

# Rx FOR PREVENTION:

Non-Medical Prescription Drug Use Toolkit for Health Promotion Professionals

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## **ACKNOWLEDGEMENTS**

The “Rx for Prevention: Non-Medical Prescription Drug Use Toolkit for Health Promotion Professionals” was developed, in part, to fulfill the degree requirements of an applied dissertation project with Nova Southeastern University. The author would like to thank all publication reviewers:

Sheryl Bowen-Perlmutter, Ph.D., Associate Professor, Villanova University,  
Communication and Gender & Women’s Studies

Michael P. McNeil, Director, Columbia University, Alice! Health Promotion Program

Gina Baral Abrams, Director, Princeton University, Health Promotion and Wellness

P. Davis Smith, MD, Medical Director, Wesleyan University, Davison Health Center

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## **RECOMMENDED CITATION:**

Andes, S. (2010). Rx for Prevention: Non-Medical Prescription Drug Use Toolkit for Health Promotion Professionals.

# Rx FOR PREVENTION:

## Non-Medical Prescription Drug Use Toolkit for Health Promotion Professionals

### EXECUTIVE SUMMARY

#### NON-MEDICAL PRESCRIPTION DRUG USE (NMPDU) IS WHEN A PRESCRIPTION DRUG IS USED...

- For anything other than its intended purpose,
- By someone other than the intended recipient,
- In a dosage other than prescribed (Arria et al., 2005).

#### NATIONAL DATA INDICATE...

- The drugs of choice on college campuses remain: alcohol, tobacco, caffeine and marijuana (Arria et al., 2005; CASA, 2007; Johnston & O'Malley, 2003).
- Demographics of those at particular risk include: male, Caucasian, fraternity and sorority-affiliated, more competitive academic cultures, four-year institutions, those with higher family incomes, and those with declining GPAs (McCabe et al., 2005, 2006, & 2007; Simoni-Wastila & Strickler, 2004; Simoni-Wastila et al., 2004).
- Full-time college students who used Adderall® non-medically in the past year were more likely to have used other drugs (Arria et al., 2008; McCabe & Teter, 2007; NSDUH, 2009).
- Medically supervised use shows no greater risk for illicit drug use (Arria, personal communication, March 2009; Compton & Volkow, 2005; McCabe, 2008).
- 58% of college students got diverted prescription medications from their peers. These students were 8 times more likely to use marijuana and 4 times more likely to binge drink (McCabe & Boyd, 2005).
- 68% of college students got diverted stimulant medications from their peers. These students were 24 times more likely to use marijuana and 7 times more likely to binge drink (McCabe & Boyd, 2005).
- Approximately 50% of college students prescribed stimulant medication for ADHD are approached to divert their medication (Boyd, McCabe, & Teter, 2006; McCabe, Teter, & Boyd, 2004).

#### EXISTING DATA SOURCES

- CASA Columbia Reports ([www.casacolumbia.org/absolutenm/templates/Home.aspx](http://www.casacolumbia.org/absolutenm/templates/Home.aspx))
- Monitoring the Future ([www.monitoringthefuture.org/](http://www.monitoringthefuture.org/))
- American College Health Assessment - National College Health Assessment – II ([www.acha-ncha.org](http://www.acha-ncha.org))
- Drug Abuse Warning Network ([dawninfo.samhsa.gov/](http://dawninfo.samhsa.gov/))
- National Surveys on Drug Use and Health ([nsduhweb.rti.org/](http://nsduhweb.rti.org/))

#### SEMINAL PUBLICATIONS (THAT ADDRESS NMPDU & DRUG ASSESSMENT)

- Use & Misuse of Stimulants: A Guide for School Health Professionals (ACHA)
- Methods for Addressing College Student Use of Alcohol and Other Drugs (HEC)
- Wasting the Best & Brightest: Substance Abuse at America's Colleges & Universities (CASA)

#### ONLINE RESOURCES

- Alcohol and Alcohol Problems Science Database ([etoh.niaaa.nih.gov](http://etoh.niaaa.nih.gov))
- Center for Substance Abuse Research ([www.cesar.umd.edu/](http://www.cesar.umd.edu/))
- Higher Education Center – Recently Published Research ([www.higheredcenter.org/services/assistance/research](http://www.higheredcenter.org/services/assistance/research))
- Drug Abuse Warning Network ([dawninfo.samhsa.gov/pubs/edpubs/default.asp](http://dawninfo.samhsa.gov/pubs/edpubs/default.asp))
- National Institute on Drug Abuse ([www.nida.nih.gov/drugpages/prescription.html](http://www.nida.nih.gov/drugpages/prescription.html))
- Project Cork Database ([www.projectcork.org/database\\_search](http://www.projectcork.org/database_search))
- Substance Abuse and Mental Health Services Administration ([www.samhsa.gov](http://www.samhsa.gov))
- Substance Abuse Research Center ([sitemaker.umich.edu/umsarc/home](http://sitemaker.umich.edu/umsarc/home))

#### PROFESSIONAL ASSOCIATIONS

- American College Health Association – Alcohol, Tobacco and Other Drug Coalition ([www.acha.org/info\\_resources/ATOD\\_resources.cfm](http://www.acha.org/info_resources/ATOD_resources.cfm))

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- American College Personnel Association – Commission for Alcohol and Other Drug Issues ([www.myacpa.org/comm/aod](http://www.myacpa.org/comm/aod))
- NASPA – Alcohol and Other Drug Knowledge Community ([www.naspa.org/kc/aod/default.cfm](http://www.naspa.org/kc/aod/default.cfm))
- The Network ([www.thenetwork.ws/](http://www.thenetwork.ws/))

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### INTRODUCTION

In Western societies, the experience of young adulthood is often characterized as a moratorium in which one is expected to formulate an identity in an environment which provides a safety net for mistakes. Unfortunately, the safety net for mistakes, often called college, provides a tradition rich with poor decision-making around alcohol and other drugs. When compared with their peers not attending college, evidence suggests that college students are illicitly using prescription drugs at higher rates. With record numbers of college students arriving on today's college campuses with legitimate prescription medications of their own, the opportunities for non-medical prescription drug use (NMPDU), coupled with a general ignorance about the associated risks, have combined to create an emerging college health issue.

With a growing body of data on NMPDU, college health promotion professionals are beginning to inform and establish best prevention practices. In an effort to build on existing data regarding NMPDU, this toolkit for health and peer educators at college and universities aims to provide a comprehensive resource for primary, secondary, and tertiary risk-reduction strategies in addressing non-medical prescription drug use.

Whether your campus has yet to collect data on NMPDU or whether you are working collaboratively with others on your campus to integrate NMPDU education and awareness, I hope that this will prove a valuable resource as you evaluate and bolster your efforts around this emerging college student health issue.

In Health,

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### MATERIALS IN THE TOOLKIT

ITEMS	DESCRIPTION
Data Sources and Tools	Overview of alcohol and other drug survey instruments, subsequent questions on non-medical prescription drug use, and recommended survey questions for localized survey and data collection.
Prevention Strategies: Primary	Sample e-mail/letters to students, parents, and faculty regarding non-medical prescription drug use and promotion of campus resources for time, stress and study management; sample public service announcement(s) addressing non-medical prescription drug use and promotion of campus resources for time, stress and study management; PowerPoint presentation template featuring all elements of the toolkit and prompts for localized data and resource information; program template(s) to address non-medical prescription drug use and related issues; drug scheduling and legal consequences for non-medical prescription drug use; and time, stress, and study management strategies for the general college student population.
Prevention Strategies: Secondary	Patient education materials regarding the questions the student should ask their prescribing provider regarding prescription drugs; sample BASICS feedback discussion points with special focus on non-medical prescription drug use; and National Institute of Drug Abuse screening tool for clinicians.
Prevention Strategies: Tertiary	Strategies for clinicians working with students legitimately prescribed medications. Health care and health promotion professionals can provide strategies to students to manage requests for medication-sharing. Additionally, health promotion professionals can make information available to students regarding patient rights and responsibilities in understanding the purpose and appropriate use of prescribed medications.

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### DATA SOURCES AND TOOLS

This section provides an overview of alcohol and other drug survey instruments, subsequent questions on non-medical prescription drug use, and recommended survey questions for localized survey and data collection.

#### INSTRUMENT

#### NMPDU QUESTIONS

[Drug Abuse Warning Network  
dawninfo.samhsa.gov/pubs/edpubs/  
default.asp](http://dawninfo.samhsa.gov/pubs/edpubs/default.asp)

The Drug Abuse Warning Network (DAWN) is a public health surveillance system that monitors drug-related hospital emergency department (ED) visits and drug-related deaths to track the impact of drug use, misuse, and abuse in the U.S. Do your local hospitals collect this data?

[Monitoring the Future  
www.monitoringthefuture.org](http://www.monitoringthefuture.org)

Monitoring the Future (MTF) project, also widely known for some years as the National High School Senior Survey, is a repeated series of surveys in which the same segments of the population (8th, 10th, and 12th graders; college students; and young adults) are presented with the same set of questions over a period of years to see how answers change over time. The data collection study measures the behaviors, attitudes, and values of American secondary school students, college students, and young adults. Each year a total 50,000 8th, 10th, and 12th graders are surveyed.

Standard set of three questions for substance use:

On how many occasions, if any, have you used...(insert substance)...in your lifetime...during the last 12 months...during the last 30 days?  
(0, 1-2, 3-5, 6-9, 10-19, 20-39, 40 or more)

For psycho-therapeutic drugs, respondents are instructed to report use "on your own – that is without a doctor telling you to take them."  
(0, 1-2, 3-5, 6-9, 10-19, 20-39, 40 or more)

How much do you think people risk harming themselves (physically or in other ways), if they try (insert substance) once or twice, for example:  
(No risk, slight risk, great risk, can't say drug unfamiliar)

Do YOU disapprove of people doing each of the following (insert substance): if they try (insert substance) once or twice, for example:  
(Don't disapprove, disapprove, strongly disapprove, can't say drug unfamiliar)

How difficult do you think it would be to get each of the following drugs, if you wanted some:(Probably impossible, very difficult, fairly difficult, fairly easy, very easy, can't say drug unfamiliar)

Where did you get the (insert substance) you used without a doctor's orders during the past year:

- Bought on Internet
- Took from friend/relative without asking
- Given for free by friend/relative
- From a prescription I had
- Bought from drug dealer/stranger
- Other method

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### INSTRUMENT

### NMPDU QUESTIONS

American College Health  
Association-National College  
Health Assessment-II (NCHA-II)  
[www.acha-ncha.org](http://www.acha-ncha.org)

The ACHA-NCHA-II is a nationally recognized research survey administered to over 450 colleges and universities each year. It measures college student health habits, behaviors, and perceptions.

In the last 12 months, have you taken any of the following prescription drugs that were not prescribed to you: Yes or No  
Antidepressants (e.g., Celexa<sup>®</sup>, Lexapro<sup>®</sup>, Prozac<sup>®</sup>, Wellbutrin<sup>®</sup>, Zoloft<sup>®</sup>)  
Erectile dysfunction drugs (e.g., Viagra<sup>®</sup>, Cialis<sup>®</sup>, Levitra<sup>®</sup>)  
Pain killers (e.g., Oxycontin<sup>®</sup>, Vicodin<sup>®</sup>, Codeine<sup>®</sup>)  
Sedatives (e.g., Xanax<sup>®</sup>, Valium<sup>®</sup>)  
Stimulants (e.g., Ritalin<sup>®</sup>, Adderall<sup>®</sup>)

National Surveys on Drug  
Abuse & Health  
<https://nsduhweb.rti.org/>

The National Survey on Drug Use and Health (NSDUH) provides yearly national and state-level data on the use of alcohol, tobacco, illicit and non-medical prescription drugs in the United States.

Asks about lifetime, past year and past month non-medical tranquilizer, sedative, stimulant, and pain reliever use

Asks about lifetime use of all specific prescription medications (e.g., Valium<sup>®</sup>, Codeine<sup>®</sup>)

Sample Questions Utilized by Other  
Institutions of Higher Education  
For Questions 1–6, Contact Person:  
P. Davis Smith, M.D.  
Wesleyan University  
[pdsmith@wesleyan.edu](mailto:pdsmith@wesleyan.edu)

How recently have you used prescription narcotics (such as Oxycontin<sup>®</sup>, Percocet<sup>®</sup>, Vicodin<sup>®</sup>, Codeine<sup>®</sup>) that were not prescribed to you or used for purposes other than as intended: (Never; past 30 days; past year; >1 year ago)

How recently have you used prescription stimulants (such as Ritalin<sup>®</sup>, Adderall<sup>®</sup>, Concerta<sup>®</sup>) that were not prescribed to you or used for purposes other than as intended: (Never; past 30 days; past year; >1 year ago)

In the last year, have you been prescribed medication for any of the following mental health concerns: (Depression; Anxiety; Bipolar disorder; Psychosis; ADD; other)

For Questions 7–8, Contact Person:  
Christina Athas  
Research Analyst  
The Ohio State University  
[cathas@studentlife.osu.edu](mailto:cathas@studentlife.osu.edu)

Have you ever purchased/acquired prescription drugs without a prescription in the following locations: (On the street; stolen from friend/family; in the residence hall; in a classroom building; on the Internet; at work; while socializing at bars/clubs; other sources)

While taking a prescription medication, have any of your friends or peers ever asked you to share your medication: (Yes/No)

If you currently take a prescription medication, have you ever sold or given away any of your medicine: (Yes/No)

How often do you generally use the following types of prescription medications that weren't prescribed for you? (Pain medications, sedatives, stimulants)

How often do you believe the typical OSU student generally use the following types of prescription medications that weren't prescribed for them? (Pain medications, sedatives, stimulants)

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### SAMPLE COMMUNICATION TEMPLATES

This section provides sample e-mail/letters to students, parents, and faculty regarding non-medical prescription drug use and promotion of campus resources for time, stress and study management.

Student communication can take the form of a student-written campus newspaper article, health promotion publication (e.g., toilet stall publication), and/or a student-targeted letter or e-mail.

#### SAMPLE E-MAIL/LETTER TO STUDENTS:

e-mail Subject: Prescription for Success

Dear Student:

As you prepare for mid-term exams and presentations, we would like to remind you of the resources available to you at [FILL IN INSTITUTION NAME HERE]. We understand that the ability to perform at your best requires you to maintain healthy balance in your life from sleep to time management to eating and exercise. Let us at [FILL IN APPROPRIATE OFFICE/DEPARTMENT/SERVICE HERE] work with you to ensure your personal and academic success.

Prescription for Success:

Take advantage of the following services and resources in the coming weeks:

[NOTE ALL RELEVANT SERVICES AND RESOURCES HERE – TAILORING THIS INFORMATION AS MUCH AS YOU ARE ABLE IS IDEAL]

A word about non-medical prescription drug use:

The majority of [FILL IN INSTITUTION NAME HERE] students are NOT turning to non-medical prescription drug use as a time, stress, and study management strategy. In fact, [INSERT CAMPUS-SPECIFIC DATA HERE, IF IT IS AVAILABLE TO YOU] % of [INSERT INSTITUTION NAME HERE] students do not misuse their own prescribed medications or use another person's prescribed medication in order to enhance their ability to stay awake, study longer, or increase concentration. This is a myth.

In fact, we now know that students who do misuse their own prescribed medications or use another person's prescribed medication actually demonstrate lower and declining GPA averages than the majority of their peers who choose other strategies for success. The expectation of students who misuse prescribed medications is the exact opposite of what we now know to be true. Interested in learning more? Please visit [INSERT CAMPUS OR NATIONAL WEB SITE HERE]

Sincerely,

[NAME]

[TITLE]

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### SAMPLE E-MAIL/LETTER TO PARENTS AND GUARDIANS:

e-mail Subject: Prescription for Success

Dear Parent or Guardian:

As your student prepares for mid-term exams and presentations, we would like to remind you of the resources available at [FILL IN INSTITUTION NAME HERE]. We understand that the ability to perform at their best requires them to maintain healthy balance in their lives from sleep to time management to eating and exercise. Let us at [FILL IN APPROPRIATE OFFICE/DEPARTMENT/SERVICE HERE] work with you and your student to ensure their personal and academic success.

Prescription for Success:

Encourage your student to take advantage of the following services and resources in the coming weeks:  
[NOTE ALL RELEVANT SERVICES AND RESOURCES HERE – TAILORING THIS INFORMATION AS MUCH AS YOU ARE ABLE IS IDEAL]

A word about non-medical prescription drug use:

The majority of [FILL IN INSTITUTION NAME HERE] students are NOT turning to non-medical prescription drug use as a time, stress, and study management strategy. In fact, [INSERT CAMPUS-SPECIFIC DATA HERE, IF IT IS AVAILABLE TO YOU] % of [INSERT INSTITUTION NAME HERE] students do not misuse their own prescribed medications or use another person's prescribed medication in order to enhance their ability to stay awake, study longer, or increase concentration. This is a myth.

In fact, we now know that students who do misuse their own prescribed medications or use another person's prescribed medication actually demonstrate lower and declining GPA averages than the majority of their peers who choose other strategies for success. The expectation of students who misuse prescribed medications is the exact opposite of what we now know to be true. Interested in learning more? Please visit [INSERT CAMPUS OR NATIONAL WEB SITE HERE]

Sincerely,

[NAME]

[TITLE]

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SAMPLE E-MAIL/LETTER TO FACULTY, STAFF, & ADMINISTRATION:

e-mail Subject: Prescription for Success

Dear Faculty, Staff, Administrator:

As our students prepare for mid-term exams and presentations, we would like to remind you of the resources available at [FILL IN INSTITUTION NAME HERE]. We understand that the ability to perform at their best requires them to maintain healthy balance in their lives from sleep to time management to eating and exercise. Let us at [FILL IN APPROPRIATE OFFICE/DEPARTMENT/SERVICE HERE] work with you and the students to ensure their personal and academic success.

Prescription for Success:

Encourage your students to take advantage of the following services and resources in the coming weeks: [NOTE ALL RELEVANT SERVICES AND RESOURCES HERE – TAILORING THIS INFORMATION AS MUCH AS YOU ARE ABLE IS IDEAL]

A word about non-medical prescription drug use:

The majority of [FILL IN INSTITUTION NAME HERE] students are NOT turning to non-medical prescription drug use as a time, stress, and study management strategy. In fact, [INSERT CAMPUS-SPECIFIC DATA HERE, IF IT IS AVAILABLE TO YOU] % of [INSERT INSTITUTION NAME HERE] students do not misuse their own prescribed medications or use another person's prescribed medication in order to enhance their ability to stay awake, study longer, or increase concentration. This is a myth.

In fact, we now know that students who do misuse their own prescribed medications or use another person's prescribed medication actually demonstrate lower and declining GPA averages than the majority of their peers who choose other strategies for success. The expectation of students who misuse prescribed medications is the exact opposite of what we now know to be true. Interested in learning more? Please visit [INSERT CAMPUS OR NATIONAL WEB SITE HERE]

Sincerely,

[NAME]

[TITLE]

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Public service announcements (PSA) can and should be developed by students on your campus. Consider inviting faculty who teach media, marketing, or communication courses to integrate the development of PSA as part of their syllabus requirements; inviting students to serve as media interns for academic credit to devote time and attention to the development of PSA; and/or partnering with campus radio and television stations to air PSA to campus community.

### PUBLIC SERVICE ANNOUNCEMENT: 30 SECOND

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#### PRESCRIPTION FOR SUCCESS: FOCUS ON RESOURCES

#### 30 SECOND SPOT—LIVE COPY (ANNOUNCER):

**Student 1:** Paging Dr. Smith, Paging Dr. Smith (background crowd noise, as if in a dining hall throughout conversation)

**Student 2:** Hey, whassup? Getting all of your partying out of the way this weekend before mid-terms?

**Student 1:** Ha – yeah. I’m sure I’ll see you out. A little pre-midterms planning, though. Gotta be responsible, ya know?

**Student 2:** Let me guess...

**Student 1:** Yeah, so, can you see if she can still supply my no-sleep-till-Brooklyn habit? I’ve gotta get at least 3 sleep-free days under my belt to get all of my take-home exams done and study for my comprehensive bio exam.

**Student 2:** I’ll see what I can do. I’m still keepin’ it real, ya know? Those study skills sessions I’ve been doing since last year’s crash and burn with Addy are really paying off. I am actually excited to see how I do.

**Student 1:** Seriously? I didn’t think anyone actually did study skills counseling. What are they like?

**Student 2:** It’s hard to explain cuz it’s totally based on how you study, how you learn, how you read, ya know, lots of different stuff. You should check it out. I found out that I have to be doing something while I am studying like running on the treadmill.

**Student 1:** No joke? I could work on my six-pack AND study? I’m totally in. Is it too late to do it now?

**Student 2:** Not at all, my man. I’ll introduce you to Dr. Frank now, if you want. Come on, we can stop over on our way to class.

**Narrator:** Stop by the University Counseling Center to schedule your appointment with a study skills counselor today. Write your prescription for success today by calling xxx.xxx.xxxx or visiting our office on the second floor of the Health Services Building. Brought to you by the Office of Health Promotion for a happy and healthy mid-terms week.

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#### QUESTIONS TO ASK IN THE PSA DEVELOPMENT PROCESS

([www.mediaeducationlab.com/media-literacy-and-prescription-drugs](http://www.mediaeducationlab.com/media-literacy-and-prescription-drugs)):

What images will the segment include (if visual), sound effects (if audio)?

What words or text with your PSA include?

What are viewers/listeners supposed to see or experience on the surface of the PSA?

What message do you hope that viewers/listeners take away from the PSA? How will you reinforce this message?

How does this approach compare/contrast with other relevant messages (e.g., prescription drug advertising)?

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### POWERPOINT TEMPLATE

The following PowerPoint template is intended for adapted use with student, staff, faculty, and administrator audiences. It contains national data, planted discussion questions to be used on their own or with clicker technology (if it is available to the user), and needs assessment-driven slides to evaluate the institutional readiness to address non-medical prescription drug use on campus. Notes for each slide are provided in the “Resources” section of the toolkit.

**Rx for Prevention: Non-Medical Prescription Drug Use Toolkit for Health Promotion Professionals**

Power Point Template

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**Who is with us today?**

1. Counselor/Psychologist
2. Nurse Practitioner
3. Health Educator
4. AOD Professional
5. Peer Educator
6. I don't see myself represented here
7. I serve in a combination of several of these roles

Role	Percentage
Counselor/Psychologist	14%
Nurse Practitioner	14%
Health Educator	14%
AOD Professional	14%
Peer Educator	14%
I don't see myself represented here	14%
I serve in a combination of several of these roles	14%

**Alcohol is Still #1!**

Most Prescribed Substances Used in the Past Month by U.S. Residents, by Age Group, 2010 (NHCS)

Age Group	Alcohol	Tobacco	Insulin	Treatment for Psychotropic
18-17	29%	14%	1%	1%
18-27	36%	24%	7%	4%
28-65	32%	20%	4%	7%

\*Nonmedical use of prescription-free psychotropics includes the nonmedical use of pain relievers, tranquilizers, stimulants, or sedatives, and does not include over-the-counter drugs.

SOURCE: Adapted by CEIAR from Substance Abuse and Mental Health Services Administration, Office of Applied Studies. Results from the 2010 National Survey on Drug Use and Health. *Statistical Briefings* 2010.

**Alcohol & NMPDU are closely linked**

Percentage of U.S. Young Adult Drinkers (Current and Former) Age 18 to 24 Reporting Alcohol-Related Behaviors and Problems, by Prescription Drug Misuse (19-201)

Behavior/Problem	Prescription Drug Misuse	No Prescription Drug Misuse
Both Things/Behaviors	44.0%	24.8%
Interpersonal Problems	23.0%	8.2%

NOTE: Drinking was defined as three or more drinks on any one day or at least one day of four or more drinks per week. Prescription drug misuse was defined as non-prescription drug use without a doctor's prescription, in greater amounts, more often, or longer than prescribed, or for a reason other than a doctor said they should be used.

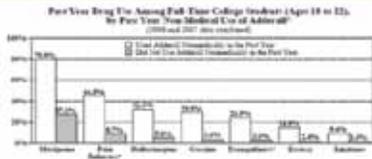
SOURCE: Adapted by CEIAR from Watson, J., Toomey, H., Maass, T., and Higgins, S., "Alcohol-Related Problems Among Young Adults Who Misuse Prescription Drugs: Results from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC)," *Substance Abuse* 27:115-124, 2006. See above information, contact Dr. Watson at jwatson@hsa.edu.



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### Other Drug Use & NMPDU: Full-Time College Students



Source: JAMA, October 10, 2007; 298(15):1811-1818. "Prevalence of Prescription Medication Among College Students: A National Study." <http://www.jama.com/doi/full/2007/298151811>

\*Tables in this presentation which are adapted or derived from previous reports are reproduced by permission of the original authors. All other content is the property of the author(s).

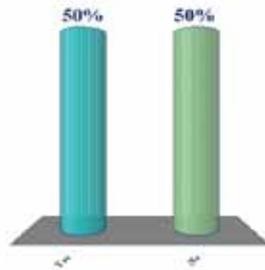
NOTE: Adapted by CDAS from Science of Applied Behavior, 10/2008, "Prevalence of Address" among Full-Time College Students. The NCSII of Spring 2007. Available online at <http://www.ncsiii.org/full-annual-reports/08-09>

### The types of OTC & Rx drugs with the most potential for abuse include...

	Opioids	Depressants	Stimulants
Rx Use	Pain control	Anxiolytic Hypnotic	Concentration
Misuse	Diminish Physical and Mental Pain Euphoria	4. Pats and anxiety 4. Well-being 4. Insomnia Downer for stimulant users	Study Aid Rush
Adverse fx	Drowsiness Nausea Constipation CNS Depression Dependency/Addiction	CNS Depression Rebound (Dependency)	Elevated BP, Resp. Glucose Panic Attacks Dependency/Addiction
Interactions	CNS Depressants incl Antihistamines	CNS Depressants incl Antihistamines	Decongestants

### Do you know how many of your students regularly take a Rx medication?

- Yes
- No



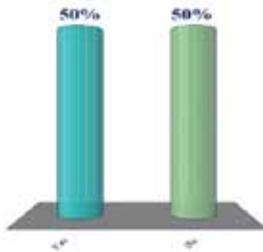
### Why non-medical use?



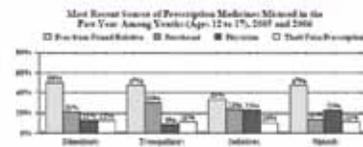
- Cost
- Access
- Perceived safety
- Possession
- Effects

### Do you know how many of your students have ever been offered someone else's Rx medication?

- Yes
- No



### Sharing Prescription Medications

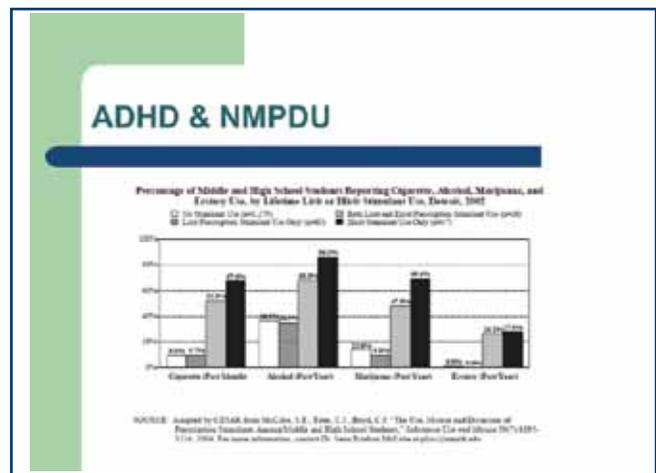
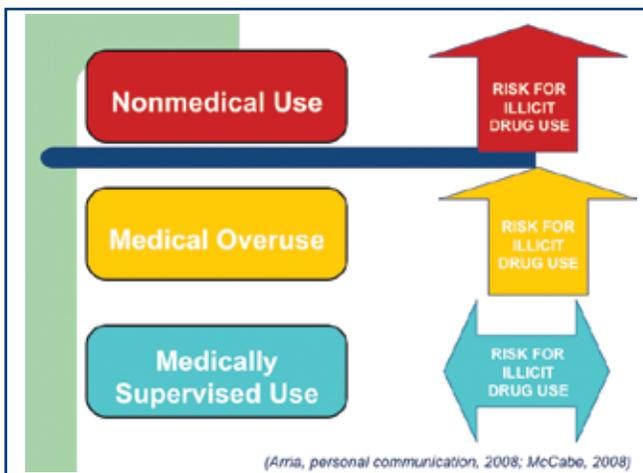
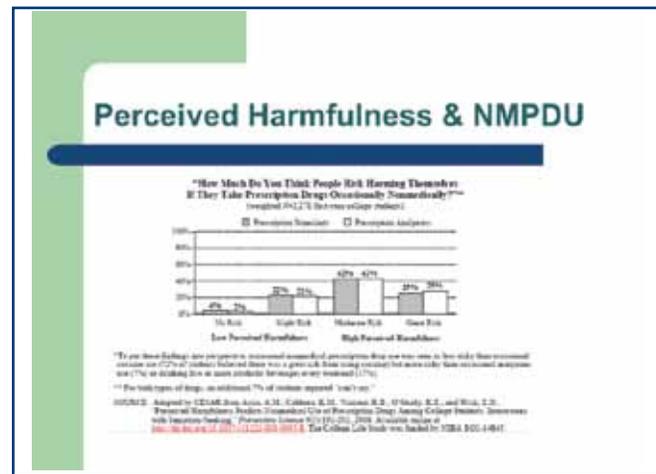
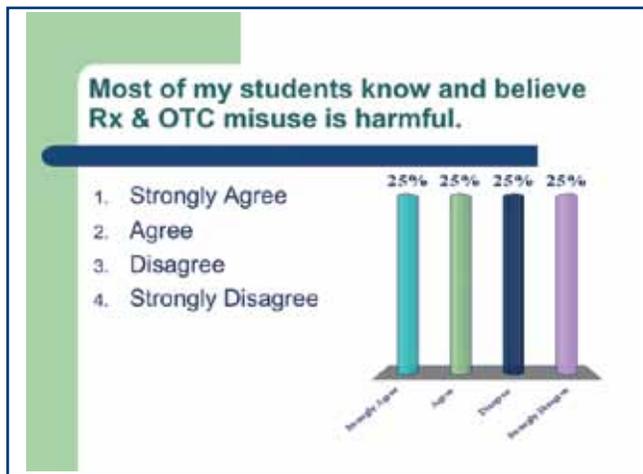
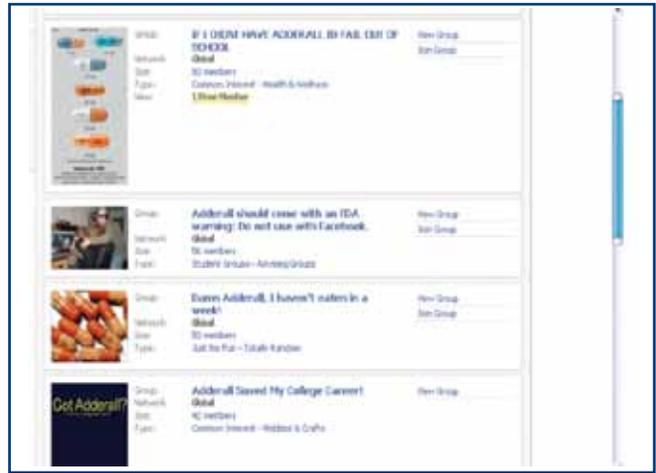
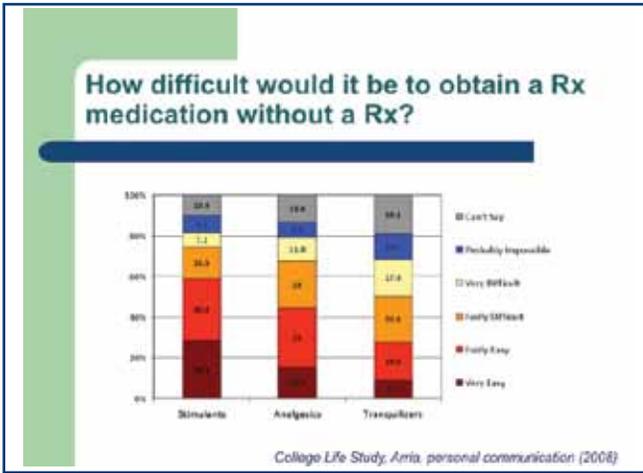


\*Source: See "Misuse of Prescription Medication Among College Students" (2007) by the National Center on Substance Abuse and Mental Health. <http://www.nsamh.com/doi/full/2007/298151811>

NOTE: Adapted by CDAS from Science of Applied Behavior, 10/2008, "Prevalence of Address" among Full-Time College Students. The NCSII of Spring 2007. Available online at <http://www.ncsiii.org/full-annual-reports/08-09>

# Rx FOR PREVENTION:

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### What is your primary need for OTC & Rx drug resources?

- Data collection resources
- Primary prevention
- Secondary prevention
- Tertiary prevention
- Other

### Data Collection

- Existing data collection regarding drug use
  - CESAR
  - NCHA-II
  - DAWN
  - NSDUH
  - Monitoring the Future
- Environmental scan
- Focus groups
- Health record information re. students with prescriptions
- Local hospital, student health center, campus and community police reports, and other local institutions of higher education

### Where do we go from here?

- Primary Prevention
  - Policy efforts
  - Ecologically-based
  - Prevent the initiation of use
- Secondary Prevention
  - Promote cessation of use
  - Harm reduction
- Tertiary Prevention
  - Address problems associated with use

### 3-in-1 Framework

- Research strongly supports use of comprehensive, integrated programs
- Education alone  $\neq$  behavior change
- Components should target:
  - individual at-risk and dependent students
  - population as a whole
  - surrounding community

### Questions? Comments?

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### PROGRAMMING TEMPLATE(S)

The following program is intended for a one-hour discussion-based program with undergraduate students. Discussion seeks to identify student level of knowledge about commonly abused prescription drugs, their prescriptive purposes, and effective strategies for time and stress management. Program can be facilitated by either health promotion professionals or trained peer educators.

#### PROGRAM TEMPLATE #1

##### I. Overview of the Problem

- What is non-medical prescription drug use? (to include brief acknowledgement of terms like off-label use and non-medical use and misuse and abuse);
- Key messages: 1) to generate time management strategies, 2) to generate strategies for students prescribed medication who are pressured to share, and 3) to generate discussion about risks of non-medical use and the reasons someone might choose to use a prescription drug without a prescription.

##### II. Scenarios

- Distribute prepared scenarios in pill bottles to pairs-small groups of peer educators. (Scenarios provided on next page of program outline)
- Ask each pair-small group to discuss the following questions for the provided scenarios with their partner(s) and to jot down their thoughts on newsprint:
  - What drug is this?
  - Why is it prescribed?
  - Why would someone misuse it?
  - What are the risks of misuse?
- Identify one positive strategy that the key character could have used in this scenario.
- Come back to the large group and ask each pair-small group to share their first scenario and their responses to the five questions with the large group.

##### III. Supplemental Handouts

- Distribute handouts on “Commonly Used Medicines” and “Time, Stress & Study Strategies.”
- Distribute handout or give brief overview of related campus resources.

**Scenario 1:** Katie is a junior nursing student living in an on-campus apartment. It’s the weekend before finals, and she has isolated herself in her room studying. She overhears her roommates talking about the prescription medication that she is taking and knows that they all think she has “an edge” that none of them have. She knows that the moment is coming when her roommate will ask, once again, if she is willing to share her medication with the rest of her roommates. Later that night, her roommate approaches her to share her meds, and she gives in. Just a few hours later, Katie ends up taking her roommate to the Student Health Center because she feels like her heart is pounding out of her chest and cannot calm down to catch her breath. In the process of talking with the Nurse Practitioner, Katie’s roommate reports that she used her medication, and she is asked to join their conversation about how dangerous the decision to share medications really was. The Nurse Practitioner lets Katie know that she will need to report her concern to the Dean of Students.  
**Drug should be a psycho-stimulant, such as Adderall®.**

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**Scenario 2:** Jessie has been unable to sleep since one of her best friends from high school passed away two weeks ago. All of her friends have noticed that she is withdrawn, seems unmotivated to go to class, and paces her room saying that she is “thinking.” She has been seeing someone at the University Counseling Center and has asked that her medication be increased. Despite that, she still can’t seem to focus on anything except the loss of her friend.  
**Drug should be a sleep aid, such as Ambien®.**

**Scenario 3:** Ed is a student-athlete who has recently sustained a season-ending injury. He is working with the physical therapist and is taking medication to help with the pain he has been experiencing for several weeks. However, lately, physical therapy has seemed more and more painful, and Ed is contemplating asking his physician to increase the dosage for a third time to alleviate symptoms.  
**Drug should be a painkiller, such as Vicodin®.**

**Scenario 4:** Melanie is a sophomore living in the Quad. She has loved being at the center of campus social life, until recently her boyfriend (who is also a student) broke up with her “out of the blue.” Since then, Melanie has stopped going to parties and hanging out with their mutual friends because she doesn’t want to run into her ex. Everyone is pretty uncomfortable with the situation, and no one wants to “pick sides.” So, Melanie decides it is best to keep to herself. Her friends push her to go out, stop sulking, and be social, and she finally gives in after a particularly rough week. She has two drinks at a party with friends, gets dizzy, and falls down the stairs at an off-campus apartment. After a trip to the ER, she comes home with a broken leg to add to her broken heart.  
**Drug should be a combination of anti-depressant, such as Zoloft®, and alcohol.**

*Kimberly Hill, M.A., Coordinator of Peer Education Programs, Villanova University, co-authored the scenarios provided.*

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### PROGRAM TEMPLATE #2

The following program is intended for a one-hour activity-based program with undergraduate students. Discussion seeks to dissect media messages about prescription drug use and abuse and to provide media literacy resources. Program can be facilitated by either health promotion professionals or trained peer educators.

Significant research indicates that teens and young adults do not readily understand the harmful effects of non-medical prescription drug use, especially those of psycho-stimulants such as Ritalin®, Adderall®, and Concerta®, often prescribed for ADD/ADHD. Research shows that today’s teens are obtaining psycho-stimulants from their peers. This activity challenges students to look at the issue of non-medical drug use in the context of today’s culture.

Ask students to sit in groups of two or more. Provide prescription drug advertisements (magazine ads, newspaper ads, script from television or radio ads, etc.), and ask everyone to create warning labels based on the information provided in the advertisement. Have each pair/group present their warning label to the group and discuss the ways media can be both misleading and appealing. Discuss resources for media literacy and ways to distinguish between accurate and inaccurate information.

**Note:** Choose prescription drug advertisements that are most relevant to your community with particular attention to medications commonly prescribed for ADD/ADHD.

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### PROGRAM TEMPLATE #3

The following program is intended for an interactive norms-clarification activity with students, staff, faculty, and/or administration. Using localized data, if possible, the presenter should incorporate real-time data collected using clicker technology with representative data collected through survey, focus group, and/or other means on campus. If your institution and/or department is fortunate enough to have access to audience response systems or “clickers,” consider a discussion-based program using the clickers to measure current student non-medical use, perceptions of peer non-medical use, identification and use of strategies to reduce diversion, identification and use of resources and services to reduce non-medical use, and utilize the “real-time” data against your localized data, if available, or national data (e.g., ACHA-NCHA reference group data). Consult the recommended survey questions under “Data Sources & Tools” as a starting point for your “bank” of discussion questions.

Program should be facilitated by health promotion professionals with particular grasp of data collection methods and localized data sources.

**Note:** Clicker questions have been embedded in the PowerPoint template provided. Utilize these questions as starting points to further localize your questions for your campus community.

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### PRESCRIPTION DRUGS & THE FEDERAL LAW

The following information can be used as a supplemental handout and/or as a resource available to the campus community through print or web resources.

DRUG SCHEDULE	PRESCRIPTION DRUG NAMES	PENALTIES
<p>I: The drug has a high potential for abuse, has no currently accepted medical use in treatment in the United States, there is a lack of accepted safety for use of the drug under medical supervision.</p> <p>II: The drug has a high potential for abuse, has a currently accepted medical use in treatment in the United States or a currently accepted medical use with severe restrictions, and abuse of the drug may lead to severe psychological or physical dependence.</p>	<p>GHB</p> <p>Dexedrine Ritalin Oxycontin Percocet Nembutal</p>	<p><b>First offense:</b> Not more than 20 years. If death or serious injury, not less than 20 years, or more than life. Fine \$1 million if an individual, \$5 million if not an individual.</p> <p><b>Second offense:</b> Not more than 30 years. If death or serious injury, not less than life. Fine \$2 million if an individual, \$10 million if not an individual.</p>
<p>III: The drug has less potential for abuse than the drugs in Schedules I and II, has a currently accepted medical use in treatment in the United States, and abuse of the drug may lead to moderate or low physical dependence or high psychological dependence.</p>	<p>Anabolic Steroids Barbiturates Codeine Marinol Vicodin Ketamine</p>	<p><b>First offense:</b> Not more than 5 years. Fine \$250,000 if an individual, \$1 million if not an individual.</p> <p><b>Second offense:</b> Not more than 10 years. Fine \$500,000 if an individual, \$2 million if not an individual.</p>
<p>IV: The drug has low potential for abuse relative to the drugs in Schedule III, has a currently accepted medical use in treatment in the United States, and abuse of the drug may lead to limited physical dependence or psychological dependence relative to the drugs in Schedule III</p>	<p>Xanax                      Rohypnol Librium                    Ativan Klonopin                  Provigil Clonopin                    Cylert Darvocet                    Ambien Valium</p>	<p><b>First offense:</b> Not more than 3 years. Fine \$250,000 if an individual, \$1 million if not an individual.</p> <p><b>Second offense:</b> Not more than 6 years. Fine \$500,000 if an individual, \$2 million if not an individual.</p>
<p>V: The drug has low potential for abuse relative to the drugs in Schedule IV, has a currently accepted medical use in treatment in the United States, and abuse of the drug may lead to limited physical dependence or psychological dependence relative to the drugs in Substance IV.</p>	<p>Robitussin A-C</p>	<p><b>First offense:</b> Not more than 1 year. Fine \$100,000 if an individual, \$250,000 if not an individual.</p> <p><b>Second offense:</b> Not more than 2 years. Fine \$200,000 if an individual, \$500,000 if not an individual.</p>

Source: U.S. Drug Enforcement Administration, [www.usdoj.gov/dea/agency/penalties.htm](http://www.usdoj.gov/dea/agency/penalties.htm)

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### NIDA—MODIFIED ASSIST PRESREEN V1.0

The following prescreen instrument can be used as supplemental to the clinical or educational screening process to assess non-medical prescription drug use in the context of alcohol and other drug use. The instrument can be found at [www.nida.nih.gov/nidamed/screening/nmassist.pdf](http://www.nida.nih.gov/nidamed/screening/nmassist.pdf).

Name: ..... Sex ( ) F ( ) M Age.....

Interviewer..... Date ...../...../.....

#### Introduction (Please Read To Patient)

Hi, I'm \_\_\_\_\_, nice to meet you. If it's okay with you, I'd like to ask you a few questions that will help me give you better medical care. The questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances we'll talk about are prescribed by a doctor (like pain medications). But I will only record those if you have taken them for reasons or in doses other than prescribed. I'll also ask you about illicit or illegal drug use—but only to better diagnose and treat you.

**Instructions:** For each substance, mark in the appropriate column. For example, if the patient has ever used cocaine in their lifetime, put a mark in the “Yes” column in the “cocaine” row.

#### PRESREEN QUESTION:

In your lifetime, which of the following substances have you ever used?

For prescription medications, please report non-medical use only.

	NO	YES
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)		
b. Alcoholic beverages (beer, wine, liquor, etc.)		
c. Cannabis (marijuana, pot, grass, hash, etc.)		
d. Cocaine (coke, crack, etc.)		
e. Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)		
f. Methamphetamine (speed, crystal meth, ice, etc.)		
g. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)		
h. Sedatives or sleeping pills (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, GHB, etc.)		
i. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)		
j. Street opioids (heroin, opium, etc.)		
k. Prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)		
l. Other – specify:		

- If the patient says **NO** for all drugs in Prescreen, reinforce abstinence. Screening is complete.
- If the patient says **YES** to any of the drugs, ask Question 1 of the NIDA Modified ASSIST tool.

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### QUESTION 1 OF THE NIDA-MODIFIED ASSIST V1.0

**Instructions:** Patients may fill in the following form themselves but screening personnel should offer to read the questions aloud in a private setting and complete the form for the patient (circle number in appropriate row/column). To preserve confidentiality, a protective sheet should be placed on top of the questionnaire so it will not be seen by other patients after it is completed but before it is filed in the medical record.

1. In the past three months, how often have you used the substances you mentioned (first drug, second drug, etc)?

	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	2	3	4	6
b. Alcoholic beverages (beer, wine, liquor, etc.)	0	2	3	4	6
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	2	3	4	6
d. Cocaine (coke, crack, etc.)	0	2	3	4	6
e. Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	0	2	3	4	6
f. Methamphetamine (speed, crystal meth, ice, etc.)	0	2	3	4	6
g. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	0	2	3	4	6
h. Sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)	0	2	3	4	6
i. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	0	2	3	4	6
j. Street opioids (heroin, opium, etc.)	0	2	3	4	6
k. Prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	0	2	3	4	6
l. Other – Specify:	0	2	3	4	6

- For patients who report **NEVER** having used any drug in the past 3 months: Go to Questions 5-7.
- For any recent illicit or non-medical prescription drug use, go to Question 2.
- For tobacco and alcohol, see next page.

This screening tool was adapted from the WHO Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) Version 3.0 developed and published by the World Health Organization (WHO) (available at: [www.who.int/substance\\_abuse/activities/assist\\_v3\\_english.pdf](http://www.who.int/substance_abuse/activities/assist_v3_english.pdf))

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### FOR TOBACCO AND ALCOHOL USE

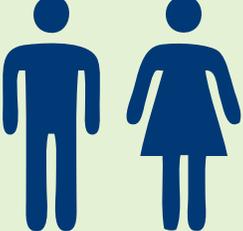
- **FOR PATIENTS WHO REPORT USE OF TOBACCO:** Any current tobacco use places a patient at risk.

Advise all tobacco users to quit. For more information on smoking cessation, please see [Helping Smokers Quit: A Guide for Clinicians](http://www.ahrq.gov/clinic/tobacco/clinhlpsmksqt.htm) at [www.ahrq.gov/clinic/tobacco/clinhlpsmksqt.htm](http://www.ahrq.gov/clinic/tobacco/clinhlpsmksqt.htm).

- **FOR ALCOHOL:** Question patient in more detail about frequency and quantity of use:

**HOW MANY TIMES IN THE PAST YEAR HAVE YOU HAD:**

FOR MEN:  
5 or more drinks in a day?



FOR WOMEN:  
4 or more drinks in a day?

IF THE ANSWER IS:

- **NONE:** Advise patient to stay within these limits

**FOR HEALTHY MEN UNDER THE AGE OF 65:** No more than 4 drinks per day AND no more than 14 drinks per week.

**FOR HEALTHY WOMEN UNDER THE AGE OF 65 AND NOT PREGNANT (AND HEALTHY MEN OVER AGE 65):**  
No more than 3 drinks per day AND no more than 7 drinks per week.

Recommend lower limits or abstinence as medically indicated; for example for patients who:

- Take medications that interact with alcohol
- Have a health condition exacerbated by alcohol
- Are pregnant (advise abstinence).

Encourage talking openly about alcohol and any concerns it may raise, re-screen annually.

- **ONE OR MORE TIMES OF HEAVY DRINKING**  
( $\geq 5$  FOR MEN;  $\geq 4$  FOR WOMEN):  
Patient is an at-risk drinker.

#### REMINDER:

Many people don't know what counts a standard drink (e.g., 12 oz. beer, 5 oz. wine, 1.5 oz. liquor). For information, please see [pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians\\_guide13\\_p\\_mats.htm](http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide13_p_mats.htm)

Please see NIAAA Web site "How to help patients who drink too much: A clinical approach" at [pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians\\_guide.htm](http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm) for additional information to **Assess, Advise, Assist, and Arrange** help for at risk drinkers or patients with alcohol use disorders.

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### QUESTIONS 2-7 OF THE NIDA-MODIFIED ASSIST V1.0

**Instructions:** Patients may fill in the following form themselves or screening personnel can offer to read the questions aloud in a private setting and complete the form (circle number in appropriate row/column). To preserve confidentiality, a protective sheet should be placed on top of the questionnaire so it will not be seen by other patients after it is completed but before it is filed in the medical record.

2. In the past 3 months, how often have you had a strong desire or urge to use (first drug, second drug, etc)?

	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Cannabis (marijuana, pot, grass, hash, etc.)	0	2	3	4	6
b. Cocaine (coke, crack, etc.)	0	2	3	4	6
c. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	0	2	3	4	6
d. Methamphetamine (speed, crystal meth, ice, etc.)	0	2	3	4	6
e. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	0	2	3	4	6
f. Sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)	0	2	3	4	6
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	0	2	3	4	6
h. Street Opioids (heroin, opium, etc.)	0	2	3	4	6
i. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	0	2	3	4	6
j. Other – Specify:	0	2	3	4	6

3. During the past 3 months, how often has your use of (first drug, second drug, etc) led to health, social, legal or financial problems?

	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Cannabis (marijuana, pot, grass, hash, etc.)	0	4	5	6	7
b. Cocaine (coke, crack, etc.)	0	4	5	6	7
c. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	0	4	5	6	7
d. Methamphetamine (speed, crystal meth, ice, etc.)	0	4	5	6	7
e. Inhalants (nitrous oxide, glue, gas, pain thinner, etc.)	0	4	5	6	7
f. Sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)	0	4	5	6	7
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	0	4	5	6	7
h. Street opioids (heroin, opium, etc.)	0	4	5	6	7
i. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	0	4	5	6	7
j. Other – Specify:	0	4	5	6	7

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4. During the past 3 months, how often have you failed to do what was normally expected of you because of your use of (first drug, second drug, etc)?

	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Cannabis (marijuana, pot, grass, hash, etc.)	0	5	6	7	8
b. Cocaine (coke, crack, etc.)	0	5	6	7	8
c. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	0	5	6	7	8
d. Methamphetamine (speed, crystal meth, ice, etc.)	0	5	6	7	8
e. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	0	5	6	7	8
f. Sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)	0	5	6	7	8
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	0	5	6	7	8
h. Street Opioids (heroin, opium, etc.)	0	5	6	7	8
i. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	0	5	6	7	8
j. Other – Specify:	0	5	6	7	8

**Instructions:** Ask Questions 5 & 6 for all substances ever used (i.e., those endorsed in the Prescreen).

5. Has a friend or relative or anyone else ever expressed concern about your use of (first drug, second drug, etc)?

	No, never	Yes, but not in the past 3 months	Yes, in the past 3 months
a. Cannabis (marijuana, pot, grass, hash, etc.)	0	3	6
b. Cocaine (coke, crack, etc.)	0	3	6
c. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	0	3	6
d. Methamphetamine (speed, crystal meth, ice, etc.)	0	3	6
e. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	0	3	6
f. Sedatives or sleeping pills (Valium, Serepax, Xanax, Ativan, Librium, Rohypnol, GHB, etc.)	0	3	6
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	0	3	6
h. Street opioids (heroin, opium, etc.)	0	3	6
i. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	0	3	6
j. Other – Specify:	0	3	6

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6. Have you ever tried and failed to control, cut down or stop using (first drug, second drug, etc)?	No, never	Yes, but not in the past 3 months	Yes, in the past 3 months
a. Cannabis (marijuana, pot, grass, hash, etc.)	0	3	6
b. Cocaine (coke, crack, etc.)	0	3	6
c. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	0	3	6
d. Methamphetamine (speed, crystal meth, ice, etc.)	0	3	6
e. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	0	3	6
f. Sedatives or sleeping pills (Valium, Serepax, Xanax, Ativan, Librium, Rohypnol, GHB, etc.)	0	3	6
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	0	3	6
h. Street opioids (heroin, opium, etc.)	0	3	6
i. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	0	3	6
j. Other – Specify:	0	3	6

**Instructions:** Ask Question 7 if the patient endorses any drug that might be injected, including those that might be listed in the other category (e.g., steroids). Circle appropriate response.

7. Have you ever used any drug by injection (NONMEDICAL USE ONLY)?	No, never	Yes, but not in the past 3 months	Yes, in the past 3 months

- Recommend to patients reporting any prior or current intravenous drug use that they get tested for HIV and Hepatitis B/C.
- If patient reports using a drug by injection in the past three months, ask about their pattern of injecting during this period to determine their risk levels and the best course of intervention.
  - If patient responds that they inject once weekly or less OR fewer than 3 days in a row, provide a brief intervention including a discussions of the risks associated with injecting.
  - If patient responds that they inject more than once per week OR 3 or more days in a row, refer for further assessment.

**Note:** Recommend to patients reporting any current use of alcohol or illicit drugs that they get tested for HIV and other sexually transmitted diseases.

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### TALLY SHEET FOR SCORING THE FULL NIDA-MODIFIED ASSIST

**Instructions:** For each substance (labeled a–j), add up the scores received for questions 1–6 above. This is the Substance Involvement (SI) score. Do not include the results from either the Prescreen or Q 7 (above) in your SI scores.

SUBSTANCE INVOLVEMENT SCORE	TOTAL (SI SCORE)
a. Cannabis (marijuana, pot, grass, hash, etc.)	
b. Cocaine (coke, crack, etc.)	
c. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	
d. Methamphetamine (speed, crystal meth, ice, etc.)	
e. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	
f. Sedatives or sleeping pills (Valium, Serepax, Xanax, Ativan, Librium, Rohypnol, GHB, etc.)	
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	
h. Street opioids (heroin, opium, etc.)	
i. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	
j. Other – Specify:	

### USE THE RESULTANT SUBSTANCE INVOLVEMENT (SI) SCORE TO IDENTIFY PATIENT’S RISK LEVEL.

To determine patient’s **RISK LEVEL** based on his or her **SI SCORE**, see the table below:

LEVEL OF RISK ASSOCIATED WITH DIFFERENT SUBSTANCE INVOLVEMENT SCORE RANGES FOR ILLICIT OR NON-MEDICAL PRESCRIPTION DRUG USE
0-3 Lower Risk
4-26 Moderate Risk
27+ High Risk

### INTEGRATING NMPDU WITH BRIEF ALCOHOL SCREENING INTERVENTION FOR COLLEGE STUDENTS (BASICS)

Given the clear connection between high-risk alcohol use, illicit drug use, and non-medical prescription drug use (NMPDU), the integration of NMPDU data into the Brief Alcohol Screening Intervention for College Students (BASICS) is an opportunity that should be evaluated and implemented, if possible, on campuses that are considering or already employing this method. BASICS is a one-on-one intervention conducted in two sessions. The first session consists of a structured clinical interview followed by a student self-report assessment of drinking patterns, attitudes, and alcohol-related consequences. During the second session, the student is presented with the results of their assessment in a non-confrontational manner. Both health promotion professionals and peer educators have demonstrated effective facilitation of BASICS in the college setting.

For a comprehensive overview of BASICS implementation with mandated and soft referral systems, please review the following Columbia University PowerPoint presentation ([www.health.columbia.edu/pdfs/alice\\_downloads\\_online\\_tools\\_to\\_manage\\_basics\\_2008.pdf](http://www.health.columbia.edu/pdfs/alice_downloads_online_tools_to_manage_basics_2008.pdf)).

In discussing the feedback report with students, the following questions and comments should be integrated with regard to high-risk alcohol and other drug use (including non-medical prescription drug use):

- Tell me what you enjoy about your non-medical prescription drug use/insert drug name here.
- What are some of the unexpected or undesirable consequences of your non-medical prescription drug use/insert drug name here?
- The questionnaire you completed suggests that you may be putting yourself at risk for problems. Would it be alright with you if I review what those risks might be?
- What do you think you would like to do about your non-medical prescription drug use/insert drug name here?
- On a scale of 1-10, with 1 being “not ready” and 10 being “very ready,” how ready are you to make a change?
- If the student indicates interest in making a change, provide options for lower-risk options and discuss a plan of action, to include campus resources. (Questions adapted from Screening and Brief Intervention Toolkit for College and University Campuses, [www.friendsdrivesober.org/documents/SBI\\_College.pdf](http://www.friendsdrivesober.org/documents/SBI_College.pdf)).

For campuses who are unable to fund a comprehensive BASICS program, consider customizing [www.alcoholscreening.org](http://www.alcoholscreening.org) and/or [www.drugscreening.org](http://www.drugscreening.org) and making it available on your institutional Web site.

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### RESOURCE CHART

#### PUBLICATION ON COLLEGE STUDENT AOD

#### DESCRIPTION

Use and Misuse of Stimulants:  
A Guide for School Health Professionals  
[www.acha.org/prof\\_dev/ADHD\\_PDprogram.cfm](http://www.acha.org/prof_dev/ADHD_PDprogram.cfm)

Alcohol misuse and abuse affect a large percentage of US high school and college students. Alcohol abuse and illicit drug use often receive more attention by comparison, but a growing US health concern is centered on the misuse of prescription stimulant medications often prescribed for the treatment of attention-deficit/hyperactivity disorder (ADHD). With these issues at the forefront, high school and college health providers must be aware of the prevalence and seriousness of prescription stimulant misuse among US students, strategies to identify and counsel those students engaging in stimulant misuse, and appropriate methods for assessment, diagnosis, and treatment of ADHD.

Wasting the Best and the Brightest:  
Substance Abuse at America's  
Colleges and Universities  
[www.casacolumbia.org/absolutenm/articlefiles/380-Wasting%20the%20Best%20and%20the%20Brightest.pdf](http://www.casacolumbia.org/absolutenm/articlefiles/380-Wasting%20the%20Best%20and%20the%20Brightest.pdf)

In 1993 and 1994, The National Center on Addiction and Substance Abuse (CASA) at Columbia University released its first reports on substance abuse at America's colleges and universities. These reports drew attention to the widespread problems of student smoking and drinking, and highlighted the escalating problem of dangerous drinking among college women. More than a decade later, CASA's exhaustive examination of the current situation reveals an intensified student culture of abuse of addictive substances in colleges and universities across America and a range of harmful academic, health and social consequences that extend into the surrounding communities.

Call to Action: Changing the U.S.  
Drinking College Culture  
[www.collegedrinkingprevention.gov/NIAACollegeMaterials/TaskForce/TaskForce\\_TOC.aspx](http://www.collegedrinkingprevention.gov/NIAACollegeMaterials/TaskForce/TaskForce_TOC.aspx)

The call to action on campus has to do not so much with drinking per se, but with the consequences of excessive drinking by college students. Students who drink excessively have higher rates of injuries, assaults, academic problems, arrests, vandalism, and other health and social problems, compared with their non-drinking counterparts. They disrupt the studies and threaten the health and safety of their peers.

Methods for Assessing College Student  
Use of Alcohol and Other Drugs  
[www.higheredcenter.org/services/publications/methods-assessing-college-student-use-alcohol-and-other-drugs](http://www.higheredcenter.org/services/publications/methods-assessing-college-student-use-alcohol-and-other-drugs)

If they are to develop effective programs and policies to reduce alcohol- and other drug-related (AOD) problems on campus, college and university officials must understand the nature and extent of these problems at their institution. Administrators can achieve this understanding only if they have accurate data on patterns of student substance use and related risk behavior. While focus groups, one-on-one interviews, and consultations with faculty and staff can be helpful, the best way to obtain these data is to conduct an annual survey using a randomly selected sample of student respondents.

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The Generation Rx Initiative  
[pharmacy.osu.edu/outreach/generation-rx/](http://pharmacy.osu.edu/outreach/generation-rx/)

This web site provides medication safety resources and information for teachers and students (K-college). Their goal is the elevation of student understanding of medication safety issues, particular the dangers of abusing prescription and over-the-counter medications. This site is one example of a collaborative effort between the College of Pharmacy, Research and Assessment, Student Wellness Center, Residence Life, campus and local police departments, Student Health Services, and student leaders at The Ohio State University to address the issue of non-medical prescription drug use.

### SEMINAL PUBLICATIONS FOR HEALTH PROMOTION

### DESCRIPTION

[Standards of Practice for Health Promotion in Higher Education](http://www.acha.org/about_acha/ctfs/com_hpshe.cfm)  
[www.acha.org/about\\_acha/ctfs/com\\_hpshe.cfm](http://www.acha.org/about_acha/ctfs/com_hpshe.cfm)

The revised 2004 edition provides six measurable guidelines for enhancing the quality of health promotion programs, thereby encouraging healthy learning environments at colleges and universities.

[Leadership for a Healthy Campus](http://www.longwood.edu/assets/health/leadership_for_a_healthy_campus.pdf)  
[www.longwood.edu/assets/health/leadership\\_for\\_a\\_healthy\\_campus.pdf](http://www.longwood.edu/assets/health/leadership_for_a_healthy_campus.pdf)

Related publication:  
[Learning Reconsidered 2](http://www.learningreconsidered.org)  
[www.learningreconsidered.org](http://www.learningreconsidered.org)

Multiple variants influence college students' academic achievement. One variable that affects all students is health. Students regularly report health factors as high on the list of issues affecting their academic performance. It is common knowledge among student affairs and health professionals that there is a correlation between students' health, academic achievement, and completion of a degree. Given these facts, institutional efforts to ensure a healthy campus environment can have an impact on student success and potentially affect retention.

[Healthy Campus 2010](http://www.acha.org/Info_resources/hc2010.cfm)  
[www.acha.org/Info\\_resources/hc2010.cfm](http://www.acha.org/Info_resources/hc2010.cfm)

Healthy Campus 2010 establishes national college health objectives and serves as a basis for developing plans to improve student health. The ACHA manual, Healthy Campus: Making It Happen, is a companion document to Healthy People 2010, the nationwide health promotion and disease agenda, and similarly, was developed through a broad consultation process built on the best scientific knowledge.

For more information on the developing Healthy Campus 2010 goals, please visit [www.csupomona.edu/~jvgrizzell/hc2020/](http://www.csupomona.edu/~jvgrizzell/hc2020/).



# Rx FOR PREVENTION:

Non-Medical Prescription Drug Use Toolkit for Health Promotion Professionals

## SUPPLEMENTAL HANDOUTS

### UNDERSTANDING NMPDU & EMPLOYING STRATEGIES:

Commonly Used Medicines and NMPDU

Time, Stress and Study Management Strategies

### PATIENT EDUCATION:

Refusal Strategies for Students Prescribed Medication(s)

Questions to Ask Your Health Care Provider Handout

SmaRxt Disposal Strategies



## Commonly Used Medicines (Both Prescription and Over-the-Counter) That Interact with Alcohol

Symptoms/Disorders	Medication (Brand Name)	Some Possible Reaction with Alcohol	Risks Associated with Misuse	Reasons for Misuse
Allergies/Colds/Flu	Alavert® Allegra® Allegra-D® Benadryl® Clarinex® Claritin® Claritin-D® Dimetapp® Cold & Allergy Sudafed® Sinus & Allergy Triaminic® Cold & Allergy Tylenol® Allergy Sinus Tylenol® Cold & Flu Zyrtec®	Drowsiness, dizziness; increased risk for overdose	Sleepy and uncoordinated, intoxication, respiratory depression and arrest, constipation, sedation, confusion, tolerance, addiction, restlessness, insomnia, hallucinations, dizziness	Cheap intoxication, legal possession
Anxiety and Epilepsy	Ativan® Klonopin® Librium® Paxil® Valium® Xanax® Herbal preparations (Kava Kava)	Drowsiness, dizziness; increased risk for overdose, slowed or difficulty breathing, impaired motor control, unusual behavior, and memory problems  Liver damage, drowsiness	Tolerance, sleepy and uncoordinated, loss of consciousness, pale or blue lips and nailbeds, physical dependence, withdrawal, and/or addiction, hallucinations, memory impairment	Alleviate temporary symptoms of anxiety, relax or come off a stimulant high
Attention Deficit Disorder/ Attention Deficit Disorder with Hyperactivity	Adderall® Concerta® Ritalin®	Intensifies the side effects of the drug (loss of appetite, anxiety, dizziness, drowsiness, abdominal pain, weight loss, depression & suicidality, hallucination), alcohol abuse and stimulant abuse often go hand in hand	Elevated blood pressure, increased heart rate, increased respiration, suppressed appetite, sleep deprivation, digestive problems, reduced sex drive, mood changes, nervous convulsion (if seizure-prone), muscle twitching, trouble with concentration, tolerance, physical dependence, addiction	Extend a night of partying, increase focus or concentration, get high, lose weight, counteract effects of other drugs (e.g., marijuana)
Cough	Cough Delsym®, Robitussin Cough® Robitussin A-C®	Drowsiness, dizziness, increased risk for overdose	Sleepy and uncoordinated, intoxication, respiratory depression and arrest, sedation, confusion, tolerance, addiction, hallucinations, blurred vision	Cheap intoxication, legal possession
Depression	Anafranil® Paxil® Celexa® Prozac® Desyrel® Serzone® Effexor® Wellbutrin® Elavil® Zoloff® Lexapro® Luvox® Norpramin® Herbal preparations (St. John's Wort)	Drowsiness, dizziness, increased risk for overdose, increased feelings of depression or hopelessness in adolescents (suicide)	Does not appropriately treat depression when misused, change in consciousness, disorientation, convulsions, increased respiration and heartbeat, loss of initiative, loss of appetite, weight loss, insomnia, agitation, anxiety	Alleviate temporary symptoms of depression, relax or come off a stimulant high

Symptoms/Disorders	Medication (Brand Name)	Some Possible Reaction with Alcohol	Risks Associated with Misuse	Reasons for Misuse
Muscle Pain	Flexeril® Soma®	Drowsiness, dizziness, increased risk of seizures, increased risk for overdose, slowed or difficulty breathing, impaired motor control, unusual behavior, memory problems	Blurred vision, loss of consciousness, difficulty breathing, hallucinations, pale or blue lips and fingernails, uncontrolled eye and muscle movements, unusual facial movements, tolerance, physical dependence, addiction	In place of physical therapy, to alleviate pain due to diminishing effects of drug with increasing dosages
Pain (such as headache, muscle ache, minor arthritis pain), fever, inflammation	Advil® Aleve® Excedrin® Motrin® Tylenol®	Stomach upset, bleeding and ulcers, liver damage (Tylenol®), rapid heartbeat	Intestinal pain and disruption, decrease in urine output, heartburn, itchy skin, shortness of breath, unusual fatigue, weight gain	Easy accessibility, to alleviate pain due to diminishing effects of drug with increasing dosages and/or in place of prescribed muscle pain reliever
Seizures	Dilantin® Klonopin®	Drowsiness, dizziness, increased risk of seizure	Body aches, chills, dizziness, fever, loss of appetite, loss of interest or pleasure, unsteady gait, fatigue, difficulty sleeping	At time of panic attack, despite its departure from prescribed use; combat depressive side effects and/or withdrawal symptoms (hallucinations, stomach a muscle cramping, tremor, and unusual behavior)
Severe pain from injury, postsurgical care, oral surgery, migraines	Darvocet-N® Demerol® Fiorinal® with codeine Percocet® Vicodin®	Drowsiness, dizziness, increased risk for overdose, slowed or difficulty breathing, impaired motor control, unusual behavior, memory problems	Blocked pain messages to the brain, confusion, cold & clammy skin, drowsiness, constipation, depressed respiration, tolerance, withdrawal, physical dependence, addiction, death from a large or combined dose, seizure, blurry vision, lightheadedness, liver damage, extreme fatigue, severe dizziness, reduced heart rate	To alleviate pain due to diminishing effects of drug with increasing dosages
Sleep Problems	Ambien® Lunesta™ Proscorn™ Restoril® Somnex® Unisom® Herbal preparations (chamomile, valerian, lavender)	Drowsiness, sleepiness, dizziness, slowed or difficulty breathing, impaired motor control, unusual behavior, memory problems	Sleepy and uncoordinated, memory loss, slowed respiration, slow heartbeat, tolerance, physical dependence, withdrawal and addiction	To treat longer-term insomnia (when these drugs are intended for short-term use only), to alleviate worsening symptoms of underlying mental disorder

# TIME, STRESS & STUDY MANAGEMENT STRATEGIES

## TIME

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### Plan Your Schedule Accordingly.

- Know your *advisor's* office location, hours, and contact information.
- Know your *professors'* office locations, hours, and contact information.
- Have specific questions or concerns in mind each time you meet with an advisor or professor.
- Take advantage of office hours.

### Prepare A Weekly Schedule.

- Record your daily classes.
- Enter things that need to be done in the coming week.
- Review your class notes from the previous week.
- Add any extracurricular activities or commitments.
- Incorporate reading, writing, and studying time with “things that need to be done.”

### Control Excessive Procrastination.

- Prioritize tasks.
- Commit yourself to completing a task once it is started.
- Reward yourself for a task accomplished.
- Work on tasks at the times you work best.
- Break larger tasks into more manageable tasks.
- Work on difficult or undesirable tasks first.

### RESOURCES AVAILABLE:

Insert campus resources such as Counseling Center, Health Promotion and Peer Education services here.

## STRESS

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### Have Clear Goals.

- Establish specific goals about what you hope to accomplish in college.
- Know what it will take to accomplish your goal(s).
- Be certain your goals are in line with your interest(s).
- Be flexible – recognize the need to change goals or adapt strategies to be successful.

### Stay Healthy.

- Get quality sleep consistently.
- Do not rely on caffeine as your primary source of energy. Incorporate foods such as pasta, peanut butter, non-sugar cereals, and fresh fruit as natural sources of energy.
- Use the services available to you at the Student Health and Counseling Centers. Emergency treatment, low-cost testing and treatment, and professional guidance are available.

## RESOURCES AVAILABLE:

Insert campus and community resources here, such as Health Promotion, Student Health, Counseling Center and community web resources.

## STUDY

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### Become A Flexible Reader.

- Scanning is the reading style for the purpose of quickly locating a specific piece of information.
- Skimming is the reading style for the purpose of quickly obtaining a general idea about the material. This is most useful when a large amount of reading must be done in a short amount of time. Identify the main ideas of each paragraph/section, and ignore the details.
- Study reading is the reading style for the purpose of reading difficult material at a high level of comprehension. Read at a rate slower than usual reading rate, and read the same material more than once.

### Improve Concentration.

- Study in a quiet place free from distraction.
- Make a study schedule of tasks to be accomplished during study time.
- Study at the time of day that you work best.
- Make sure you are not tired or hungry when studying.
- Focus on one task at a time.
- Break large tasks into smaller tasks.
- Relax. Practice deep breathing or meditation before studying.
- Clear your mind of distractions.
- Develop an interest in what you are studying.
- Take breaks whenever you feel fatigued.

### Evaluate Your Study Space.

- Is my study space available to me whenever I need it?
- Is it free from distractions?
- Is it free from interruptions?
- Does it contain all materials I need?
- Does it contain a large enough desk/table to organize my materials?
- Does it have enough storage space?
- Does it have a comfortable chair?
- Does it have adequate lighting?
- Does it have a comfortable temperature?

### Get A Study Group Started.

- Get to know your classmates. You should be able to answer “yes” to all of the following questions about the people in your class who are potential group members:
  - Are they motivated to do well?
  - Do they understand the material?
  - Are they dependable?
  - Are they tolerant of others’ ideas?
  - Would you like to work with this person, if given the choice?
- Invite enough of your classmates to form a group of 3-5.

- Decide how often and for how long you would like to meet as a study group. Keep sessions to less than 90 minutes at a time.
- Decide where you will meet and be sure it meets the same qualifications as a study space.
- Determine goals of the study group.
- Determine who the leader will be for the group (rotating for each week? long-term leader?) and expect that person to manage study sessions and be sure the group is meeting its goals.
- Determine the agenda for each study group, along with each person's responsibility.
- Develop a list of all group members, e-mail and phone numbers.

### **Study Habits Of A Successful Student.**

- Do not study too much at one time. Conserve your mental energy and study for shorter periods of time with breaks in between.
- Plan specific times for studying.
- Try to study at the same times each day.
- Set specific goals for study times.
- Start studying when planned.
- Work on the most difficult assignment first.
- Review notes before beginning an assignment.
- Tell your friends that you should not be disturbed during study time.
- Reach out to a peer if you encounter problems with an assignment.
- Review notes and readings over the weekend.

### **Recognize Obstacles To Reading And Review Concentration.**

- Recognize obstacles  
Fatigue, Distraction, and Anxiety
- Cues that you are losing attention  
You have not understood certain sentences or phrases.  
You often have to slow down and re-read.  
Everything or nothing seems important.
- Strengthening strategies  
Rephrase a paragraph in your own words.  
Read aloud.  
Underline or make notes in the margins or in notes as you read.
- When you notice obstacles and see that you are losing attention, keep a notepad nearby and jot down how you were feeling/what was distracting/how your environment influenced it.

### **RESOURCES AVAILABLE:**

Insert campus-specific resources such as study skills counseling, tutoring centers, learning support services and writing centers

For more tips, resources, and interactive tools, visit [aipm.wellnesscheckpoint.com/library/banner\\_main.asp?P=887E2ASM21](http://aipm.wellnesscheckpoint.com/library/banner_main.asp?P=887E2ASM21)



## QUESTIONS TO ASK A HEALTH CARE PROVIDER

- What is the name of the medicine I have been prescribed?
  - Why are you prescribing this particular medication? Are there other medications available to me to address my concern(s)?
  - Are there any conditions under which I cannot take this drug (e.g., pregnancy, new medications, etc.)?
  - Is there a generic form of the drug? If so, what is it called?
  - Why am I/should I be taking it?
  - Do I really need it?
  - What are the side effects? Which should I report immediately?
  - How often should I take the medication?
  - How much do I take?
  - What should I do if I miss a dose?
  - Are there any special precautions I should be aware of (such as taking with or without food)? Specifically ask, “Can I drink alcohol with this medication?”
  - When should I take the drug? What time of day? Do I have to wake up in the middle of the night to take a dose?
  - When can I stop taking this drug? Do I need to wean off the drug slowly, or can I stop it immediately?
  - May I drive while taking this drug?
  - Will this drug interact with any other prescription or over-the-counter medications I am taking? Bring along a list of all other medications you take, including vitamins and herbal supplements.
  - If you are given a sample, be sure to ask about how and when to use the sample.
- 

## REFUSAL STRATEGIES FOR STUDENTS WITH PRESCRIBED MEDICATION(S)

If you are prescribed a medication, you may find that some people would like you to share or sell. They do not hesitate to ask, offer to buy, trade for other drugs, or even go so far as to steal your medication(s). So, what can you do?

- Medications are your own business – keep your medical information and prescription medications to yourself.
- Keep drugs in a safe spot that only you can access. Some schools allow students to keep medications locked in the student health center.
- Explain that you do not want to be responsible for someone else’s adverse reactions to your medication(s).
- Politely explain that you do not have enough to share.
- If you have to, lie to get out of a difficult situation. Say that you stopped taking the prescription medication or come up with another explanation that works for you.
- Ration your supply of prescription medications by keeping excess supply at home or with nearby relatives who will safeguard your supply. It is often possible to request more frequent prescriptions from campus health care providers and/or from family physicians, particularly if you have a concern about solicitation.



## SMAR<sub>x</sub>T DISPOSAL STRATEGIES

A few small steps can make an important difference in safeguarding and properly disposing of your medications. Follow your prescribing provider's instructions and use all medications as instructed. Most medications can be disposed of using the following strategies; however, it is important to always follow the instructions provided by the prescriber, as there are medications that have specific disposal strategies due to their potency.



**1.**

DO NOT FLUSH.



**2.**

Pour medication into a sealable plastic bag. If medication is solid, crush it or add water to dissolve it.



**3.**

Add coffee grounds or kitty litter to the plastic bag.



**4.**

Seal the plastic bag and put it in the trash.



**5.**

Conceal or remove ALL identifying personal information (prescription label) from all medication containers before recycling or throwing them away by covering it with black permanent marker, duct tape, or by scratching it off.



## POWER POINT TEMPLATE NOTES

- SLIDE 3:** The drugs of choice on college campuses are still: alcohol, nicotine and marijuana. Do not overhype the problem of NMPDU. While NMPDU comes in fourth behind this three, it is still fourth. Not to mention, research is bearing out the link between high-risk alcohol and other drug use with NMPDU, as demonstrated later in this power point template. Note: Graph and more information can be downloaded through CESAR.
- SLIDE 4:** “Among young drinkers, misuse of prescription drugs...may be an important risk factor for increasing alcohol problems,” according to a recent analysis of data from the National Epidemiologic Survey of Alcohol and Related Conditions. Nearly three-fourths (72.3%) of U.S. drinkers ages 18 to 34 who also misused prescription drugs reported experiencing one or more alcohol-related risk-taking behaviors in their lifetime—such as driving while drinking, getting involved in a physical fight during or after drinking, and being arrested or having legal problems due to drinking—compared to 37.2% of drinkers who had never misused prescription drugs. Drinkers who misused prescription drugs were also nearly five times more likely to report having alcohol-related interpersonal troubles (28.5% vs. 5.9%), including job or school problems due to drinking. These elevated risks remained significant even after taking into account demographics, family histories of alcohol or drug problems, age of drinking onset, heavy or dependent drinking, and cannabis use.
- SLIDE 5:** It is important to consult national research, but it is equally important to assess the prevalence, persistence, and trends of your own campus attitudes, perceptions, and behaviors. There is a growing body of evidence through the collection of data through national surveys of adolescents, young adults, and college students, and the reported studies of representative samples are also continuing to grow in the literature.
- SLIDE 6:** For the purposes of the information provided here, non-medical prescription drug use encompasses three areas which include the prescribed user who uses it inappropriately (skipping doses, taking more or less of a medication without doctor’s orders, etc.). It is critical to include the prescribed users’ behaviors in the equation.
- SLIDE 7:** If you have clicker technology available, consider using this question to measure your campus constituencies’ perceptions of the problem. If you know how many students engage in NMPDU on your campus, consider inserting a slide here that outlines your campus data. If you do not have local data available, consider inserting clicker technology data collected from student presentations and, as a last resort, utilize the national data. Localizing the issue is critical in this discussion.
- SLIDE 8:** These numbers have remained fairly steady and/or decreased in recent years.
- SLIDE 9:** Some of the larger significant studies have indicated that there is a particular risk profile associated with NMPDU. Given the persistent link between high-risk drinking and other illicit drug use among those who non-medically use prescription drugs, this profile looks very much like the risk profile for high-risk students, in general.
- SLIDE 10:** Approximately one-tenth of U.S. youths ages 12 to 17 reported using unprescribed pain relievers at least once in their lifetime. These youths were significantly more likely than those who did not non-medically use pain relievers to report using two or more illicit drugs at least once in their lifetime. Previous research has found a similar relationship between non-medical use of prescription stimulants and use of other illicit drugs (see CESAR FAX, Volume 17, Issue 9).

**SLIDE 11:** Recent research continues to indicate that there is a correlation between high-risk alcohol use, other illicit drug use, and NMPDU. There are implications here for alcohol, other drug, and NDMPU prevention (See NIAAA Update regarding effective alcohol prevention and intervention strategies – [www.collegedrinkingsprevention.gov](http://www.collegedrinkingsprevention.gov)). Full-time college students who used the prescription stimulant Adderall® non-medically in the past year were more likely than those who had not used Adderall® non-medically to have also used other drugs, according to an analysis of data from the National Survey on Drug Use and Health. College students who used Adderall® non-medically were nearly three times more likely to have used marijuana in the past year, five to six times more likely to have used prescription pain relievers, hallucinogens, ecstasy, and inhalants, and eight times more likely to have used cocaine or prescription tranquilizers. These findings are consistent with prior research on the non-medical use of stimulants and polydrug use among college students.

**SLIDE 13:** Consider using clicker technology if it is available to you. This gets at the question about how you collect data on your campus, what you consider data (survey, focus group, student health and counseling center data, etc.), and whether or not you are currently collecting data. Also, for those “yes” responses, how do the members of your audience know?

**SLIDE 14:** Why might a college student choose to non-medically use prescription drugs? What are the circumstances or context that make it appealing, effective, and/or acceptable in the collegiate climate?

**SLIDE 15:** This continues discussion regarding data collection on campus.

**SLIDE 16:** Friends and family are the most common sources of prescription drugs misused by youths in the U.S., according to an analysis of data from the National Survey on Drug Use and Health (NSDUH). Around one-half of youths who reported misusing prescription stimulants (50%), tranquilizers (47%), or sedatives (47%) in the past year said that they most recently obtained the medication for free from friends or family, as did one-third of those who reported the misuse of prescription opioids. The second most common source for obtaining stimulants, tranquilizers, and sedatives was purchasing from a friend/relative, drug dealer/stranger, or the Internet, while the second most common source for obtaining prescription opioids was acquiring it from a physician. Youths who obtained the medication by buying it were more likely to have concurrent substance use and to have ten or more misuse episodes than those who obtained the medications other ways. According to the authors, “these results may help identify subgroups of adolescent prescription misusers who are most vulnerable to consequences from misuse or other substance use” (p. 828).

**SLIDE 17:** To what degree of difficulty would it take for a student on your campus to obtain a prescription drug without a prescription? What percentage of your students are coming in with medications? What percentage of students are obtaining new prescriptions once on campus? What measures are in place to assist students in effectively storing their medication? Managing their medication?

**SLIDE 18:** This is a placeholder slide to encourage you to consider inserting facebook or other Internet pages that are most applicable or eye-opening for your campus constituencies. Does a search yield facebook groups that deal with NMPDU in a positive or negative light? What is being said? How many of your students are members? How might your campus use facebook and other technologies to raise awareness about and/or challenge misperceptions about NMPDU?

**SLIDE 19:** Consider using clicker technology, if it is available to you. This question continues the discussion around data collection but also asks the audience to assess their belief about students’ assessment of risk and harm with NMPDU.

- SLIDE 20:** To what degree do you believe your students perceive harm in NMPDU? There is a link between degree of perceived harmfulness and likelihood for NMPDU. Prescription analgesics and stimulants have a high risk of harm, according to data from CESAR's College Life Study (CLS). The findings for prescription stimulants and analgesics were strikingly similar: 25% and 28% of college students perceived a great risk in the occasional non-medical use of prescription stimulants and analgesics, respectively, and 42% of students thought there was a moderate risk of using either substance non-medically. Furthermore, the study found that among students who had the opportunity to use these drugs non-medically, low perceived harmfulness was associated with non-medical use, even after controlling for demographics, prior non-medical use, and sensation-seeking. For both prescription stimulants and prescription analgesics, students with low perceived harmfulness were approximately 10 times more likely to engage in non-medical use than those with high perceived harmfulness. In addition, the relationship between low perceived harm and non-medical use was less pronounced among the highest sensation-seekers. The authors suggest that "increasing perceived harmfulness may be a viable prevention strategy for most students, but alternative approaches might need to be developed that are tailored to high sensation-seekers."
- SLIDE 21:** The risk for illicit drug use increases with non-medical use. A student who uses a prescribed medication as prescribed does not demonstrate propensity for illicit drug use as compared with their non-prescribed peers who do not engage in NMPDU. All things equal, students who are prescribed medications are not at increased risk if they use their medication as prescribed.
- SLIDE 22:** There is no link between ADHD and NMPDU, if a student uses his/her prescription properly. The improper unprescribed use of medications for ADHD (such as Ritalin® and Adderall®), along with NMPDU, is the issue at hand. Students who take prescription stimulant medications to treat attention-deficit hyperactivity disorder (ADHD) report relatively low rates of tobacco, alcohol, marijuana, and ecstasy use compared to students who illicitly use prescription stimulants, according to a recent study of Detroit middle and high school students. One in ten (9.8%) students who used stimulant medications (i.e. Ritalin®, Dexedrine®, or Adderall®) as prescribed for them also reported past year marijuana use, a rate similar to that of non-stimulant users (13.6%). In contrast, nearly one-half (47.8%) of students who reported using prescription stimulants both licitly and illicitly and nearly 70% of students who reported only illicit use of prescription stimulants also reported using marijuana in the past year. Similar patterns were found for past month cigarette use and for past year alcohol and ecstasy use. According to the authors, "our findings provide evidence that middle and high school students who properly use prescribed stimulant medication for ADHD are not at higher risk for substance misuse" (p. 1107).
- SLIDE 23:** Use this as a discussion question to gauge your audience's needs in the area of NMPDU. Give a brief description of assessment, evaluation, prevention, and intervention activities associated with each area and ask each individual to identify the area of greatest need for their area/department/division regarding NMPDU.
- SLIDE 24:** No matter the area each person identifies as their greatest area of need, move through these slides in order. All of these areas are critical, and I would argue that these areas are sequentially important in addressing NMPDU. If there is no localized data available, how are campuses using national data? Are there efforts being made to localize data and target campus populations? How might they go about doing that in efficient and effective ways? What constituencies need to be involved?

**SLIDE 25:** With the assumption that we have some data from which to work, where do you fall on the prevention continuum? Are there policies regarding NMPDU in place? Are there programming and awareness efforts in place to increase perceived harmfulness of NMPDU? Are there social norms efforts in place to challenge student misperceptions about NMPDU? Is there a way to identify students who are non-medically using and reducing the amount of harm occurring as a result of their NMPDU and other substance use? Is there a recovery support system in place for students struggling with NMPDU and related substance abuse? Use this slide to initiate discussion about where you, as a campus, lie on this continuum.

**SLIDE 26:** The NIAAA report and updated report serve as guidelines for many campuses in addressing high-risk alcohol use, and it may have implications for NMPDU. We can certainly agree that education alone does not equate to behavior change, and efforts must employ an ecological approach that scans the campus environment and challenges the campus culture. Are your current alcohol prevention initiatives relegated to one area or office, at present? If so, what implications does this have for your NMPDU efforts?

**SLIDE 27:** Power Point author contact information, for your reference. Please feel free to reach out to me with questions about the toolkit and/or this power point template. Please insert your own contact information here as you adapt this for your campus.



