

**“No Big Deal”: The Prevalence and Acceptability of Nonmedical Use
of Prescription Drugs on College Campuses**

by Tarika Sankar

Throughout my orientation program and first few weeks at the University of Maryland as a freshman, I remember being showered with information about various health and safety issues I might encounter in college. This included a mandatory alcohol education course, details of the security measures in place on campus, and a very basic summary of the university’s drug policy. But the “zero-tolerance” drug policy referred only to possession of illicit drugs, and among all the issues highlighted by the campus administration (from academic integrity to “inclusive language”), I never heard them address the use of prescription medications for nonmedical purposes. So when a friend informed me that “half the people in college” use Adderall, a stimulant prescribed to treat attention deficit hyperactivity disorder, to assist them in studying, I assumed she was exaggerating. I thought that a problem that widespread would have merited the attention of campus authorities and its own policy, just like any other health issue. I was caught off guard, then, the very next day when I overheard two upperclassmen casually discussing the benefits and drawbacks of Adderall in the middle of the cafeteria. They debated the most effective ways of taking it, but both emphatically agreed that it intensified their focus and made them much more productive. This scenario repeated itself not once, but twice more, and I also heard a student explain that he used Adderall not just on occasion, such as the night before an exam, but regularly.

To my knowledge, all medications have side effects and using them in a manner different from how they are prescribed can pose serious health risks. Consequently, I was surprised that students would treat it so cavalierly, and that the administration would pay no attention to an

issue that could endanger their students' well-being. Naturally, this led me to wonder just how prevalent nonmedical use of prescription drugs on college campuses is, and why it seems like such an acceptable and normal behavior to students.

Much of the research on nonmedical use of prescription medication among college students tentatively points to demographic features that predict use. Many of the articles address social theories assessing other criminal or deviant behaviors without really proposing a unique explanation for the misuse of prescription drugs for academic performance. Almost all sources, however, agree that it is a growing problem. Data shows that nonmedical use of prescription drugs has increased since 2000, and this increase is especially pronounced among 18-25 year olds (Arria et al. 192). According to the study "Perceived Harmfulness Predicts Nonmedical Use of Prescription Drugs" conducted by Dr. Amelia M. Arria and her colleagues at the Center for Substance Abuse Research at the University of Maryland, about one in four members of this age group has used prescription drugs for a nonmedical purpose at some point in his or her life (192). As Arria and Robert DuPont summarize in a separate study, many factors have been correlated with nonmedical use of prescription drugs, including heavy alcohol and other illicit drug use, poor academic performance (specifically, lower grade-point average), and mental health issues (418-419). While risk factors and characteristics that predict use of prescription medication for nonmedical purposes give us a more complete view of who and what the issue involves, they do not account for why misuse of drugs for academic performance occurs in the first place and its increasing prevalence.

Arria investigates a possible cause with research that connects the likelihood of using prescription drugs nonmedically with how harmful individuals viewed the practice to be. Arria and her colleagues examined both perceived harmfulness and the level of sensation-seeking (the

tendency to pursue sensory pleasure) and found that “individuals with low perceived harmfulness were approximately 10 times more likely to engage in nonmedical use, as compared to those with high perceived harmfulness,” regardless of level of sensation-seeking (198). This perception that prescription drugs are “harmless” and benign might explain why nonmedical use of prescription drugs for academic performance isn’t considered “a big deal” by students and university administration. However, Arria and colleagues state that at the date of publication (2008), their study was the first to examine perceived harmfulness and nonmedical use of prescription drugs, so clearly, more research must be done before one can claim that the apparent “safeness” of prescription drugs is responsible for its widespread use in colleges (193). Furthermore, variables like other illicit substance use and perceived harmfulness may be correlated with nonmedical use of prescription drugs, but this does not necessarily mean that one causes the other.

For causal explanations, most research looks to sociological theories. Since this issue has only recently garnered much attention, it makes some sense that researchers would attempt to use theories already developed to explain illicit behaviors to explain nonmedical use of prescription drugs before venturing to explore other possible causes. An example of this recycling of theories is the application of social learning theory, which holds that deviant behaviors are learned as a result of associating with and imitating peers that engage in these behaviors (Higgins et al 951). Sociologists Robert Peralta and Jennifer Steele at the University of Akron apply social learning theory in a study of students at a midwestern university and found “some support for social learning theory as at least a partial explanation for nonmedical prescription drug use among college students” (883). Higgins, Maroney and Ricketts, criminologists at the University of Louisville, also find that social learning theory “help[s] in understanding the nonmedical use of

prescription drugs,” but again, qualify that it is not a complete explanation (960). The fact that theories of criminal behavior are not fully compatible with the particular situation of nonmedical use of prescription drugs on college campuses suggests that other factors might be at play in creating an environment where prescription drug abuse is seen as acceptable and commonplace.

One of these potential factors, which Arria hints at but does not elaborate on, is the role the media may play in legitimizing and normalizing the use of prescription medications for enhancement purposes. Considering the omnipresent discussion of how various types of American media influence a range of social issues, from body image to violence, it seems surprising that it is not more closely examined in relation to drug use. Medical anthropologist Stacey McKenna of the University of Colorado analyzes the social discourses on amphetamine use produced in entertainment media (such as network television and fictional novels), and concludes that while it largely ignores the social pressures that lead working class members of society to use amphetamines, it critiques the social pressures placed on mainly upper-middle class students to perform well in school that, presumably, lead them to abuse prescription stimulants for studying (461). Thus, according to McKenna, prescription drug use for nonmedical purposes is portrayed as the result of a social problem rather than one of individual responsibility. It follows, then, that this lenient societal attitude could foster college students' relaxed attitudes towards prescription medication by presenting nonmedical use of prescription medication as an acceptable response to external pressures. Arria and DuPont also posit that the media perpetuates myths that nonmedical use of stimulants is not illegal or risky, but rather a form of “smart drugs” and “smart doping” (418). In both cases, it seems that the media distinguishes this type of drug use from “regular,” frowned-upon illicit drug use and portrays it as clever or even admirable.

A separate question, however, is the extent to which these media messages have an actual impact on the behavior of college students. Health psychologist Rachel Shaw of Aston University, along with Claire Whitehead and David Giles, suggest that the media's influence on the attitudes of young people may not be as straightforward as we might think, based on focus groups conducted with youth about the media's coverage of celebrity drug use. The adolescents interviewed demonstrated critical analysis skills and did not blindly accept media worship of celebrities at face value (Shaw, Whitehead, and Giles 587). The authors suggest that our concerns that young people will simply imitate the behavior of idolized celebrities might be overstated.

These findings also demonstrate how sociological theories and possible media influence might interact to produce a cultural climate that is permissive and tolerant of nonmedical use of prescription medication. Shaw, Whitehead, and Giles note that their results are "posing problems" for the popular social learning theory, because youth did not automatically accept celebrities as role models to copy, challenging the idea that the main reason college students use prescription drugs non-medically is that they see their peers and role models doing it (587). Media could also impact the perceived harmfulness of prescription drugs, shown to be a key factor in usage, by portraying it as a clever way for students to boost their grades, while ignoring the potential consequences for health. However, the relationship between the media and drug use appears to be more complex than the former encouraging the latter. Overall, there is simply not enough research investigating both the media's depiction of drugs and college students' perceptions of them to reach a definite conclusion.

The need for more research is especially urgent in light of the recent increase in nonmedical use of prescription drugs among college students. My experience hearing students nonchalantly discuss their use of prescription stimulants in the cafeteria seemed only to confirm

that this behavior is increasingly common. This casual attitude, combined with the university administration's lack of response, seems to indicate that a risky, possibly unhealthy practice is not getting the attention it warrants on college campuses. Links between nonmedical use of prescription drugs and factors like substance abuse and perceived harmfulness provide useful information but do not identify the root cause of the behavior. Social learning theory has been shown to partially account for it. However, no research yet fully explains how the atmosphere of acceptance and tolerance of nonmedical use of prescription drugs is created. Considering the incompleteness of these theories as explanations, the possible role of the media is one of many factors that merits further exploration.

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