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# Health Beat [www.healthbeatblog.org](http://www.healthbeatblog.org) by Maggie Mahar

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July 12, 2010

## Illicit Drugs on Campus Are Increasingly the Rx Variety

Here's something that frankly, disturbed me. My daughter, who just finished her freshman year in college, recently told me, "I can't believe how many kids at school take prescription drugs on a regular basis. They take Adderall to help them study, Ambien to get to sleep and Xanax to calm down." It surprised me that at 18 she even knew all the names of these drugs. Had she said that her fellow students were using marijuana or even ecstasy I wouldn't have been as shocked. Those are the kinds of drugs you expect to find--along with copious amounts of alcohol--on college campuses.

But this sounded like prescription pills were freely available—prescribed to students with attention-deficit diagnoses or some other mental health problem, (or swiped from parent's medicine cabinet or obtained on-line) and then traded around like loose cigarettes at a frat party.

Is this just a singular experience at my daughter's school—a competitive New England college with an outsize quotient of privileged, over-medicated kids? The Centers for Disease Control and other groups are finding otherwise. Turns out the regular use—and abuse—of prescription drugs among high school students is one of the most prevalent risky behaviors that the agency measures in its yearly Youth Risk Behavior Survey. The results of the [most recent survey](#), released in June found that:

“Nationwide, 20.2% of students had taken prescription drugs (e.g., Oxycontin, Percocet, Vicodin, Adderall, Ritalin, or Xanax) without a doctor's prescription one or more times during their life.”

For 12th graders, that figure jumps to almost 26% of all students surveyed. And researchers are finding that the prevalence of prescription drug abuse may be even higher among college students.

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For example, a 2008 study by the National Institute of Drug Abuse found that college students are twice as likely to abuse prescription stimulants as their peers outside of college.

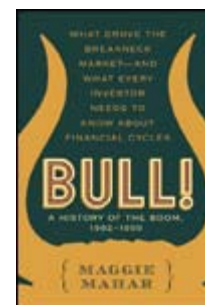
In [a study in the \*Journal of Clinical Psychology\*](#), researchers found that of 483 students who were prescribed a medication, 35.8% reported that they had diverted a drug at least once in their lifetime. The most commonly diverted prescription drugs were attention-deficit/hyperactivity disorder medication (61.7% diversion rate) and prescription painkillers (35.1% diversion rate). This isn't the work of hard-core drug dealers though; the study found that 33.6% of students freely shared their pills with friends, while only 9.3% had actually sold them.

Another study, conducted by researchers at the University of Rhode Island and [published last year](#) in the *Journal of Attention Disorders* found that on one college campus, 7.5% of a sample of students surveyed reported they had used non-prescribed stimulants (Ritalin, Adderall, Concerta) within the past 30 days; meanwhile 60% reported knowing students who misused stimulants; and 50% agreed or strongly agreed the drugs were “easy to get on this campus.” (Other studies have found that actual rates of stimulant abuse on many campuses are closer to 20%, and a study in the journal *Addiction* found that at top schools like those in the Ivy League, the usage rate of stimulants was [as high as 25 percent](#) – a number that continues to grow.)

College is a time for experimentation, taking new risks and increased independence. But in these times of economic insecurity, mixed with high expectations from hyper-involved parents, young people are feeling an increased pressure to excel academically and ultimately, succeed. They have come of age at a time when a record number of kids are being diagnosed with learning disorders, ADHD, depression, and anxiety. In fact, the CDC survey found that “26.1% of students nationwide had felt so sad or hopeless almost every day for 2 or more weeks in a row that they stopped doing some usual activities.” Among female teenagers that alarming despondency reached almost 34%.

According to an on-line article from the [Partnership for a Drug-Free America](#), “There's mounting evidence that classic cram sessions fueled by No-Doz and strong coffee have been replaced with all-nighters courtesy of prescription stimulant drugs. Used to sharpen focus, aid studying and enhance concentration, these medications are readily accessible on many college campuses and, much to the chagrin of substance abuse experts and healthcare professionals, seemingly widely accepted among the student body.”

The article quotes a “high-achieving senior at a small northeastern university” who used prescription stimulants “whenever I had to study for exams or do other time-consuming homework... I feel very



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awake and motivated and I'm able to get through schoolwork and studying much more productively." Sounds like a compelling case for the benefits of cognitive-enhancement.

In the last decade, as I wrote in a [recent HealthBeat post](#), sales of prescription medications for children have sky-rocketed; including those to treat psychiatric problems. Now these same children are showing up at college, still carrying their legitimately prescribed, mood-altering drugs. To them, and also to their non-medicated peers, prescription drugs are not considered dangerous and they are far easier to obtain than street drugs—in fact, when testifying before Congress in 2007, A. Thomas McLellan, the former CEO of the Treatment Research Institute, an addiction research center, said:

"In 2004 our studies indicated it may be as easy to buy opiates or other abusable prescription drugs online as it is to purchase a book or CD. The same is true today. Anyone – regardless of age or medical need - can purchase pharmaceutical grade opioids, barbiturates, benzodiazepines and stimulants over the Internet without a prescription."

To young people, these drugs (unlike illegal substances like marijuana or cocaine whose usage has dropped among adolescents) are seen as enhancing the lives of those who take them and improving their academic performance. Gone are the days when the only illicit use of prescription drugs on campus was when they were slipped into the drinks of unsuspecting young women; the dreaded "date rape" scenario. Now, if you have a big exam, you might ask your roommate to share his Adderall to help you study.

This practice, though seemingly viewed so casually by many students, is nonetheless troubling and dangerous. In fact, studies have shown that kids who abuse stimulants are three to four times more likely to abuse marijuana, cocaine and other prescription drugs (as well as alcohol). When doctors prescribe stimulants to kids with ADHD, they screen them and monitor them for side-effects to assure safety. But when students abuse drugs like Adderall or Ritalin they run the risk of unexpected psychiatric symptoms like depression or dangerous side-effects like cardiac arrest and seizures.

Stimulants are not the only class of prescription drugs to be abused by teens and college students. Data from the [Drug Abuse Warning Network](#) (DAWN), operated by the Substance Abuse and Mental Health Services Administration (SAMHSA), estimate that in 2008 12-20 year-olds accounted for an estimated 141,417 (14.5 percent) of the 971,914 emergency department visits for non-medical use of pharmaceuticals (not including suicide attempts). The data showed that ED visits involving non-medical use of narcotic pain relievers (drugs like Oxycontin and Vicodin) increased by 113% in patients younger than 21.

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"We urgently need to take action," says CDC director Dr. Thomas Frieden. "Emergency department visits involving non-medical use of these prescription drugs are now as common as emergency department visits for use of illicit drugs. These prescriptions medicines help many people, but we need to be sure they are used properly and safely."

How bad is the problem of diversion? In terms of opioids like Oxycontin and Vicodin, [according to the CDC](#), "[t]here has been at least a 10-fold increase in the medical use of opioid painkillers since 1995, resulting from a movement toward more aggressive management of pain. By 2006, opioid painkillers were involved in more overdose deaths than heroin and cocaine combined due in part to legal prescriptions being used illicitly." The treatment of chronic pain remains a controversial issue—with some doctors and patients arguing that increased use of opioids like Oxycontin are vitally necessary to effectively treat intransigent pain, while others charge that the drugs are too freely prescribed and then illegally diverted. This [recent post on KevinMD](#) (and the reader comments) provides a more in-depth discussion of the issue.

The bottom line though is that trying to block students' access to illicit prescription drugs is a difficult and elusive strategy. The medications are pervasive and easy to acquire either through friends, internet pharmacies or from a relative's stash. To better confront the problem of prescription drug abuse among students, colleges and health professionals first of all need a better picture of the extent of the problem. Current studies [often lack good data](#) on how prevalent this illicit use of prescription drugs is on campus. The studies that do exist suffer from poor response rates, non-random samples and under-reporting by students who worry about revealing their illicit drug use. This year was the first time the CDC included a question about illicit prescription drug use in its survey on high school risky behaviors. Most colleges don't even ask about the practice in their surveys of students either.

It seems that education programs about illicit prescription drug use need to start long before students reach college age—perhaps in early middle school when health curricula focus on street drugs and alcohol prevention. Right now, much of the information kids have about stimulants, for example, comes from vast media advertising about how beneficial they can be for students who suffer with attention disorders. I found this (from an article written by a "child psychologist") on a website called [Adhdnews.com](#) that carries advertising for an ADHD drug sold by Shire Pharmaceuticals:

"The beneficial effects of stimulant adhd medication treatment can be dramatic. Attention to class work can improve to the extent that the child is no longer distinguishable from classmates; activity level can decline to within normal limits and impulsivity can be substantially

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reduced. Even associated difficulties such as disruptive behavior and peer relationship problems sometimes show dramatic improvement. Interactions between parent and child and between the child and his or her siblings have also been shown to improve. Academically, many children show clear improvements in the quantity and quality of the work they complete.”

Kids—and their parents, need to be told about the negative effects of these and other psycho-pharmacological drugs and the dangers inherent in illicit use. Doctors need to be less liberal in their prescribing habits—or at least demand greater accountability from their young patients and their parents. We are an increasingly medicated society—all the way down to our youngest members. Somehow the message has to get through that all drugs—prescription or street—can be dangerous and should be used with caution and restraint, if at all.

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Posted by Naomi Freundlich on July 12, 2010 | [Email this post](#)

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## COMMENTS



Thanks Naomi,

Big PhRMA is in part culpable.

The concept is called "product stewardship" meaning that the manufacturers are responsible for where their products go from cradle to grave.(including I might add into the general environmental)

Let's face it. Many in Big PhRMA have just morphed into legally sanctioned "drug pushers".

Disgraceful.

Dr. Rick Lippin  
Southampton,Pa

Posted by: [Dr. Rick Lippin](#) | [July 13, 2010 at 05:08 PM](#)

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Rick,

Your comment about adult Medicaid patients being prescribed opioid painkillers at a higher rate is interesting because many studies find that kids covered by Medicaid are also prescribed psychiatric drugs like stimulants and atypical anti-psychotics far more readily than those covered by private insurance. Clearly it's cheaper to provide medication than to pay for therapy or other behavioral intervention.

Posted by: [Naomi Freundlich](#) | [July 13, 2010 at 12:58 PM](#)



The huge volume of pain meds out there has at least something to do with the high bar set for authorization of surgery in the Medicaid population. If you're on Medicaid and you have a painful injury or condition that could be either cured by surgery or treated with pain meds, most state Medicaid agencies will choose the less expensive route of authorizing meds for the patient, but not the surgery.

I was told recently that in the dual-eligible population (those eligible for Medicare and Medicaid), something like 80 percent of patients have prescription drug addiction as a comorbid condition.

Yikes! Is it any wonder that some of this wave of pain pills finds its way into the hands of young people?

Posted by: Rick | [July 13, 2010 at 12:39 PM](#)



"Pain kills" or "pain is a disease"

Yeah, it kills our kids, that's who it kills. I blame the pain management push of the last 10 years. Which of these kids lives are worth making sure some adult's pain score is less than 3?

Posted by: Jenga | [July 12, 2010 at 10:35 PM](#)



#1 Dinosaur,

Well, patient-centered care is not the same thing as patient-dictated care. If as a doctor, you feel that based on "evidence-based medicine" that Adderall or Oxycontin aren't appropriate treatment for a particular patient, then this wouldn't be one of the options under discussion. Patient-centered decisions are more about understanding that

individuals have different beliefs, issues of importance and motivations. For example, one person with cancer might choose treatment that preserves quality of life in the short-term over aggressive, debilitating therapy that might increase their survival time. Being informed of both options (and others if there are some), having the type of conversations that can help both patient and doctor understand what is most important--that is patient centered care. It certainly is not giving patients what they want all the time even when unindicated.

Posted by: [Naomi Freundlich](#) | [July 12, 2010 at 10:24 PM](#)



How does this square with our new CMS director's self-described passion for patient-centered care, giving people "exactly what they want, when they want it," even if it conflicts with evidence-based medicine? I guess I'm supposed to explain out my ass why Adderal and Oxycontin aren't necessary for a particular patient, but if in the end they still insist that they want it, would Don Berwick still say my answer should be "Yes"?

Posted by: [#1 Dinosaur](#) | [July 12, 2010 at 08:37 PM](#)

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