

# DEVELOPING A PRESCRIPTION DRUG PREVENTION STRATEGY FOR YOUR CAMPUS:

**Challenges and Considerations**



**CAMPUS  
PREVENTION  
NETWORK**

## ABOUT THE AUTHORS

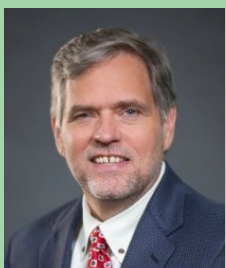


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Kimberley Timpf has more than 20 years of experience in the college alcohol and other drug prevention field, having worked at both public and private universities. She has authored and managed federal and state grants, coordinated nationally recognized prevention programs, and served multiple terms as the directorate chair of AOD issues for ACPA. At EVERFI, Kimberley serves as a subject matter expert in alcohol and other drug abuse prevention program design and development, application of prevention theory in higher education settings, training and instruction, and methods of evaluation.

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## ABOUT THE CAMPUS PREVENTION NETWORK

The Campus Prevention Network is committed to elevating the visibility of member campuses that demonstrate commitment to the highest standards of prevention. To be recognized as a participating member of the Campus Prevention Network, campuses must take a pledge to assess their efforts and strive towards best practice across four key areas that are central to effective prevention.

# CHALLENGES AND CONSIDERATIONS FOR DEVELOPING A PRESCRIPTION DRUG PREVENTION STRATEGY

Prescription medicines play a critical role in healthcare. Advances in drug discovery and development help millions of people live longer and healthier lives. But any medication, when misused, can also cause harm. Driven by a number of factors, the misuse and abuse of prescription medications has become one of our nation's most critical public health challenges and, like many challenges in our society, is currently playing out on our nation's campuses.

This publication is designed to highlight some of the key challenges specific to addressing this issue in the college environment. It will provide campus administrators with practical considerations for creating prevention initiatives aimed at addressing prescription drug misuse and abuse.

## DRIVING FACTORS

With 4 billion prescriptions filled each year, ease of access to a seemingly infinite number of medications has been identified as one of the leading contributors to this country's prescription drug crisis. A 2011 report from the United Nations Office on Drugs and Crime<sup>1</sup>, found that the United States, while representing only 5% of the world's population, consumes 75% of the world's prescription drugs. Even more compelling is that the U.S. has accounted for "almost 100 percent of the world total for hydrocodone (e.g., Vicodin) and 81 percent for oxycodone (e.g., Percocet)."<sup>2</sup>

Additionally, the U.S. is one of only two countries that allow pharmaceutical companies to directly market to consumers. In addition to commercials on television, there are multiple posters and digital ads for prescription drugs in magazines, on billboards, and on public transportation.

The level of access, visibility, and promotion of prescription medications have collectively contributed to a misperception of the prevalence of use. These factors have also fueled a growing belief that prescription drugs are safe, simply because they are prescribed by a physician. While this is more often the case than not when medications are used as prescribed and under the supervision of a physician, drugs that are taken without such controls in place pose significant, and sometimes deadly, risks. Yet, the misperceptions of both prevalence and safety persist and continue to grow, particularly among our nation's youth.

### **The New York Times**

#### **Drug Deaths in America Are Rising Faster Than Ever**

June 5, 2017

**"Drug overdose deaths in 2016 most likely exceeded 59,000, the largest annual jump ever recorded in the United States. Drug overdoses are now the leading cause of death among Americans under 50."**

1. United Nations Office on Drugs, & Crime. (2011). World Drug Report 2011. United Nations Publications.
2. Volkow, N. D. (2014). America's addiction to opioids: heroin and prescription drug abuse. Senate Caucus on International Narcotics Control, 14.

## PRESCRIPTION DRUGS ON CAMPUS

Now more than ever, students are coming to campus already taking medications that have been prescribed for conditions such as anxiety, depression, and ADHD, as well as those used to treat post-operative or injury-related pain. Data from 20,000+ college students who have taken EVERFI's *Prescription Drug Abuse Prevention* course indicate that 63% of participants have used an opiate under a doctor's order, and 24% have been prescribed a stimulant for ADHD or a related condition. The majority of college students will never abuse prescription medication, and while the prevalence of opioids on campus raises justifiable concern around the dangers of abuse of these substances, including a greater likelihood of addiction, overdose, and death, it is stimulants that are being misused and abused at the greatest rate.<sup>3</sup>

STIMULANTS	DEPRESSANTS	OPIOIDS
<i>Prescribed to treat</i> <b>ADHD</b>	<i>Prescribed to treat</i> <b>Anxiety disorders</b>	<i>Prescribed to treat</i> <b>Pain</b>
<i>Brand names</i> <b>Adderall, Ritalin, Concerta</b>	<i>Brand names</i> <b>Valium, Xanax, Ambien</b>	<i>Brand names</i> <b>Vicodin, OxyContin, Percocet</b>
<i>How it works</i> <ul style="list-style-type: none"><li>■ Increases alertness</li><li>■ Increases attention</li><li>■ Increases energy</li></ul>	<i>How it works</i> <ul style="list-style-type: none"><li>■ Increase GABA in the brain</li><li>■ Decreases brain activity producing calming effect</li></ul>	<i>How it works</i> <ul style="list-style-type: none"><li>■ Affects regions of the brain that trigger euphoria</li></ul>
<i>Potential side effects:</i> <ul style="list-style-type: none"><li>■ Increases blood pressure and heart rate</li><li>■ Seizures</li><li>■ Hostility</li></ul>	<i>Potential side effects:</i> <ul style="list-style-type: none"><li>■ Drowsiness</li><li>■ Slowed respiration and heart rate</li><li>■ Seizure from withdrawal</li></ul>	<i>Potential side effects:</i> <ul style="list-style-type: none"><li>■ Drowsiness</li><li>■ Constipation</li><li>■ Slowed breathing</li><li>■ Respiratory depression or death</li><li>■ These types of drugs are highly addictive.</li></ul>

National Institute on Drug Abuse (2014)<sup>4</sup>

How does a school start to get ahead of this pernicious issue? While there is consensus among campus stakeholders about the risks of prescription drugs, there is a lack of consensus about what to do when it comes to effective prevention. This ambivalence may lead to inaction or a delayed reaction to a critical area that threatens the academic success and physical health of our students.

Much of the uncertainty around creating effective programs and policies aimed at prescription drug misuse and abuse has to do with a lack of understanding about what exactly we are trying to prevent. Conversations about prescription drug abuse prevention are very different from alcohol prevention and those distinctions must be considered if we are to move the conversation forward.

3. Higher Education Center for Alcohol and Drug Misuse Prevention and Recovery (2015). College Prescription Drug Study.

4. National Institute on Drug Abuse (NIDA). (2014). What are some of the commonly abused prescription drugs?



## Understanding the Difference Between Misuse and Abuse

**Misuse** of prescription drugs includes taking more than prescribed, stopping medication too soon, sharing or taking someone else's medication, and taking for reasons other than prescribed. Those who **abuse** prescription medication are usually not prescribed what they are using and will take medication for non-therapeutic reasons, to "feel high", or to chase a euphoric feeling. Abuse also includes chronic, repeated use that leads to the development of tolerance to the substance.<sup>5,6</sup>

**"According to the FDA, the key difference between drug abuse and drug misuse is the individual's intentions when taking the drug."<sup>5</sup>**

## HOW IS THE PRESCRIPTION DRUG CONVERSATION DIFFERENT FROM CONVERSATIONS ABOUT ALCOHOL?

**Prescription drugs have a therapeutic benefit.** Unlike alcohol, prescriptions drugs are designed to improve quality of life for people who suffer from various physical and emotional illnesses. The benefits of these drugs outweigh the risks when they are taken as directed by the individual for which they were prescribed. This is an important part of the conversation, as we don't want the outcome of our prevention efforts to make students fearful of using drugs that are appropriately prescribed by their physician.

**Pharmacological risks are not equal.** While there is a far lower percentage of students abusing prescription drugs compared to alcohol, the pharmacological risks associated with overdose—e.g., death, permanent brain damage—are much greater for illicit drug abuse than for alcohol. The dose of alcohol needed to cause pharmacological damage is considerable, while the effects of a single pill can be potentially life altering.

**Prevention of prescription drug misuse and abuse is an emerging field.** Similar to early alcohol prevention efforts, professionals who have experience with prescription drug use often come from a treatment background. As a result, strategies for treatment and referral options receive much of the consideration while prevention strategies remain an under-funded and overlooked mandate.

**Prescription drug abuse is associated with negative stereotypes.** While alcohol use and abuse continues to be seen by many administrators as a right of passage and even "typical" college student behavior, abuse of prescription drugs elicits a very different response. There is a systemic bias that runs throughout campus culture and can result in withholding support based on socially constructed hierarchies of types of addiction.

5. Free, D. (2016, June 10). Drug Abuse vs. Misuse: What's the Difference? Retrieved June 2017 from: <https://new-lifehouse.com/drug-abuse-vs-misuse/>

6. Generation Rx: College of Pharmacy at The Ohio State University and the Cardinal Health Foundation Understanding the Issue. Retrieved June 2017 from: <http://www.generationrx.org/learn/understand-the-issue/>

## APPLYING A PUBLIC HEALTH FRAMEWORK

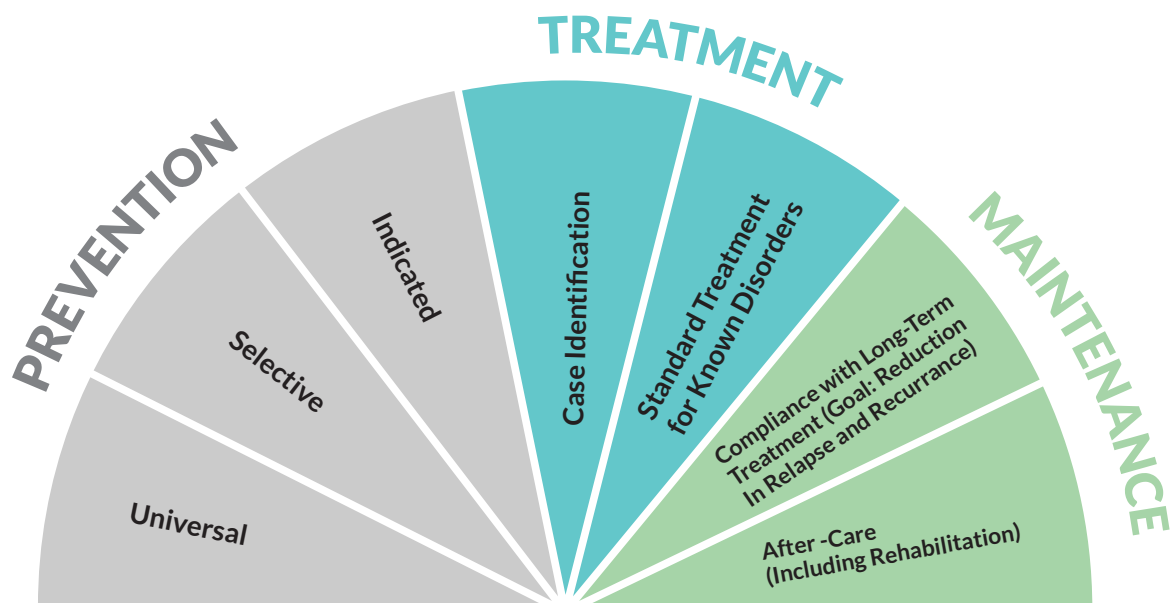
Although there are distinct differences between alcohol and prescription drugs when it comes to exactly how and what to communicate, effective prevention still requires a comprehensive approach grounded in a public health framework.

One such framework is the Institute of Medicine's Protractor Model, which incorporates prevention as part of a continuum of care (see Figure 1):

- **Universal prevention** includes strategies that are delivered to broad populations without consideration of individual differences in risk for substance abuse.
- **Selective prevention** includes programs and practices that are delivered to sub-groups of individuals identified on the basis of their membership in a group that has an elevated risk for developing substance abuse problems.
- **Indicated prevention** includes interventions designed to minimize future harm among students who have presented with specific risk conditions.

In the following sections, we will use the IOM model as a guide to help us consider the specific strategies to address prescription drug misuse and abuse.

FIGURE 1. Institute of Medicine's Protractor Model



The IOM Model: A Tool for Prevention Planning and Implementation  
Retrieved June 2017 from: <http://www.cars-rp.org/publications/Prevention%20Tactics/PT8.13.06.pdf>

## UNIVERSAL PREVENTION

### **Strategy: Information Dissemination**

*The intent of this strategy is to increase awareness and knowledge of the risks of substance misuse and abuse and available prevention services.*

A popular universal approach in alcohol prevention is marketing campaigns designed to teach students who choose to drink to use protective strategies. Students are encouraged to do any or all the following: count your drinks, set a drink limit, pace and space your drinks, eat during and after drinking, alternate with water or non-alcoholic beverages, never drink and drive, avoid hard liquor, avoid drinking games, etc.

A different approach is needed when creating similar campaigns aimed at prescription drugs. As with alcohol, reinforcing the message that most students do not misuse or abuse prescriptions medications is critical. At the same time, developing messages about “low-risk” use is far more difficult considering the pharmacological risks mentioned previously. Information dissemination about risk and protective factors related to illicit drug use are much more likely to be criticized for signaling tacit approval. The challenge this presents is how to ensure that students receive more, not less, information about the risks associated with prescription drug misuse and abuse. However, it is reasonable to create marketing campaigns and employ other universal approaches including population-level online programs that are designed to teach students important information on a number of critical topics, including:

- **How to recognize signs and symptoms** of any drug overdose, including alcohol.
- **The importance of reading prescription and warning labels** in order to understand risk factors that are true for both legitimate and illegal prescription drug use.
- **The potential side effects of prescribed medications.**  
For example, that benzodiazepines and synthetic opioids are highly addictive and abusing either can lead to physical dependence and withdrawal symptoms when the medication is discontinued.
- **The risks associated with mixing prescription and non-prescription drugs.**  
For example, using Xanax with alcohol may be fatal.
- **Warnings about counterfeit pills and analogues that are generally purchased online as well as on the street.** These drugs are marketed as prescription drugs, and often labeled with brand names. The most dangerous and increasingly common example are pills labeled Xanax that may actually be fentanyl, a powerful synthetic opioid up to 100 times more potent than morphine.
- **Information on state and local laws and campus policies related to seeking medical intervention.** For example, campus, community or state-sponsored Good Samaritan policies.
- **The legal consequences** of selling or sharing prescription drugs.

## SELECTIVE PREVENTION

### **Strategy: Skill-Building**

*Skill building involves two-way communication that requires interaction between a facilitator and participants with the goal of improving skills, reducing negative behavior, and improving and supporting responsible behavior.*

While we don't have the same type of empirically tested skill-building strategies for illicit drug use as compared to alcohol use, there is no reason to think that certain approaches in the alcohol prevention arena won't translate to prescription drug abuse prevention. Successful strategies should have a theoretical basis for behavior change and focus on improving critical life and social skills.

This can include the integration of decision-making, refusal skills, and systematic judgment abilities as part of:

- **Skill-building workshops** infused within nursing, psychology, social work or counselor education curricula.
- **Practitioner-facilitated discussions** delivered to groups identified as high-risk based on data collected through campus assessments.
- **A bystander training curriculum** for student staff in Housing and Residence Life, risk managers in Fraternity and Sorority life, and peer educators.

## INDICATED PREVENTION

### **Strategy: Problem Identification and Referral**

*This is an individual and small group prevention strategy that is intended to identify students who have abused substances, and to assess if their risky behavior can be reversed through education. It is not designed to identify whether or not an individual needs treatment.*

The goal of Problem Identification and Referral is to enhance the use of protection strategies and reduce or eliminate identified risks. In alcohol prevention, BASICS (Brief Alcohol Screening and Intervention for College Students) is the most widely used indicated strategy. Certainly a similar strategy could be used for prescription drug abuse, but there are some specific challenges that need to be considered in such an approach.



#### FERPA

<https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

#### HIPPA

<http://www.hipaasurvivalguide.com/hipaa-regulations/hipaa-regulations.php>

First, it will be important to manage the implicit or explicit stigma of illicit drug use as well as the potential implicit bias of staff members who will be working with students. Recognizing and understanding one's own potential bias is a critical step before engaging a student in conversation about their drug use. To help with this, there should be a safe place for staff doing this work to process their feelings, thoughts, and attitudes. Keep in mind that the first contact with a student sets the tone for future participation in a helping relationship, so if shame and guilt is perceived by the student, future resistance to intervention or treatment is likely.

It is also imperative to let students know whether or not your office can guarantee confidentiality, particularly outside of a clinical setting. If your campus has a zero tolerance policy for illicit drugs, are you expected to report if a student confides in you? Being aware of your campus policy and the limits of confidentiality is an important part of creating a safe and judgment-free environment. *For additional information regarding employee classification and confidentiality, consult the FERPA and HIPPA websites.*

Despite some of these challenges, we can:

- **Put surveillance systems in place** to identify students who might benefit from education or referral.
- **Encourage health service providers to use the Drug Abuse Screening Test (DAST-10)** or other validated screening instrument to assess for other drug use.
- **Partner with student conduct offices, campus safety, and law enforcement or court systems** to assess if education can reverse a student's risk of harmful consequences.
- **Develop relationships with student organizations** and limit or eliminate any barriers that may discourage someone from asking for help when they are concerned about a member or members.

# CREATING AN INFRASTRUCTURE TO SUPPORT PREVENTION

## Campus-Based Processes

*These processes enhance the ability of the campus community to effectively assess and provide prevention, treatment, and recovery services.*

Within this area, campuses should seek to more effectively make prevention and treatment available in the campus community. The focus should be on raising awareness and building sustainable practices through the following:

- **Publically acknowledging the stigma and institutional barriers** associated with drug use and dependence.
- **Advocating for additional funding** to develop and implement prescription and other drug prevention initiatives.
- **Training physicians and other providers on proper screening**, recognizing signs of abuse or dependence, appropriate prescribing practices, and sensitivity around recovery.
- **Advocating for substance use prevention and bystander training** similar to existing approaches for suicide prevention, sexual assault and domestic violence, and alcohol abuse.
- **Creating an advisory board of director- and senior-level administrators** to collaborate on campus-wide prevention best practices.
- **Advocating for an integrated on-campus system** of prevention, treatment, and recovery services.
- **Seeking out and engaging allies** in your local drug-free community coalition.

## Environmental Strategies

*These strategies help establish or change policies or rules that strengthen campus and community support for prevention services.*

Implementing environmental strategies is a marathon, not a sprint. The following strategies are a starting point and can help lay the groundwork needed to build successful community engagement:

- **Conduct a campus and community needs assessment** to determine what resources are available for students and whether or not they are sufficient or appropriate (e.g., identifying 12-step meetings that are more versus less student friendly, identifying community providers that will offer students the best evidence-informed options for substance use disorder treatment).
- **Create or refine policies** to ensure they are appropriate, timely, clearly written, effectively communicated, and consistently enforced.
- **Establish or change local laws and ordinances**, and build support across a broad group of community stakeholders.
- **Support community initiatives** by actively participating in a local drug-free community coalition.
- **Develop relationships and increase your visibility with community leaders** in order to garner support for campus initiatives.

## CONCLUSION

Prescription drug abuse on college campuses is creating increasing concern for administrators, yet schools struggle to find the best approach for proactively addressing the issue within their current prevention structures. Applying some of the same principles and paradigms used to tackle alcohol abuse, prevention professionals and their allies can begin to confront the growing public health crisis of prescription drug abuse. In considering the best approach for a campus response, it is clear that even with the challenges that have been outlined here, opportunities for success are within reach.

**FOR ADDITIONAL INFORMATION ON EFFORTS TO  
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