Most College Students Use Stimulants on Occasion

**BY DAMIAN McNAMARA**

**Miami Bureau**

MIAMI — College is “ground zero” for nonmedical use of prescription stimulants. About 10% of all college students who use stimulants do so only on occasion to enhance studying or boost concentration. More frequent users are at increased risk for abusing other substances and for poor academic performance, according to two studies presented at the annual conference of the American Society for Addiction Medicine.

“A preponderance of use is reported for study, focus, or work, in contrast to ‘getting high’ or feeling good,” Dr. Robert L. DuPont said. “This does not involve drug dealers. The transfer to the user is not related to any cost whatsoever, so it’s a different pattern than we see with most drugs of abuse. It’s quite striking.”

DuPont, director of the National Institute on Drug Abuse and Research advisory committee for Behavior and Health, said the findings “are not good news for college campuses or students. The data suggest that they are using stimulants at a much higher rate than nonstudents.”

In a 2004 Harris Interactive Study of more than 1,900 online survey respondents who were selected, first-year college students in the College Life Study in the fall of 2004, “This is a more sophisticated, ongoing study,” Dr. DuPont said. “It is a longitudinal look at all drug use for 4 years of college. A total of 45 participants were being treated for attention-deficit/hyperactivity disorder at baseline. ‘A higher percentage of those with ADHD use methylphenidate [nonmedically] more than 10 times per year,” Dr. DuPont said.

Students with an ADHD diagnosis were more likely to inhale a prescription stimulant, with 28% reporting doing so, compared with 14% of those without an ADHD diagnosis. They were also more likely to report marijuana use (77% versus 61%) and cocaine use (14% versus 7%).

“More than 75% of college students who report using stimulants nonmedically have done so 10 or fewer times in the previous year.”

“More frequent nonmedical users of prescription stimulants on college campuses also use other illegal drugs, drink alcohol excessively, smoke cigarettes, and are likely to have lower grades than nonusers. ‘These are the people at the bottom of the academic population. They have higher rates of missing classes, and do not use stimulants to catch up’,” DuPont said.

Dr. Adderall (amphetamine/dextroamphetamine) is associated with a substantially higher rate of nonmedical use, followed by Ritalin and Concerta, Dr. DuPont said. “Concerta is associated with the lowest abuse in this area, possibly because the capsule form is particularly resistant to abuse.”

“About 60% of college respondents did so through a medical contract about use.”

“Medical treatment is important,” DuPont said, “but more prevention is needed. ‘94% of those who reported using methylphenidate reported such use. They found that 94% who used Ritalin (methylphenidate) for cognitive enhancement obtained it for free, as did 100% of people who reported taking Concerta (methylphenidate).”

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**Results**

**By John R. Bell**

**Associate Editor**

**AUSTIN, TEX. — Despite a generally low rate of participation in smoking cessation programs among persons with psychotic disorders, cessation intervention is effective in this population, at least in the short term, Amando Baker, Ph.D., said at the annual meeting of the Society for Research on Nicotine and Tobacco.**

For the randomized, double-blind trial, Dr. Baker of the University of Newcastle (Australia) and colleagues enrolled 298 regular smokers with a nonacute psychotic disorder (including but not limited to schizophrenia) who lived in the community.

Participants were assigned to routine care (111 persons) or usual treatment plus a smoking cessation intervention (187 persons). There were eight sessions in the intervention, and they involved medication, replacement therapy, motivational interviewing, and cognitive-behavioral therapy. There were six weekly 1-hour sessions and two more bi-weekly sessions. The investigators observed a statistically significant dose-response relationship between treatment session attendance and smoking cessation at 1 year but not at 3 years. At 12 months, 18% of control participants had quit smoking, vs. 31% of treatment participants (11% for fewer than five sessions, 21% for five to seven sessions, and 47% for all eight sessions). At 3 years, 19% of controls and 19% of all treatment participants had achieved cessation (60% of those attending fewer than five sessions, 12% attended five to fewer than seven sessions, and 36% who participated in all eight sessions). The 3-year results did not reach statistical significance, however, and Dr. Baker noted that the investigators were able to contact only slightly more than half the participants at 3 years following up.

The portion of each group completing these 36-month smoking cessation treatment was similar between the two arms: 56% of the intervention group and 54% of the control group.

The investigators noted that 12-month smoking reduction by at least 50% was significantly predictive of abstinence at 3 years. Point-prevalence abstinence at 36 months was 34% among those who had reduced their smoking by half at 12 months, vs. 11% for those who had not, Dr. Baker reported. There was no worsening of psychotic symptoms among any of those patients.

The 3-year results mean that “maintenance of treatment gains... really remains a major challenge” in patients with psychotic disorder, Dr. Baker said. An ongoing trial will modify the intervention to include longer sessions and address overall lifestyle of the smokers.

“Participants were a mean of 37 years old, and 56% were male. Most were receiving disability benefits, and 72% were single. At baseline, they smoked a mean of 30 cigarettes per day and reported two previous quit attempts. They were residents of the greater Sydney area or the Newcastle area, 2 hours north of Sydney.”

Most of the participants cited going “cold turkey” as their most effective prior method of smoking cessation. Their self-reported reasons for smoking were “craving” or “addiction,” Dr. Baker said.

The nicotine replacement patch was used in the study were provided by GlaxoSmithKline Inc.

**Dealers, Friends, Family Are Key Drug Sources for Opioid Abusers**

**BY MARY ELLEN SCHNEIDER**

**New York Bureau**

NEW ORLEANS — Most opioid abusers report that they get their drugs from dealers, friends, and relatives, according to a survey of individuals entering methadone maintenance treatment programs.

But prescriptions from physicians still rank third on that list, and about 30% of opioid abusers cite physicians as a source for the painkillers.

Researchers at the American Association for the Treatment of Opioid Dependence, the National Development and Research Institutes, and Purdue Pharma L.P. evaluated the prevalence of prescription opioid abuse among 8,039 individuals who were admitted to 73 methadone maintenance programs in 33 states.

About 46% of the respondents reported that a prescription opioid analgesic was their primary drug of abuse in the month before entering the methadone program. Of the 3,294 respondents who said that prescription opioids were their primary drug of abuse, only 2.9% of respondents said the Internet was a source for opioids.

Respondents could name more than one source. A physician’s prescription was cited by 30.1% of opioid abusers. Emergency department visits were a source for another 13.5%, and a much smaller group, about 2.5% of opioid abusers surveyed, cited forged prescriptions as their source. The survey did not differentiate between prescriptions issued for legitimate medical uses and those that were not.

The most frequently cited sources for illegally obtained prescriptions were dealers (79.9%), followed by friends and relatives (51.3%), the researchers reported.

About 6% of the respondents in the survey cited theft as a way in which they had obtained their primary drug of abuse.