

DEWS INVESTIGATES

New Student Drug Research (SDR) Survey

Examines Prescription Stimulant Misuse Among College Students

July 2005

HIGHLIGHTS

The Student Drug Research (SDR) survey is a new DEWS tool for monitoring drug trends among college students. A panel of 26 undergraduate student reporters (SRs) at the University of Maryland participated in two surveys of their perceptions of drug availability and use by their peers. This report describes the SDR methodology and the findings from the March and April surveys, with special emphasis on prescription stimulant misuse.

Key Issues: How easy is it to obtain drugs around campus? Why do students use prescription stimulants? Do students think that prescription stimulant use is harmful or socially acceptable? Is the SDR survey a useful method for monitoring drug use trends in a college population?

Key Findings:

- Nearly all respondents reported that alcohol, marijuana, and Adderall® were easy or very easy to get around campus. Crack cocaine, ketamine, and heroin were perceived to be the most difficult drugs to obtain.
- Non-medical use of prescription stimulants was perceived to be widespread, especially for enhancing performance on exams or studying.
- Student leaders, parents, researchers, and administrators need to work together to identify and understand the health and social consequences of non-medical prescription stimulant use by college students.
- The SDR survey provides a promising methodology to collect useful and timely information about emerging drugs and patterns of use among college students.

SR Perceptions of Non-medical Prescription Stimulant Use

"Everybody has a friend that is prescribed Adderall at this point.."

Prescription stimulant use is "increasingly acceptable. Even some people's parents know they use it to study and don't even care as long as they're getting good grades."

"I feel like using stimulants non-medically is becoming more socially acceptable. It's no longer a surprise to hear about, and people don't seem to be concerned or feel there is any medical risk in misusing them."

"I don't feel like students taking pills in order to help them hit the books and obtain good grades in our competitive university system is such a bad thing. I feel like students who are taking them to drink and of course snorting them is a big deal. Mixing chemicals like that could be very dangerous."

NOTE: SR perceptions of drug use are not representative of the general student population. The SDR findings are obtained from a panel of students oversampled to include students familiar with drug use.

The Student Drug Research (SDR) Survey

DEWS staff monitor a variety of indicators of drug use and abuse in Maryland. These indicators focus on public school students and people who have suffered adverse consequences from substance abuse. However, none of these indicators track drug trends among college students. College students offer an important opportunity for studying adolescents at high risk for alcohol and other drug use. To fill this potential gap in our indicators, DEWS staff designed a survey that would provide information about drug trends in the local student population. A consistent panel of 26 student reporters (SRs) completes a periodic survey on their perceptions and

observations of drug availability, drug trends, and emerging drugs around campus. SRs are not asked about their own drug use. Completed surveys were obtained from 24 SRs in March and 21 in April. This report presents the first findings from the SDR, with special emphasis on the misuse of prescription stimulants, which is believed to be a growing problem among college students.^{1,2}

Findings

How easy is it to obtain drugs around campus?

SRs ranked their perceptions of the availability of 24 drugs on campus on a scale ranging

from "very easy" to "impossible" to obtain. Perceptions of the availability of these drugs were consistent across the two surveys. Table 1 shows that there were 12 drugs rated as "very easy" or "easy" to obtain by at least 6 SRs in March or April.

Nearly all of the SRs said that alcohol, marijuana, and Adderall® were very easy or easy

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to obtain around campus. Adderall, a prescription stimulant used to treat Attention-Deficit Hyperactivity Disorder (ADHD), was thought to be used more often than other prescription stimulants because it was prescribed more often and was easily accessible around campus. According to one SR, *"everybody has a friend that is prescribed Adderall at this point."* SRs also believed Adderall was used more frequently because it has a better reputation among students, causes fewer emotional ups and downs, and is believed to work better overall.

Psychedelic mushrooms and Ritalin® (another stimulant used to treat ADHD) were viewed as the next most accessible drugs. According to one SR, *"In order to use drugs such as ecstasy and 'shrooms, it's not so much as they're difficult to find, but knowing where to find them (who to ask), so you don't hear about them as much."* The SRs thought that powder cocaine was more available than crack cocaine. Crack cocaine, heroin, and ketamine were reported to be very difficult or impossible to obtain. Concerta®, another stimulant used to treat ADHD, was the least available of all prescription stimulants. It is also noteworthy that no SR perceived methamphetamine to be

available, a drug that is becoming prevalent in other parts of the country. (See the *CESAR Briefing*, "Methamphetamine in Maryland" available online at <http://www.cesar.umd.edu>.)

Why do students use prescription stimulants?

SRs reported that students most often use prescription stimulants to enhance their academic performance when studying and taking exams. Several noted that use goes up during finals (see sidebar, right). As shown in Table 2, the three reasons SRs ranked as most common were to help cram for a test, to take right before an exam to help focus on the exam, and to help study in general. According to one SR, *"Almost any student I talk [to] has used or is using Adderall to help them study."*

The next most common reasons cited by SRs were for partying and increasing the effects of alcohol or other drugs. Use for enhancing athletic performance and promoting sexual activity were perceived to be the least common reasons for using prescription stimulants.

One SR noted that some students are using prescription stimulants to help them drive long distances. A follow-up question to this re-

Weather & Time of Year Affect Student Drug Use

Weather

"With the weather getting better, more people seem to want to 'trip' on 'shrooms in a nice outdoor setting."

There are "more larger outdoor parties with lots of alcohol." These "Beer-B-Ques" have "plenty of kegs, ice luges, and tubs of alcohol prepared."

"Ecstasy is becoming more frequent as summer nears. People are getting tired of just getting drunk and smoking weed all winter."

Time of the Semester

"People don't drink before their finals, but once their finals are over they drink very heavily and excessive amounts."

". . . the week of finals will have like no drug use (except Adderall)."

"The amount [of] people using the drug [cocaine] goes up, especially around finals time. People are generally so tired, but they still want to go out and do something. So the extra burst from cocaine helps them out."

NOTE: SR perceptions of drug use are not representative of the general student population. The SDR findings are obtained from a panel of students oversampled to include students familiar with drug use.

Table 1. Number of SRs Indicating a Drug to be Very Easy or Easy to Obtain

| Drug* | March Survey (N=24) | April Survey (N=21) |
|-----------------------|---------------------|---------------------|
| Alcohol | 24 | 21 |
| Marijuana | 24 | 20 |
| Adderall® | 23 | 20 |
| Psychedelic Mushrooms | 18 | 13 |
| Ritalin® | 17 | 11 |
| Vicodin® | 13 | 7 |
| Powder Cocaine | 12 | 10 |
| OxyContin® | 8 | 5 |
| Concerta® | 7 | 7 |
| Amphetamines | 6 | 8 |
| Ecstasy | 6 | 7 |
| Percocet® | ** | 9 |

*12 other drugs had 5 or fewer responses of "very easy" or "easy to get" and were not included in the table.

**Percocet was not included in the March survey.

sponse in the April survey revealed that 4 SRs had heard of prescription stimulants being used in this manner and they estimated that between 5% and 10% of stimulant users used these drugs to aid their driving.

Do students think prescription stimulant use is harmful or socially acceptable?

SRs rated the use of prescription stimulants for studying to be much less harmful than using them to party or mix with alcohol or other drugs (see Figure 1). According to one SR, *"I don't feel like students taking pills in order to help them hit the books and obtain good grades in our competitive university system are such a bad thing. I feel like students who are taking them to drink and, of course,*

snorting them is a big deal. Mixing chemicals like that could be very dangerous."

Using prescription stimulants to study was generally considered more socially acceptable than other reasons for use. In the words of one SR, "I feel like using stimulants non-medically is becoming more socially acceptable. It's no longer a surprise to hear about, and people don't seem to be concerned or feel there is any medical risk in misusing them . . ." Another SR stated that "people referred to it (Adderall) as the 'new caffeine' now and many questions have been raised on whether or not it's actually cheating and a form of academic dishonesty."

Is the SDR survey a useful method for monitoring drug use trends in a college population?

The SDR survey captured a snapshot of drug use at the University of Maryland in a relatively short amount of time and at a low cost. A high percentage of the recruited reporters completed each month's survey, even during a

Figure 1. SRs' Perceptions of the Harmfulness and Social Acceptability of Prescription Stimulant Use for Specified Purposes (N=21 respondents)

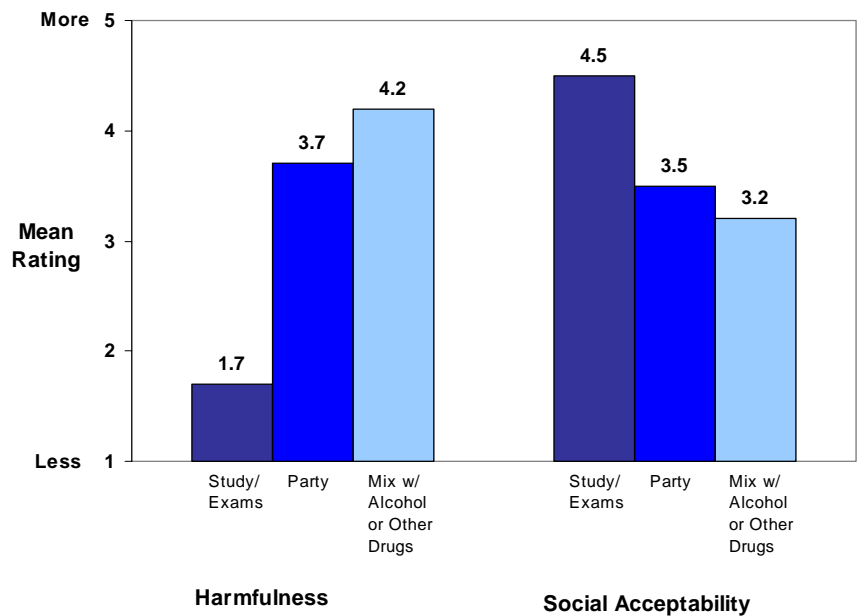


Table 2. SR Reports of Students' Reasons for Using Prescription Stimulants

| How Common Are the Following Reasons for Students Using Prescription Stimulants? (Number of SRs responding) | Mean Rating (1=less common→ 5=more common) |
|---|--|
| Help cram for a test (23) | 4.78 |
| Take right before exam to help focus on exam (20) | 4.30 |
| Help study in general, not including cramming (22) | 3.95 |
| Get excited/"up" for a party (22) | 3.41 |
| Stay awake to drink longer (21) | 3.05 |
| Increase the effects of alcohol (23) | 3.04 |
| Stay awake to party longer, not including drinking (22) | 3.00 |
| Increase the effects of other drugs (21) | 3.00 |
| To deal with depression (20) | 2.70 |
| Reduce anxiety (21) | 2.62 |
| To lose weight (20) | 2.55 |
| Reduce inhibitions (17) | 2.53 |
| Get excited/"up" for a sporting event (21) | 2.05 |
| Help wake up in the morning (20) | 2.00 |
| Perform better in athletics (15) | 1.80 |
| Promote sexual activity (19) | 1.58 |

hectic time of the semester. Periodic updates of their perceptions of student drug use enabled us to study emerging drugs of abuse and provided consistent information across the surveys. Repeating the survey enabled us to follow up on issues raised by SRs in the prior survey and allowed us to detect changes in drug use. For example, the surveys revealed changes in drug use patterns related to final exams and warmer weather (see sidebar, pg. 2) that may have gone undetected in a one-time survey.

Future Research

The SDR panel is small and comprised mainly of a purposefully selected sample of "higher risk" students likely to be most familiar with drug use. Our findings, therefore, can tell us nothing about the typical student's perceptions of drug use and availability. In the coming year, we plan to expand the sample of SRs to include "lower risk" students who may have less knowledge or experience with drug use. The larger sample will enable us to put the responses from the higher risk group into the context of the general student population. We may, for example, be able to track the dispersion of emerging drugs from higher risk to lower risk students.

Recommendations

The SDR surveys provided extensive details about the misuse of prescription stimulants by college students at one university. It is clear that these drugs are misused by a segment of the college student population, especially to achieve academically, but also to party longer with alcohol and other drugs. A recent survey of more than 10,000 college students from 119 four-year colleges in the U.S. estimated that past year use of stimulants ranged from 0% to 25% at individual colleges,³ and the national household survey has reported a trend towards increasing use of prescription stimulants by youths age 18 to 25 nationally.⁴ College students who misuse prescription stimulants have also been found more likely to be poly-drug users.⁵ These findings, combined with

our SDR results, suggest that the misuse of prescription stimulants by college students is a topic in need of attention. The law enforcement implications of these trends are significant, given that the possession and distribution of prescription drugs for non-medical use is illegal.

Student leaders, parents, researchers, and administrators in Maryland need to work together to identify and understand the health and social consequences of this misuse. Other questions to be addressed include:

1. Is it harmful for students to use prescription stimulants occasionally to enhance their academic performance?
2. Does such use lead one to abuse other drugs?

3. What are the health consequences of mixing stimulants with other drugs?
4. Should there be greater campus enforcement of penalties for the misuse of prescription stimulants?
5. What is the best way to prevent the misuse of stimulant drugs by college students?

CESAR's College Life Study, a NIDA-funded, longitudinal study of a cohort of students entering the University of Maryland, will examine some of these topics. Other institutions may also want to consider implementing SDR-type surveys to capture timely information about drug use trends in their student populations.

Study Methods

Sample Selection. We selected a consistent panel of University of Maryland undergraduate students who would complete the survey each month. As part of the pilot study for CESAR's College Life Study, a brief drug use screening instrument had been administered to 502 students in 3 introductory-level classes in the fall of 2003. These students had volunteered to be contacted again to participate in future CESAR research. Using their responses to the screener, we selected a group of sophomores and juniors to recruit for the monthly SDR survey. We oversampled students who indicated prior experience or knowledge about drug use and, especially, of prescription stimulants.

Out of 50 selected students, verbal agreement to participate was obtained by phone from 32 students. Each student reporter (SR) was mailed a packet of information that included a description of the program, representative topics that might appear on future surveys, and a consent form to be returned by mail; 26 of the 32 SRs completed and returned their consent forms. The March survey was mailed on April 4, 2005. To ensure confidentiality, respondents were told not to write their names on the survey and were assigned a unique study identification number. SRs were not notified of a return date in the first survey. However, when some surveys were returned only a few days before the next survey was sent out, we implemented a deadline for future surveys. The April survey was sent on May 6, 2005, with a return date of May 16. SRs were paid \$20 cash for each survey completed.

Survey Instrument. Each month's survey focused on areas of interest to DEWS staff and/or questions raised by the participants' responses to the prior survey. The surveys were semi-structured, containing rating scales, multiple-choice response items, and questions where respondents were asked to write detailed answers. SRs were instructed to respond to all questions, based on observations that they or their friends made during the last month or since the last time they completed the survey. No information about their personal use of drugs was obtained and no drug users were identified in the survey. A copy of the instrument can be obtained in the SDR reports available at <http://www.cesar.umd.edu>.

Study Limitations. SR perceptions of drug use are not representative of the general student population. The SDR findings are obtained from a panel of students oversampled to include students familiar with drug use. The SDR reports, therefore, should be viewed as describing the most extreme drug-involved practices.

References

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- ⁵ *Ibid.*