

- High school students, like their older collegiate counterparts, misperceive the realities of what most of their peers are doing. Likewise, the transitioning high school student needs to understand that not all students in college drink, and those who do are moderate drinkers. In short, high school students are as likely to misperceive the norms regarding their peers as is any group.
- High school students often experience a great deal of stress during their first year on campus. Coupled with the increased freedom of college, the campus environment exacerbates existing patterns of alcohol and other drug use.
- High school students need life-skills training that will increase the likelihood of being more assertive to assume the responsibility for the consequences of their own behavior, while at the same time being more proactive when encountering a peer's high-risk behavior. Many students recognize risky behavior when they see it, but are silent, if not encouraging, when encountering it.
- High school students' parents tend to be preoccupied with academic issues as the

(Continued on page 9)

(Continued from page 8)

One Step Forward, One Step Back: Reframing the Issue of Collegiate Drinking

preeminent factors in predicting collegiate success. Parents need to be encouraged to remain active in their child's social life and provided with resources to help them act on, instead of react to, high-risk and dangerous behavior exhibited in high school.

- High school student personnel professionals need to be supported in their quest to engage students regarding a comprehensive preparation for collegiate life. Training in effective intervention techniques that have been shown to work well with high-risk and resistant students can increase the likelihood of affecting student transitions.

It is when future collegians are in secondary school that we need to assertively address the problems of high-risk and dangerous collegiate drinking.

To learn more, visit the Web site of the Network: Addressing Collegiate Alcohol and Other Drug Issues at www.thenetwork.ws and click on "Online Resources" to read *A Parent's Guide to Alcohol, Drinking & Choosing a College*. In addition, visit www.higheredcenter.org and click on "Parents."

Robert J. Chapman, Ph.D., is the Pennsylvania regional coordinator for the Network. ■

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- Gadsden State Community College, Gadsden, Ala.
- Lynn University, Boca Raton, Fla.
- MacMurray College, Jacksonville, Ill.
- Massachusetts College of Art, Boston, Mass.
- Southeast Arkansas College, Pine Bluff, Ark.
- Unity College in Maine, Unity, Maine
- University of Saint Francis, Fort Wayne, Ind.

As of July 31, 2005, Network membership stood at 1,541 postsecondary institutions. ■

Activist Coalitions Get Offensive Show Suspended

A radio program airing on Friday mornings in eight Florida cities drew fire from the Florida Higher Education Alliance for Substance Abuse Prevention and Hillsborough County's Tampa Alcohol Coalition for its high-risk drinking message and demeaning portrayal of women. On "Drunk Bitch Friday" (DBF) starting at 6 a.m., a woman begins drinking alcoholic beverages. During the course of the four-hour program, the woman drinks to intoxication, with encouragement from the hosts Lex Staley and Terry Jaymes.

For over two years, DBF has been a weekly feature of the Lex and Terry Show, which is syndicated out of the Cox Radio station Rock 105 (104.5 FM), WFYV in Jacksonville. As the woman drinks, Lex and Terry interview her, describe how she looks and acts, and refer to her as "drunk bitch." Sometimes people call in to criticize the woman or make sexually

suggestive remarks to her. As the women on the show become increasingly drunk, some get sick and vomit. Some pass out. Lex and Terry provide a trashcan for them to vomit in and a sofa to pass out on.

Hillsborough County's Tampa Alcohol Coalition has been monitoring DBF since September 2004. Members sent letters complaining about the content of the DBF feature to the local radio station manager of WHPT 102.5 FM and met with him. They also invited him to coalition meetings and gave him the opportunity to get feedback about DBF from the group. But when the station continued to broadcast DBF, Tampa Alcohol Coalition members sent letters complaining about the show to businesses advertising on DBF. Several dropped their ads. In addition, Tallahassee and Gainesville activists organized a letter-writing campaign targeting their local radio stations and advertisers.

While 24 stations around the country air Lex and Terry's DBF segment, the bulk of them are in Florida, including Tampa, Tallahassee, Pensacola, West Palm Beach, Jacksonville, Panama City, Ft. Myers, and, until April 8, 2005, Gainesville. That's when WRUF in Gainesville suspended the show. Broadcasts of "Drunk Bitch Friday" were suspended after University of Florida (UF) President Bernie Machen became concerned about the show's content. WRUF is a commercially licensed radio station, but UF's Board of Trustees controls the Cox Radio contract that includes clearance to air Lex and Terry broadcasts.

President Machen is actively working toward reducing underage drinking and alcohol abuse at UF, a long-standing member of the Network.

President Machen and the Board of Trustees asked for a legal opinion on whether the content of the DBF show violates Federal Communications Commission (FCC) guidelines.

(Continued on page 10)

(Continued from page 9)

Activist Coalitions Get Offensive Show Suspended

They also had concerns about its high-risk drinking message. WRUF general manager Larry Dankner said the decision to stop airing the show was mutual among the trustees, President Bernie Machen, and WRUF.

On the day that WRUF suspended the DBF show, the Florida Higher Education Alliance for Substance Abuse Prevention (FHEASAP), which includes a number of Network members, asked its members to make telephone calls or e-mail complaints to the DBF program. Information and talking points about DBF were sent to the FHEASAP group e-mail list; members were asked to listen to DBF and view the Web site before sending in their complaints. Florida community coalitions were asked (through a state coalition electronic list) to send letters or call the Rock 105 radio station to complain about DBF on April 8 as well. Several communities sent complaints to local radio stations that broadcast the show and to the stations' advertisers. Information about DBF was forwarded to other organizations, including women's groups such as the National

Organization of Women (NOW). NOW members from around the state got involved. They called or wrote to Rock 105 and complained to the FCC, which is charged with regulating interstate and international communications by radio, television, wire, satellite, and cable.

In the aftermath of WRUF's suspension, the Lex and Terry show has gone on the defensive both on air and on their Web site. The show's management posted a letter on the Web site explaining that "Drunk Bitch Friday" might offend some people, but asserting that it has been a very popular feature. The letter also claims that many women apply for the chance to be on the show. Once selected, the women sign a contract agreeing to the risks of drinking to intoxication. Participants are provided a limousine ride to and from the radio station, to prevent impaired driving. The letter posted on the DBF Web site says, "DBF is a funny, entertaining and compelling feature."

But, after receiving numerous complaints and the WRUF suspension, the DBF show and Web site were modified. As of Friday, April 15, 2005,

the show no longer uses the refrain "Chug, Chug, Chug, drunk bitch, drunk bitch, drunk bitch" after each set of ads. Lex and Terry don't call the show "Drunk Bitch Friday"—they now refer to it as DBF. An offensive photo of two drunken women, one sprawled on the sidewalk with her legs spread open exposing her underwear, has been removed from the DBF Web site.

The media exposure on the Gainesville suspension of "Drunk Bitch Friday" helped raise awareness about college drinking and alcohol abuse. By networking with organizations across the state, the effort organized by Florida campus community coalitions has made a significant impact.

For more information regarding the Florida Higher Education Alliance for Substance Abuse Prevention, contact Robert M. Runday, dean of students, University of Tampa, and cocoordinator for the Alabama/Florida/Georgia region of the Network at bruday@ut.edu. ■

Brief

Performance Enhancer?

The use of stimulants to stay awake and study has long been a part of college life, especially around exam time. But now, a dispatch from the *New York Times News Service* (Aug. 1, 2005) says that the reliance on prescription stimulants to enhance performance has risen, becoming almost as commonplace as Nō-Dōz, Red Bull, and maybe even caffeine. As many as 20 percent of college students have used Ritalin or Adderall to study, write papers, and take exams, according to recent surveys focused on individual campuses.

One of the factors driving the use of such

drugs is that students have become convinced that it will help them achieve academic success, according to Robert A. Winfield, M.D., director of University Health Service at the University of Michigan, Ann Arbor, who sees a growing number of students who falsely claim to be Attention Deficit Hyperactivity Disorder (ADHD) sufferers so they can get a prescription. But Laurence Greenhill, Ph.D., a clinical psychiatrist at the university, told the *Times* that the idea that Adderall is a performance enhancer is a myth. "It won't increase your intelligence; it just increases your diligence,"

he said. "Essentially, the drugs delay the onset of sleep so you can stay up all night and cram."

Much like performance-enhancing drugs in professional sports, the spread of prescription stimulants among college students is raising issues of competitiveness and fairness. But, according to the *Times*, interviews and e-mail exchanges with two dozen students at Columbia University suggest that "the prevailing ethos is that Adderall is a legitimate and even hip way to get through the rigors of a hectic academic and social life." ■

(Continued from page 5)

Q&A With R. Vic Morgan

Q: The Higher Education Center promotes an environmental management approach to prevention. Are there environmental management strategies other than social norming, which seeks to change the normative environment, that could be applied to marijuana prevention?

A: Virtually anything that works with alcohol should also work with marijuana. The big difference is that you don't find marijuana on the shelves in the convenience stores, so students aren't as likely to be open in its purchase and use. We have to continue providing activities that are attractive to students. If we, through social norming, are trying to convince students that not everybody is using marijuana or alcohol, then we need to put students in environments where not everybody is doing it. In addition to

social norming, we are also using other parts of the Higher Education Center's environmental strategies, in that we have stringent policies (i.e., drug testing and no tolerance) and we enforce the policies and laws. These activities can be included in the prevention of marijuana use just as they are with alcohol.

Q: What advice would you give to other presidents on how to use their leadership role on campus to address marijuana use?

A: Presidents certainly can be vocal about marijuana. We can be aware of the effect it has on our students. As a president, I work with the people on campus who control the students' study assignments and class and exam schedules—the faculty and deans—because it is

very important that we be a five-day-a-week class campus. We expect students to be in class on Friday, and we expect Friday to be a test day just as any other day would be.

Presidents have to speak out whenever the opportunity arises. We have to be concerned that our students will not be successful in their purpose in coming to college. College success is a degree. We must get involved in state- and national-level issues that address marijuana. And we have to do a better job of articulating the problems associated with marijuana use than we have done in the past. ■

(Continued from page 7)

Legal but Not Necessarily Safe

legitimate prescriptions, a practice called "pharming." Students who sell their prescription drugs to others say that they decrease their dosage or actually ask their physicians to increase the prescription.

"Students who take 10 mg of Ritalin twice a day get a prescription for 60 pills a month," said Riley Venable, Ph.D., associate professor

of counselor education at Texas Southern University in Houston. "They may decide to keep 30 for their own use and sell the remaining 30."

Some students obtain prescriptions from campus health services. For example, students will learn the symptoms of ADHD and act them out to a campus physician in hopes of getting a prescription for Adderall.

Venable cautioned that prevention activities for prescription drugs need to differ from typical prevention efforts for illicit drugs.

Administrators can prevent nonmedical and recreational prescription use on campus by limiting access. Venable said that because

health officials at Texas Southern University are aware of the potential for prescription drug abuse among students, they are selective in prescribing painkillers, CNS depressants, and stimulants.

Before they will dispense any stimulants, university-based physicians require a medical history from the student's doctor who originally prescribed the drugs. University physicians are suspicious of students who suddenly manifest symptoms of ADHD or who ask for specific drugs by name. In addition, they do not increase the dosage of these

medications at the student's request and limit replacements for "lost" pills. They may opt to prescribe controlled-release tablets that don't provide a quick "high" if taken whole. They can also refuse to prescribe a large number of doses for any of these drugs.

Venable cautioned that prevention activities for prescription drugs need to differ from typical prevention efforts for illicit drugs.

"We can't stigmatize these drugs. Some students do have valid medical reasons for being on these prescription medications," he said. "But we can take steps to minimize the risks for abuse."

Kellie Anderson, M.P.H., is special projects officer at the Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention. ■



Funded by the U.S. Department of Education

Catalyst is a publication of the U.S. Department of Education's Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention.

Editor: Barbara E. Ryan
Production Manager: Anne McAuliffe
Graphic Designer: Shirley Marotta

Center Director: Virginia Mackay-Smith

Other Staff: Olayinka Akinola, Jerry Anderson, Kellie Anderson, Tom Colthurst, Laurie Davidson, William DeJong, Elisha DeLuca, Beth DeRicco, Gloria DiFulvio, Gretchen Gavett, Kathie Gorham, Monica Grinberg, Jessica Hinkson, Rob Hylton, Linda Langford, Anne O'Neill, Michelle Richard, Helen Stubbs, Chris White

Our Mission

The mission of the U.S. Department of Education's Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention is to assist institutions of higher education in developing, implementing, and evaluating alcohol and other drug abuse and violence prevention policies and programs that will foster students' academic and social development and promote campus and community safety.

Get in Touch

The U.S. Department of Education's Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention

Education Development Center, Inc.

55 Chapel Street

Newton, MA 02458-1060

Web site: www.higheredcenter.org

Phone: (800) 676-1730; TDD Relay-Friendly, Dial 711

Fax: (617) 928-1537

E-mail: HigherEdCtr@edc.org

How We Can Help

- Training and professional development activities
- Resources, referrals, and consultations
- Publication and dissemination of prevention materials
- Support for the Network: Addressing Collegiate Alcohol and Other Drug Issues
- Assessment, evaluation, and analysis activities

This publication was funded by the Office of Safe and Drug-Free Schools at the U.S. Department of Education under contract number ED-04-CO-0137 with Education Development Center, Inc. The contracting officer's representative was Richard Lucey, Jr. The content of this publication does not necessarily reflect the views or policies of the U.S. Department of Education, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. government. This publication also contains hyperlinks and URLs for information created and maintained by private organizations. This information is provided for the reader's convenience. The U.S. Department of Education is not responsible for controlling or guaranteeing the accuracy, relevance, timeliness, or completeness of this outside information. Further, the inclusion of information or a hyperlink or URL does not reflect the importance of the organization, nor is it intended to endorse any views expressed, or products or services offered.



Resources

For more information on the following topics, visit the Campuses and Other Drugs page on the Higher Education Center's Web site (www.higheredcenter.org/drugs/):

[Center Publications Related to Other Drugs](#)

[Other Drugs by Topic](#)

[Date Rape and Club Drugs](#)

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[GHB](#)

[Ketamine](#)

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