

# Most College Students Use Stimulants on Occasion

BY DAMIAN McNAMARA  
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MIAMI — College is “ground zero” for non-medical use of prescription stimulants.

But most 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.

Another distinction from other drugs of abuse is that most students obtain the stimulants for free from someone else. Researchers for a 2004 Harris Interactive Study compared about 1,900 online survey respondents who reported no nonmedical use of a methylphenidate product with 110 who 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).

“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,” said Dr. DuPont, president of the Institute for Behavior and Health, a nonprofit drug-policy research office.

“I don’t think a lot of patients realize that giving controlled substances to someone else is illegal,” said Dr. DuPont, who served as the first director of the National Institute on Drug Abuse. “We need better awareness that there is a medical contract about use.”

Five major conclusions have emerged from a series of meetings held since 2003 by the Institute for Behavior and Health advisory committee on nonmedical use of stimulants:

- ▶ Nonmedical use of prescription stimulants is a substantial but unique part of drug abuse on college campuses.
- ▶ More than 75% of college students who report using stimulants nonmedically have done so 10 or fewer times in the previous year.
- ▶ Most use these agents to facilitate studying or concentration.
- ▶ 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 they use stimulants to catch up,” Dr. DuPont said.

▶ 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.”

A higher percentage of Ritalin users, 77%, reported using other drugs nonmedically in the previous 12 months, compared with 46% of Concerta users, according to the Harris study. In addition, 88% reported they used Ritalin for studying, compared with 28% of Concerta users.

Other researchers enrolled 1,253 randomly 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 over 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 29% 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 5%).

“We have a lot of kids on campus complaining of learning disabilities at student health [services] to get stimulant prescriptions to counteract the memory problems associated with marijuana use,” Dr. Mark S. Gold said in another presentation at the meeting. Dr. Gold is professor of psychiatry, neuroscience, and community health and family medicine at the University of Florida, Gainesville. “We have a lot of methylphenidate use on college campuses,” Dr. Gold said. “This can give students an unfair advantage on the SAT and other tests, and could explain some of the disparities in test scores we see in some populations.” ■

# Intervention Helps Smokers With Psychotic Disorders

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, Amanda 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 (151 persons) or usual treatment plus a smoking cessation intervention (147 persons). There were eight sessions in the intervention, and they included nicotine 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 (6% of those attending fewer than five sessions, 12% who attended five to seven sessions, and 30% who participated in all eight sessions). The 3-year re-

sults 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’ follow-up. The portion of each group completing all intervention sessions 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, she said. A forthcoming study 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 of 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 main self-reported reasons for smoking were “craving” or “addiction,” Dr. Baker said.

The nicotine replacement patches used in the study were provided by GlaxoSmithKline Inc. ■

**In the study of 298 smokers with a nonacute psychotic disorder, 31% of treatment participants had quit smoking at 12 months, vs. 18% of controls.**

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

BY MARY ELLEN  
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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 60% of the respondents were men; 95% were white. The respondents’ mean age was 32 years.

About 12% reported public assistance as their major source of income, but approximately 56% of them said they were employed.

The study was presented as a poster by researcher Ann T. Kline of Purdue Pharma, which supported the research, at the annual meeting of the American Academy of Pain Medicine.

About 40% of the respondents reported that a prescription opioid analgesic was their primary drug of abuse in the month be-

fore 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 prescription opioid analgesics were dealers (79.9%), followed by friends and relatives (51.3%), the researchers reported.

About 6.4% of the respondents in the survey cited theft as a way in which they had obtained their primary drug of abuse. ■