

IT'S DRUG ABUSE!

How the non-medical use of prescription drugs can hurt you

Facilitator's Notes

General approach to the workshop: This program is designed to be a skit- and discussion-based workshop to raise awareness about the dangers of prescription drug abuse. It could be conducted with any size audience but may work best with small groups to allow meaningful discussions. As a facilitator of this program, your role is to relay useful information (provided in the program materials) and encourage student discussion. Faculty and staff members may certainly be effective facilitators for these sessions, but we believe student-to-student education to be the best approach. So, we encourage the use of trained students in delivering the workshop. The program should require about 60 minutes, but may be adapted to fit other time frames as needed. The skit consists of three scenes depicting college students discussing a peer's abuse of prescription painkillers, a student seeking help for a prescription drug abuse problem, and a student making the decision to follow safe medication-taking practices. The workshop focuses on: (1) the health, social and legal consequences of abusing pain relievers, sedatives and stimulant medications; (2) how to recognize a potential drug abuse problem and get help; and (3) how to take medications safely.

Definition of "misuse" and "abuse" of prescription

medications: The words "misuse" and "abuse" are commonly used when talking about this issue, often interchangeably. We are actually trying to prevent both of these behaviors. The "misuse" of a prescription drug refers to its use in ways other than as directed by the prescriber, but not for non-medical reasons or the feeling it causes (e.g., to get "high"). The "abuse" of a prescription medication refers to its non-medical use for the feeling it causes.

[Note: This workshop focuses on the dangers of prescription drug misuse and abuse toward the goal of prevention. However, do not imply that the danger lies in taking prescription medications per se. It is the non-medical use of these medications, their use without a

prescription from a healthcare provider or their use in ways other than prescribed, that we are trying to prevent. The legitimate use of prescription medicines is a cornerstone of modern medicine; however, their improper use is one of our most serious public health problems.]

Materials needed: The resources below are provided for use in this workshop.

- Facilitator's notes containing the script for each scene, as well as discussion questions with supporting information to address major issues and foster student participation.
- A copy of the script without facilitator's notes for use by the workshop actors.
- A handout for students which includes key points, safe medication-taking guidelines, and resources for student assistance.
- A program evaluation instrument.

Selection of actors for the three scenes: All speaking parts could be played by program facilitators or recruited from members of the audience. Using volunteers from the audience to perform the skits can be very effective in increasing enthusiasm and engaging the audience. The parts for the narrator might best be read by a facilitator who could also lead the subsequent discussion, but a member of the audience may also be selected to read this part as well. In the latter case, a program facilitator should lead the discussions.

Procedure for discussion: After each scene, the facilitator should pose the provided discussion questions to the audience. The idea is to engage students in thought and allow them time to generate original ideas through the input of their peers; however, additional information/statistics from the facilitator (e.g., those provided in these facilitator's notes) may be interjected at any point.

Workshop Agenda

1) Introduction of workshop facilitators

Introduce each workshop facilitator and provide e-mail addresses for follow-up questions if you wish. Depending on the size of the audience, it may be useful to have participants introduce themselves as well, perhaps with an icebreaker reflective of the program's theme. The icebreaker we recommend is to ask participants to introduce themselves and share why they decided to attend this workshop.

2) Perform the three scenes of the skit and follow each with selected (or all) discussion questions

Facilitators should select volunteers to play each character (or utilize program facilitators as actors) and set-up the performance space for each scene. Actors should feel free to alter the scripts to use language/wording that is more comfortable to them, without changing critical content. Subsequent to each scene, introduce the discussion questions provided in the facilitator's notes and leave ample time for student comments/discussion. The facilitator may pick and choose which of the provided questions to use.

3) Conclude the workshop

Conclude the program by taking questions, distributing copies of the handout, and asking your audience to complete a program evaluation.

Introduction

Narrator: The Centers for Disease Control and Prevention estimate that about 100 Americans die every day from unintentional drug overdoses, mostly resulting from prescription drug abuse.¹ This equates to about one death every 15 minutes. So during the time we spend together for this program, as many as four people will likely die from this cause.

According to the National Survey on Drug Use and Health, the average age when prescription drug abuse starts is around 21 or 22.² Therefore, college students are at a vulnerable age for initiating the misuse or abuse of prescription medications, which could lead them down a path to serious health, social, academic and legal consequences. This program will explore some of the causes and consequences of prescription drug abuse. It will also address where a student could seek help for a prescription drug abuse problem and how we can choose to follow safe medication-taking practices. We will do so by presenting three short scenes from a skit called "It's Drug Abuse!" and conducting brief discussions after each scene.

Scene 1: The Opiate Epidemic

Narrator: Sam walks up to a group of friends sitting at a lunch table in the student union, carrying a large bag of dog food.

Sam: Hey, guys!

Group: *(The group makes room at the table)* Hey Sam!

Pat: What's with the dog food? Did you bring us lunch? *(The group laughs).*

Sam: Ha ha – funny. Actually I'm stopping at Elliot's apartment after class to feed Murphy. Elliot's mom asked me to since he is still in the hospital.

Taylor: I can't believe this happened – not too long ago Elliot was perfectly fine, ya know?...

Pat: Yeah, and now he's in a hospital room after OD'ing on pain pills! I had no clue he had such a huge problem.

Sam: Well the problem wasn't so huge in the beginning. I remember Elliot started taking his mom's leftover Percocet pills because his knees hurt after our long runs. It was only once in a while at first and then he began taking some before we went out on the weekends. Once I mentioned that maybe he shouldn't be taking that stuff so much, but he got pretty defensive and really didn't hang out or run with me too much after that...

Pat: A few months ago, Elliot stopped going to class and started copying my notes. Recently, he hasn't even bothered to do that. I just assumed he was burnt out with school – who isn't?!

Taylor: I wonder if he was taking other drugs besides Percocet? A couple of times I saw Elliot walking toward a sketchy car that had pulled up to our dorm in the middle of the night. I really hope he didn't get into heroin or some other "street" drug – now that's some serious drug abuse!

Sam: Yeah, but geez, taking a drug like Percocet before going out is also drug abuse and can be just as dangerous!

Taylor: I still just can't believe this. I mean, look at Elliot. He was the last person you could see this happening to, right? He had it all – good grades, he was happy, and healthy, and obviously he had some pretty amazing people for friends! It's just crazy that those prescription pills essentially ruined his life!

Discussion questions

1. Elliot's friends say they "had no clue he had such a huge problem" in terms of his abuse of prescription painkillers. What are some warning signs of prescription drug abuse that can be recognized in Elliot? Are there other warning signs?

These are some of the warning signs that might signal prescription drug abuse³:

- Sudden mood changes, including irritability, negative attitude, personality change
- Extreme changes in groups of friends or hangout locations
- Forgetfulness or clumsiness
- Lying or being deceitful, skipping classes, avoiding eye contact
- Losing interest in personal appearance, extracurricular activities or sports
- "Munchies" or sudden changes in appetite
- Unusually poor performance in school, athletics, or other activities
- Borrowing money or having extra cash
- Acting especially angry or abusive, or engaging in reckless behavior

2. **By saying: “I mean, look at Elliot. He was the last person you could see this happening to, right?”, it is clear Sam thinks that a successful student like Elliot is not the type of person one would expect to abuse prescription drugs. Why might a college student decide to misuse or abuse a prescription drug? What kind of student do you think is a stereotypical prescription drug abuser and most likely to suffer the negative effects of this behavior?**

Many times a student will start taking a prescription drug non-medically because it is a quick fix for a problem they are having. For example, Sam noted that: “Elliot started taking his mom’s leftover Percocet because his knees hurt after our long runs.” There are many reasons college students report misusing or abusing prescription stimulants, sedatives or pain relievers. A “growing campus culture of self-diagnosis and self-prescribing”⁴ may lead students toward the non-medical use of medications to⁵:

- Concentrate in class and maintain focus during late-night study sessions
- Diet
- Reduce stress
- Get to sleep
- Feel good/get high
- Ease nervousness in social situations
- Enhance athletic performance

No one is “immune” to the negative effects of prescription drug abuse, and there is no particular stereotype that fits a “typical” prescription drug abuser. Part of the problem is that medications are often easy for students to obtain – over 70% of abusers get them from family members or friends.⁶ As an example, Elliot took his mom’s leftover Percocet. Once a student begins misusing or abusing prescription drugs, the situation can quickly spiral out of control. In our skit, Sam notes the following about Elliot: “Well the problem wasn’t so huge in the beginning...It was only once in a while at first and then he began taking some before we went out on the weekends.” Experts say it’s a ‘slippery slope’, and research shows that students who use prescription drugs non-medically have a significantly higher risk for drug abuse.⁷ They are also at greater risk of abusing other substances. We saw this progression with Elliot in our skit when Taylor said: “I wonder if he was taking other drugs besides Percocet? A couple of times I saw Elliot walking toward a sketchy car that had pulled up to our dorm in the middle of the night. I really hope he didn’t get into heroin or some other “street” drug...”

3. **What could Elliott’s mom (and others) do to help prevent the abuse of prescription drugs?**⁵

- Take your medications only as prescribed.
- Keep your prescription drugs in a safe and secure place that is unknown to others.
- Don’t share your medication with someone else for any reason.
You are putting others at risk when you share your prescription drugs.

Scene 2: I Need Help

Narrator: It’s about 6 p.m. on a Tuesday, and Jordan returns to their dorm room to drop off some books before heading to the dining hall for dinner. Jordan turns on the lights and walks into the room, where Cameron is still in bed.

Cameron: *(In a hoarse voice)* Jordan, jeez turn off the lights!

Jordan: Cameron, it’s 6 o’clock! Did you get up at all today?

Cameron: No...I can’t freaking wake up. My body is all screwed up.

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Jordan: You haven't been to class since last week, and even then you slept through Poly Sci and Econ. Yeah, I'd say you're screwed up.

Cameron: Shut up, I know. I think I'm gonna have to take an Adderall to get my butt outta bed and study for Accounting. I'm so behind...I just can't wake up, though!

Jordan: Well, just don't keep me up all night, ok? I want to get some decent sleep tonight. I'm going to the dining hall right now – think you can get outta bed for food?

Cameron: No, I'm gonna take this Adderall and wake up in half an hour.

Jordan: Dude, you are like dependent on that stuff...You think that using it has any thing to do with your messed-up sleep cycle?

Cameron: I mean, I don't know. I only take it when I have to. And it really helps keep me going when I'm partying on the weekends, too.

Jordan: Hmm, I don't know much about it, but you seem to take it at least Thursday through Sunday night every week, so it's got to be affecting your sleep. And, you never "have to" take it – it's not even prescribed for you, and it's a prescription drug. That's drug abuse, Cam! *(Jordan leaves to get dinner.)*

Narrator: Cameron takes the Adderall, lies in bed for another 45 minutes, and wakes up to check Facebook. After that Cameron searches the Internet for Adderall, and clicks on the first link.

Cameron: *(To himself)* "Contains amphetamine"...like methamphetamine? That's hardcore stuff...wonder if Adderall can be as hardcore? Is Jordan right?

Narrator: Cameron then reads another blog post of a girl who is addicted to Adderall.

Cameron: *(To himself)* Jeez, this is scary – it can be addicting? And this girl is depressed and failing out of school? I've got to stop this.

Narrator: Cameron continues to read blog posts of people who abused Adderall. Jordan then returns from dinner. Confused and wondering what to do next, Cameron confides in Jordan.

Cameron: So...I searched Adderall on the Internet and evidently it's addicting...and screws up sleeping patterns...and it says it changes your mood, and can make you depressed. You were right, Jordan! Do you think my mood has changed though?

Jordan: Oh my gosh, addicting? Well, I guess it's kinda changed...I mean, you've been a bump on a log for, like, two weeks now.

Cameron: That sounds about right. I never thought of this as drug abuse until right now, but I guess it is. Makes me feel kinda sick thinking about it.

Jordan: Well, you're using a medication that wasn't prescribed for you and for sketchy reasons, even to party. That's just dumb, Cam.

Cameron: Thanks Jordan, you make me feel so much better...not! Ok, so what do I do now? Who do I talk to about it?

Jordan: Hmm, remember when our RA did that presentation about the counseling services at the health center? She told us you could call there and get help for things like this – maybe you should try that?

Cameron: Yeah, I remember. I'm going to call them. I guess that magnet they gave us from the health center will be more useful than I thought. Thanks, Jordan, you're a good friend.

Discussion questions

1. What is the difference between drug abuse and drug misuse? Is Cameron misusing Adderall or abusing it?

The words "misuse" and "abuse" are commonly used when referring to issues like this one, often interchangeably. The "misuse" of a prescription drug refers to its use in ways other than as directed by the prescriber, but not for non-medical reasons or the feelings they cause (e.g., to get "high"). The "abuse" of a prescription medication refers to its non-medical use for the feeling it causes. Cameron is abusing Adderall by using it without a prescription for the feeling it causes.

2. What does Adderall do to the body and when can that be dangerous?

Adderall is a prescription stimulant used in the treatment of attention deficit hyperactivity disorder (ADHD) and narcolepsy (a sleeping disorder). The drug increases alertness and attention, but it can also raise a person's blood pressure and heart rate, which can lead to potentially dangerous side effects. Adderall can also cause euphoria and, therefore, carries the risk of causing dependence. Adderall also has rare but more serious side effects including some that impact your heart (such as abnormal heart rhythm or heart attack), some that alter your brain chemistry causing psychiatric conditions such as mania or anxiety, visual disturbances, and a lower threshold for seizures.⁸ Adderall is a controlled substance⁹ because of its high potential for abuse, and patients taking Adderall need to be monitored by a healthcare professional to ensure their safety.

3. What are some resources available to students to help them with a prescription drug abuse problem?

- Contact your college or university counseling, student health or wellness center.
- Talk with your family, your doctor or pharmacist, academic advisor, or resident advisor.
- The U.S. Substance Abuse and Mental Health Services Administration provides a searchable directory of drug and alcohol treatment programs, see <http://findtreatment.samhsa.gov>.
- For a poisoning emergency (e.g., drug overdose) in the U.S. call 1.800.222.1222.

4. How could you help a friend who you think is abusing prescription drugs?

Students could feel embarrassed about their abuse of prescription drugs, and those who have developed dependence may not want to seek treatment for fear of the stigma attached to the disease of addiction. A trusted friend's or family member's support could be critical in assisting the student who needs help to receive it. Some students may think they do not have a problem and will think their situation is under control. Others may think they can handle it themselves without the help of counselors and other resources. The best assistance you could give a friend with a prescription drug abuse problem is to encourage them to seek professional help. Remember, at the conclusion of the scene Cameron said, "Thanks, Jordan, you're a good friend."

Scene 3: One of the Gang or a Gang of One?

Narrator: It's Wednesday afternoon after classes. Alex is sitting on the couch in their dorm room, flipping through channels on T.V. when Casey enters the room.

Casey: Hey, Alex! You ready?!

Alex: Ready? For what?

Casey: Uh, hello...the intramural B-ball championships! I heard the other team's two best players won't be able to play in the finals, which means we're definitely gonna win tomorrow night! I've even chosen the bar where we're going to celebrate afterwards. Why aren't you more pumped?

Alex: I would be, but my knee has really been bothering me since last week's game, and I don't know if I can play. The ibuprofen I've been taking does absolutely nothing!

Casey: Well, then take more, we need you!

Alex: I'm already taking the maximum amount recommended on the drug label.

Casey: *(Casey roots around in a desk drawer and pulls out a prescription bottle.)* Here, then take one of these *(handing the bottle to Alex)*. It's Vicodin – I have some leftover from when I got my wisdom teeth out last summer. I didn't need all of them. Trust me, they are amazing – your knee won't hurt a bit after popping one of these!

Alex: *(Alex does not reach out to take the pills.)* But, that's your prescription...

Casey: And your point is?...I mean, you borrowed my laptop earlier. What's the problem? We're roommates – we share, that's what we do!

Alex: This is different, it doesn't feel right. It's almost like drug abuse. I don't even think it's legal, and the last thing I want to risk is something like a felony on my record. I've also heard stories of how that stuff can make you feel weird and really mess you up. I just don't want to risk having a bad reaction to it.

Casey: *(Sarcastically)* A felony, seriously? No one will ever know you took it! And why would you have a bad reaction? I thought you took Vicodin last year when you broke your arm.

Alex: Yeah, I did.

Casey: Any problems then?

Alex: Problems? Nooo...

Casey: Well good, here. *(Casey extends his open palm again, offering the Vicodin.)* I just think it's stupid for you to miss the big game tomorrow when you don't have to. Look, everybody takes these drugs, it's no big deal.

Alex: Listen, I appreciate the offer to help, but I'm not gonna take it. Even if you don't think it's a big deal, there's more to it than whether or not I can play in the game, so I'm not going to risk it. But thanks for looking out for me. I'll stop by the student health center tomorrow and see what they think. Maybe they can tape it up for me or something.

Casey: Ok, whatever, as long as you'll be good-to-go tomorrow.

Discussion questions

1. Should Alex be concerned about the health consequences of using a drug like Vicodin without a prescription, having taken it previously with no problems?

A prescription is required for certain medications because the U.S. Food and Drug Administration (FDA) has determined that they are not safe for use without medical supervision. When a healthcare professional writes a prescription, many things are taken into consideration such as the patient's age, weight, other medications they are taking, allergies, kidney or liver function, etc. A medication that was right for Alex in the past may not be advisable for alleviating the knee pain now.

The potential for harmful interactions with alcohol or other medications also exists. For example, Casey has "chosen the bar where we're going to celebrate afterwards." Alcohol and prescription pain relievers like Vicodin both cause respiratory depression. Drinking while taking a drug like Vicodin, or taking this medication with other drugs which also slow your breathing, can be very dangerous – even fatal.

There is also the risk of experiencing other adverse side effects when taking any medication. This was one of Alex's concerns ("I just don't want to risk having a bad reaction to it"). These are a few of the adverse effects that have been reported for patients taking Vicodin¹⁰:

- CNS depression—can compromise mental alertness, for example impair driving abilities
- Hypotension, dizziness—in some patients
- Liver toxicity—from acetaminophen (also included in the product), worsened by alcohol and other sources of acetaminophen

2. Do you think Alex is exaggerating by calling the abuse of a prescription drug like Vicodin a felony? What are some other legal consequences of abusing prescription drugs?

Some states classify the possession of a "controlled substance"¹¹ like Vicodin without a prescription as a felony. It is, in fact, against federal laws to use any prescription medication without a prescription. Controlled substances are regulated by the U.S. Drug Enforcement Agency because they have a high potential for abuse and may produce dependence. Possible legal consequences, depending on the state, include substantial fines or even jail time. Many colleges and universities also address student violations of state or federal drug laws in their code of student conduct. These violations could lead to disciplinary actions like suspension or dismissal.

Students should also consider how any illegal activity might affect their future goals, such as graduate training (e.g., graduate or professional school) or professional employment. Remember that background checks are routinely required when applying for these opportunities. How might a drug-related offense impact a student's likelihood of entering that dream job or graduate program?

3. Do you think that most college students abuse prescription drugs? Would a majority of your peers on campus approve of this behavior? If Alex decided to take the Vicodin being offered by Casey, would this action represent being “part of the gang” or “a gang of one”?

There is no doubt that prescription drug abuse is a serious and growing problem on college campuses. In fact, by the sophomore year in college, about half of all students will have had the opportunity to abuse a prescription drug¹². It is, therefore, likely that students will directly or indirectly come into contact with this issue. That said, this type of behavior is not the norm. About one in four people aged 18 to 20 admits to using a prescription drug non-medically in their lifetime¹³, but that means that most college students use medications properly. The majority of students know better than to take the risks associated with prescription drug abuse, so that really makes Alex “part of the gang” by refusing to take Casey’s Vicodin.

4. What are some other ways Alex could have turned down the medication?

- Use humor.
- Use or make-up a personal story as to why you avoid the non-medical use of prescription drugs.
- Mention alternatives you think would work better to achieve the desired effect of the drug.
- Don’t be afraid to be your own person and not follow what others may be doing.

References:

- 1 *Vital Signs: Overdose of Prescription Opioid Pain Relievers – United States, 1999-2008*. CDC, 2011 (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6043a4.htm>).
- 2 *National Survey on Drug Use and Health, 2010*. Substance Abuse and Mental Health Services Administration (<http://www.samhsa.gov/nsduh/2k10nsduh/2k10Results.pdf>).
- 3 *Taking Action to Prevent & Address Prescription Drug Abuse – A Resource Kit for America’s Campuses, Warning Signs & Symptoms of Prescription Drug Abuse*. National Council on Patient Information and Education (<http://www.talkaboutrx.org/documents/WarningSigns.pdf>).
- 4 Greg Critser. *Generation Rx: How Prescription Drugs are Altering American Lives, Minds, and Bodies* (2005, New York: Houghton Mifflin, Co.).
- 5 *Taking Action to Prevent & Address Prescription Drug Abuse – A Resource Kit for America’s Campuses, “Get the Facts” Prescription Drug Abuse on College Campuses*. National Council on Patient Information and Education (<http://www.talkaboutrx.org/documents/GetTheFacts.pdf>).
- 6 *National Survey on Drug Use and Health, 2009*. SAMHSA. (<http://oas.samhsa.gov/nsduh/2k9nsduh/2k9resultsp.pdf>)
- 7 McCabe. Screening for drug abuse among medical and nonmedical users of prescription drugs in a probability sample of college students. *Archives of Pediatrics & Adolescent Medicine*. 2008;162(3):225-231.
- 8 For more information about Adderall (dextroamphetamine and amphetamine), see *AHFS Consumer Medical Information* (<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH000166/>).
- 9 See: *Title 21, United States Code, Controlled Substances Act* (<http://www.deadiversion.usdoj.gov/21cfr/21usc/index.html>).
- 10 For more information about Vicodin (hydrocodone), see *AHFS Consumer Medical Information* (<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000014/>).
- 11 See: *Title 21, United States Code, Controlled Substances Act* (<http://www.deadiversion.usdoj.gov/21cfr/21usc/index.html>).
- 12 Arria, *et al*. Drug exposure opportunities and use patterns among college students: Results of a longitudinal prospective cohort study. *Substance Abuse*, 2008; 29(4): 19-38 (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2614283/>).
- 13 *National Survey on Drug Use and Health, 2008*. SAMHSA (<http://www.oas.samhsa.gov/nsduh/2k8nsduh/2k8Results.cfm>).