Scope of the Drug Problem

The Lure—and the Trap

People start using drugs for any number of reasons. Some give in to pressure from drug-using friends and acquaintances. Others get involved simply for the thrill of it, or because they have been led to believe drugs are the path to enlightenment.

Whatever the reason, common to all their experiences is the undeniable fact that drug use brings pleasure—at least initially. No one takes drugs with the goal of becoming an addict. Rather, they do so because the chemically induced changes in the brain make them feel better. Altering the brain, however, can be hazardous to your health.

Everyone has heard stories about death by heroin or cocaine overdose. But even the so-called club drugs, including MDMA (Ecstasy), have been known to kill, sometimes on the first use. Certain club drugs, notably GHB and Rohypnol, have been dubbed "date rape" drugs because they are sometimes used in the commission of sexual assault. Colorless and odorless, they can be slipped unnoticed into a drink. And because the drugs cause a temporary amnesia, the unsuspecting victim will have no memory of what happened.

Drug use brings pleasure—at first. But altering the brain can be hazardous to your health.

Drugs and Your Institution

Deaths and assaults on campus grab headlines and cast a shadow over the school. They invite litigation, discourage donors as well as prospective students, and cause alumni to lose faith in their alma mater. And yet, drug use on campus does not have to reach crisis proportions to damage an institution and undermine its mission. Any amount of drug use is unacceptable, for it can spread and dull the educational experience for all, meanwhile inhibiting the ability of the university and its students to perform at their peak.

Any amount of drug use can dull the educational experience for all.

Drug use can occur on any campus, but it is by no means inevitable. The challenge is to stop it before it gains a foothold in the campus culture, and it is up to you to confront this challenge head-on. As a leader of your institution, it is entirely within your power to set standards on your campus and create an environment where drug use is not tolerated, and where learning and growth can take place unimpeded by the roadblocks of drug use and addiction. Because drugs are a barrier to all that a college or university aims to do for its students, maintaining a drug-free campus is vital to achieving your goals.

The Path to Addiction

Drug use starts innocently enough. A nonuser is approached by a user and persuaded to take a drink, smoke a joint, or pop a pill. Despite some minor undesirable effects—unpleasant taste or coughing, for example—the "high" is very pleasurable. When the high wears off, life goes back to normal, but the experience cannot be unlearned.

As social use continues, the unpleasant effects diminish, although new ones may appear. A new user may experience a hangover and vow never

to use again, but the hangover disappears, and life once again returns to normal. The user is now in the company of friends, the economic costs are minimal, and he or she is learning how much is too much—all reinforcing the pleasurable aspects of use.

During this phase, drug use does not interfere with the user's major activities. He or she still attends classes, turns in assignments, and enjoys social events. It is hard to see drug use as a serious threat to your students' wellbeing when they show no outward signs of trouble. It is harder still for drug-using students and their friends to connect their experiences to the horror of addiction or their actions to any potential risk. They're smart, and they think they know what they are doing.

And yet, in too many cases, a line is eventually crossed. A given amount of drug brings less pleasure than before, so the users increase the dose or the frequency of use. They make bad decisions, such as driving while intoxicated or having sex with strangers, thereby disappointing others and themselves. The consequences of their drug use become more severe, possibly including failure in their classes. They start to dislike themselves and how they feel when not high. Now they may use drugs not to get high, but just to feel normal.

It can be hard for drug-using students to connect their experiences to the horror of addiction.

The majority of your drug-using students will probably experience no major consequences, possibly leading you to conclude, understandably, that your institution has no drug problem. Yet you must realize that drug use, even in the absence of clear signs of harm, must be curtailed on your campus for two important reasons: The user himself may cross the line into addiction at some time in the future, and the very lack of visible negative consequences lures others into drug use.

ONE SCHOOL'S APPROACH

Partners in Prevention

Texas A&M University
College Station, TX

As part of a broad-based effort to curb alcohol and drug use on campus, Texas A&M invites new fraternity and sorority members to participate in ARCHES (Advocating Responsible Choices), a group mentoring program for the university's 3,200-member Greek community. "Advisors and student leaders in several fraternities developed the program as a way to ensure student ownership and responsibility in addressing alcohol and drug use in the college environment," says Carolyn Cox, coordinator of First Year Programs. To date, nearly 40 upperclass students participate as mentors in the program.

Organized by the Office of Alcohol and Drug Education Programs in collaboration with the Office of Greek Life, ARCHES links new members of the Greek community with supportive older members who abstain from drug use and other high-risk behavior. The idea is to partner impressionable newcomers with experienced students who can help them separate the myths from the realities of alcohol and drug use on campus and, in the process, sidestep potential hazards.

"Students entering college have all seen the movie *Animal House* and think that's what college is really like," says Dennis Reardon, senior coordinator for Student Life Alcohol and Drug Education Programs. "Then they talk to successful students and see that, no, it's not that way."

All diseases have one or more target organs, a causative agent, and generally a recognized method of spread. Addiction is, primarily, a disease of the brain, and the agent of that disease is drugs. Non-dependent users—those who use drugs but are not yet addicted—are "carriers" who spread the disease of addiction to others, and who may themselves one day become addicted.

Data collected by researchers in Michigan for the Monitoring the Future Study point to an unsettling trend about rates of drug use in college. While still in high school, college-bound seniors are less likely to use illicit drugs than their age-peers who do not go to college. After graduation, however, college students "catch up" and exceed their age-peers in drug use.

ARCHES aims to do the following:

- Create a supportive network of Greek students who share similar attitudes and beliefs, and who choose to make low-risk decisions about drugs and alcohol.
- Provide new and current members with the opportunity to participate comfortably in a variety of social situations without feeling the pressure to drink or use other drugs.
- Reduce the misperception that all Greek students drink or engage in heavy drinking.
- Create a social norm within the fraternity and sorority system that counters the stereotypical image of men and women involved in Greek organizations.

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The explanation, according to research conducted by the University of Michigan's Institute for Social Research, may be rooted in the fact that college students typically move away from home and remain single. Their noncollege peers, by contrast, are more inclined to stay in their parents' home or get married after high school—two behaviors that appear to have an inhibiting effect on drug use.

Many students come to you with the external controls of family lifted, so it is incumbent on you to create an atmosphere where drug use is inhibited. Your biggest task will be to stop initiation before it starts to reinforce a non-drug norm for nonusers. After that, you must encourage those students who have begun using drugs to stop before they experience negative

consequences and before they can recruit others who may themselves become addicted. This is best accomplished in an environment where drug use is not tolerated and people do not look the other way.

Drugs on Campus

If we do not make an effort to stop drug use in the college-age population, a group that consistently demonstrates high rates of use, we will be allowing unnecessary barriers to block these young people from achieving their full potential. Moreover, society will be forced to bear the health and social costs of their drug dependence for years to come.

Any drug can show up on any campus at any time (see the Guide to Common Campus Drugs, page 57). Indeed, it would be naïve to suggest that so-called hard drugs such as cocaine and heroin are not used by college students. Problems with these drugs in school have been known for years. Len Bias was an all-America basketball star at the University of Maryland in 1986 when his overdose death in his dormitory brought the dangers of cocaine abuse to the nation's attention. The drugs that represent the greatest threat on today's campuses, however, are marijuana and club drugs.

Any drug can show up on any campus at any time.

MARIJUANA

Of all illicit drugs found on college campuses today, marijuana is by far the most ubiquitous. Many students and adults take the attitude that marijuana use by young people is normal—that there is nothing to fear because "pot" is benign, its effects temporary and harmless.

Drug Testing: An Ounce of Prevention

The National Drug Control Strategy emphasizes the importance of preventing drug use before it starts. It is a matter of simple logic that the best way to make sure students do not become dependent on drugs is to keep them from taking that first puff or swallowing that first pill. And when it comes to drug use, an ounce of prevention is worth many pounds of cure.

Experimentation with drugs is often the result of peer pressure and curiosity. Most people who try drugs do not continue to use them. For some, however, simple experimentation is the first step on the road to addiction. A drug-testing program can be an effective way to discourage experimentation and stop drug use before it begins.

This deterrence strategy has been demonstrated many times over in schools that enthusiastically support drug testing as a method of prevention. Employers have also found drug testing helpful in reducing absenteeism, accidents, and health-care costs. Employers who have followed the Federal government model for drug testing have seen a 67-percent drop in positive drug tests just by having testing programs in place.

The purpose of drug testing is not to punish students who use drugs, although consequences of some sort should be part of any testing program. Consequences may include suspension from sports activities, loss of financial aid, or loss of special privileges, such as driving the team van.

For students facing peer pressure to do drugs, knowing that a testing program is in place can provide a good excuse to say no. This policy of refusal will serve them well in years to come. After all, today's students are the professionals, craftsmen, educators, and researchers of tomorrow, and many will need to pass a drug test to get a job or advance in their careers. Allowing students to pursue self-defeating behaviors such as drug use is to "enable" them to continue along a dangerous road to debilitating, chronic drug dependence.

Benefits of Drug Testing

Students who use drugs are statistically more likely than nonusers to drop out of college and to be unemployed—and unemployable.

Classes are challenging and difficult even for the most intelligent students. The more they use drugs such as marijuana, the more likely they will be to cut class and be involved in physical attacks, destruction of property, stealing, lying, and run-ins with the college disciplinary system. Students are subject to college regulations, and they can also be expelled for violating local, state, and Federal laws that govern illegal drugs and the misuse or abuse of alcohol.

Safety, of course, is of paramount importance on campus and in the surrounding community. Studies have shown that abuse of alcohol and illicit drugs not only interferes with learning, it also disrupts the orderly environment necessary for safety and success. For example, students who use drugs are more likely to bring guns and knives to school.

Every student, parent, and administrator expects the institution to provide protection from violence, racism, and other forms of abuse. Certainly, then, they have the right to expect a college learning environment free from illegal drugs and the dangers they pose.

This is simply wrong. Many marijuana users have trouble stopping on their own. Of all teenagers in drug treatment in 2001, for example, about 62 percent had a primary marijuana diagnosis. Today, more young people are in treatment for marijuana dependency than for alcohol or for all other illegal drugs combined. Contrary to prevailing myths, marijuana does cause harm. Long-term use of the drug is associated with stealing, aggression, cutting classes, and destruction of property. Marijuana use often occurs in combination with alcohol, and the drug may actually be responsible for more campus and community vandalism and disturbances of the peace than has previously has recognized. Marijuana also poses significant health risks. One joint contains as much cancer-causing tar as four tobacco cigarettes, and research provides strong evidence that smoking marijuana increases the likelihood of developing certain types of cancer.

It takes little imagination to see the threat posed by a mind-numbing substance on a learning environment.

A study published in 2002 by the Journal of the American Medical Association suggests that long-term use of marijuana causes memory loss and attention problems, effects that can have an adverse impact on academic achievement, interpersonal relationships, and daily functioning. It does not take much imagination to visualize the threat posed by a mind-dulling substance on an environment created for learning.

And the threat is growing. Scientists have determined that today's marijuana contains more of the active chemical THC and is thus more potent than the "weed" of the Woodstock era. In the 1960s and 1970s, the amount of THC in most marijuana averaged 1 or 2 percent. Today the average is about 7 percent, with the potency of some hydroponically

grown varieties climbing to 30 percent or higher. Meanwhile, the proportion of higher potency marijuana in the U.S. market has been rising rapidly.

These facts are even more startling when you consider that most young people these days no longer smoke marijuana in pencil-thin joints, but in thick, hollowed-out cigars called "blunts." Some users even lace their blunts with PCP or embalming fluid to enhance or prolong the intoxicating effect.

Although most marijuana users started before age 18, a third of college-age users report they began smoking pot regularly when they were 18 or older. Such findings only underscore the need to create an environment that forces marijuana out and, when that fails, to intervene in the marijuana use of college-age students before it changes the trajectory of their lives.

Drugs are not only unnecessary, they are a wasteful, dangerous distraction.

The college experience, a time when young people come together to seek knowledge, forge friendships, and prepare for the rest of their lives, produces a high of its own. Drugs are not only unnecessary, they are a wasteful, dangerous distraction. We are selling our students short if we allow them to believe they can become enlightened, escape their problems, or establish meaningful relationships by smoking, swallowing, or injecting an illegal substance that interferes with learning, enlightenment, and relationships from the very start.

CLUB DRUGS

Young adults are also at risk from those drugs known collectively as club drugs, so named because their use was once confined almost exclusively to clubs and late-night parties called raves. Now, however, these drugs are often used on college campuses and at private parties.

Probably the most well-known among the club drugs is MDMA, more commonly referred to as Ecstasy, which in recent years has gained an

ONE SCHOOL'S APPROACH

A Place of Their Own

Rutgers University
Camden, Newark,
New Brunswick, NJ

For students struggling to recover from alcohol or drug problems, pressure from friends and classmates to drink, smoke, or pop pills can be an enormous obstacle to success. Officials at Rutgers University took this fact to heart and endorsed an innovative treatment strategy called Recovery Housing, which literally brings recovering students together under one roof.

Developed in 1988 by the Alcohol and Other Drug Assistance Program for Students (ADAPS), Recovery Housing puts recovering students in a building that is physically indistinguishable from other campus housing. This feature, requested by the residents themselves, protects the students' anonymity and allows them to participate in the full breadth of campus activities without fear of stigma. Those living in Recovery Housing are guaranteed complete privacy and confidentiality, so that others, even students living nearby, do not know they are in recovery.

The living arrangement, which requires residents to be sober and drug free, is entirely verbal, and the absence of Resident Advisors or staff monitors in the building fosters a sense of communal responsibility for sobriety. Students in Recovery Housing have the same access to members of the Residence Life staff as students in other on-campus housing. The only additional support they receive is from the ADAPS staff, located elsewhere on campus.

Residents are united not by special rules but by an honor system and a shared commitment. "This isn't just a place that's drug and alcohol free," says ADAPS Director Lisa Laitman. "This is a supportive environment where everyone you live with is a partner in your recovery."

almost cult-like following. According to the 2002 National Survey on Drug Use and Health, 4.3 percent of people age 12 and older reported using Ecstasy in their lifetime. Users between the ages of 18 and 25 reported the highest lifetime Ecstasy use, at 15.1 percent. In 1997, Monitoring the Future showed that only 2.4 percent of college students admitted using Ecstasy within the past year. By 2002, that figure had jumped to 6.8 percent.

At first, Recovery Housing was available only to those students in counseling with ADAPS staff. Eventually, it was expanded as more and more entering freshmen heard about the program through their local treatment providers. "We actually have students who came to Rutgers because of this program," says Laitman. Recovery Housing currently accommodates about 21 students.

To be eligible, students must have attended a 12-step program, such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA), and they are expected to continue attending once they move into Recovery Housing. Although there has been no formal evaluation to determine the program's success, Laitman says the response from former participants gives her reason to believe it is working.

"Every time they celebrate any kind of anniversary," she says, "they write to thank me for saving their lives."

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Young people take MDMA for the rush of energy and euphoria, and because the colorful little pill is said to offer PLUR—peace, love, understanding, and respect. It is easy to understand the allure of a pill that, for about $40, promises a meaningful relationship in 30 minutes.

But Ecstasy is a misnomer, and its promise is a dangerous deception. The drug has triggered a number of highly publicized deaths, some occurring on the first use, and it is linked to a host of other problems as well. The National Institute on Drug Abuse notes that, in high doses, this neurotoxin is known to cause a sharp increase in body temperature (malignant hyperthermia), leading to muscle breakdown, kidney and cardiovascular system failure, and possibly death. Animal studies have shown that MDMA causes memory loss that can last 7 years or longer. And a study published in *Science* magazine cautions of the possibility that even a single MDMA experience can permanently alter brain cells.

Ecstasy is a misnomer, and its promise of PLUR—peace, love, understanding, and respect—is a deception.

The club drugs GHB (gamma hydroxybutyrate), Rohypnol (flunitrazepam), and ketamine are all central nervous system depressants. During the 1980s, GHB was widely available over-the-counter in health food stores, purchased largely by body builders to aid in fat reduction and muscle growth. Use of GHB can result in coma and seizures, and when mixed with alcohol it can cause nausea and difficulty breathing. The drug can also produce withdrawal effects, including insomnia, anxiety, tremors, and sweating. It is increasingly linked to poisonings, date rapes, overdoses, and fatalities. Although banned by the Food and Drug Administration in 1990, GHB is still available over the Internet, at some gyms, nightclubs, and raves, and on some college campuses.

Rohypnol, which is not approved for use in the United States, can cause muscle relaxation and produce general sedative effects. In higher doses, the drug causes a loss of muscle control, loss of consciousness, and partial amnesia, effects that in some cases last 12 hours or more after the drug is taken. Mixed with alcohol, Rohypnol can incapacitate victims and render them unable to resist sexual assault.

Ketamine is an anesthetic that has been approved for both human and animal use in medical settings since 1970. Certain doses cause dreamlike states and hallucinations. At high doses, the drug can cause delirium, amnesia, impaired motor function, high blood pressure, depression, and potentially fatal respiratory problems. Ketamine is popular on the rave scene and some college campuses, and has been used as a date rape drug.