

# 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 No-Doz 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' non-medical 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.

*(Continued on page 2)*

(Continued from page 1)

## Legal but Not Necessarily Safe

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. 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 nonmedical 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

(Continued on page 3)

(Continued from page 2)

## Legal but Not Necessarily Safe

“Online and Easy!”).

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

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.”

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