

**Speaker Questions: Preventing Misuse and Abuse of Prescription Stimulants among Students,
December 17, 2012**

Deb Thorstenson: There is quite a bit of teenager language in the materials. In my experience, anything with teenager, youth, and adolescent language doesn't work. How adaptable are the materials?

Ken Hale: You are welcome to adapt our materials if that is helpful.

Nancy DeLauro: Dr. Hale I work as a PHN with moms who use stimulants as well as other chemical substances and many of their children are born with toxicity levels meriting involvement of my program (Early Interventions) as well as Social Services. My question is what are tool kits or scripts I can use to help moms (most are young college aged students but not in school) in the general community?

Ken Hale: We have a toolkit designed for general adult audiences in community settings -- see: http://pharmacy.osu.edu/outreach/generation-rx/info1.cfm?subsec=community_toolkit&sec=toolkits

Matt Varga: How do you balance informing dangers of the drug without communicating or perpetuating myths?

Bryan Ashton: We have struggled with this, and have stayed away from going with a "scare tactic" approach. We saw that students were connecting with potential consequences (either legal or health related) for a few reasons. 1) It was prescribed by a doctor, so it must be safe. 2) It can't really be a felony.... Where we have had the biggest issue with this is in our changes to the Code. There we try to reinforce the legal issues with either selling or possessing, in an effort to NOT paint it as an academic supplement/enhancer.

Ken Hale: We stress the importance of giving factual information in a way that never portrays medication misuse or abuse in a positive light or "glamorizes" the behavior. It's important to emphasize that a relatively low percentage of individuals are engaging in these behaviors, and avoid using or sharing biased or inaccurate websites.

Jennifer Woody: Brian--did the survey results change from 90% to 75% of students reporting never using drugs to study?

Bryan Ashton: Jennifer--Couple changes (sorry for not addressing). 1) The numbers were from different surveys. The first poster (90%) was from a pilot study and the 2nd poster set was from a the larger sample. 2) The first poster is specific to stimulants only, while the second poster set (75%) highlights all of the following: pain killers, stimulants and sedatives.

Rosie Lewis: Can you share the data on female use?

Jessica Wagner:

- When asked a general question about any prescription misuse/abuse ("Since coming to college, have you personally ever used any type of prescription medication that was not prescribed to you?"), 23% of respondents said 'yes.' Of those who said 'yes', 44% were male and 56% were female.
- When asked about prescription stimulant misuse/abuse specifically, 64% of the people reporting personal misuse/abuse were female.

- When asked about reasons for misusing/abusing prescription stimulants, there were significant differences between males and females in their responses. These differences were found for the following cited reasons: get an edge on the competition, improve an average grade to good (vs. improve a good grade to great), other friends are using, and as an alternative to cocaine. Males were significantly more likely to cite all of these reasons. Thus, females were significantly less likely than males to cite these reasons.

Ellen Walsh: When you have such a small response rate, are you comfortable with your percentages of 87% not using?

Jessica Wagner: The small response rate was a concern for us as it is for many entities on our campus right now. We are looking at ways to prevent "survey fatigue." We did not report any outcomes where the cell size (the n) was too small/insufficient. However, the group of respondents has an extremely similar demographic profile to the greater student body on demographics such as gender, age, race, classification, etc. Since our sample was very representative of our population, we consider our findings valuable and feel comfortable making generalization conclusions on data points where the cell size was sufficient. We are looking for creative ways to increase response rate for the follow-up survey in spring 2013.

Kathy Mariani: does your health center have policies around prescribing ADHD medications such as random drug testing or drug contracts?

Jessica Wagner: At The University of Texas at Austin, our health center, University Health Services does not write original prescriptions for ADHD medications. Our Counseling and Mental Health Center will only write prescriptions if the student produces a recent physician evaluation. Physicians in either UHS or the counseling center will authorize refills for recent prescription. We do not conduct ADHD evaluations at UHS or the Counseling and Mental Health Center, but we do inform interested students of resources in the community.

Lorelle Muetting: The resources that Ken mentioned, the toolkit for teens, are these free? If so...how can we get a copy of them?

Ken Hale: Yes, all of our toolkits are free (see go.osu.edu/generationrx). The toolkit for teens is also available at:

http://pharmacy.osu.edu/outreach/generation-rx/info1.cfm?subsec=teens_toolkit&sec=toolkits

Catherine Seemann: Do you feel that starting a new program targeting just freshmen, then moving into other populations, would be effective, or should we target the entire campus? (large university)

Jessica Wagner: We are looking at specific target audiences within our student body who are at greatest risk for study drug abuse. Targeting freshman would help us take a more preventative approach, hopefully stopping the behavior before it starts (usage peaks at age 21 on our campus). However, another valid concern in targeting younger students is that our prevention efforts may actually be having the unintended effect of educating students about study drugs - something they may be unaware of before coming to college. At UT-Austin we will likely target new audiences based on other demographics that do not include age explicitly (such as fraternity or sorority affiliation).

Ken Hale: We actually started working with first-year students at Ohio State first and then branched out. I think that is a great way to get started. You can find our collegiate toolkit at (go.osu.edu/GenRxU) or: <http://pharmacy.osu.edu/outreach/rxabuseresources/?subsec=genrxuniveristy>

Brian Ashton: I think this greatly depends on resources. We have a much more focused and targeted programming focus on first years (as Dr. Hale mentioned), but in my opinion, this effort needs to be re-

enforced in other areas of the campus (ie large scale static marketing / social norms marketing campaign).