

# Mental Health Matters

Counseling and Psychological Services (CAPS)

**Spring 2007-2** 

#### **IUPUI Students Alcohol and Other Drug Use**

IUPUI participated in the Core Alcohol and Drug Survey in the spring of 2006. Development of this survey was funded by the U.S Department of Education. The survey includes items addressing students' attitudes, perceptions, and opinions about alcohol and other drugs, as well as items reflecting the students' own use and consequences of use. There are also several items to document the students' demographic and background characteristics, as well as their perception of campus climate and policy issues related to alcohol and other drugs.

Over 4,000 students were contacted by electronic mail and asked to respond to the survey. Subsequent public announcements were made to increase response number. A total of 472 students completed the survey. Results of the survey indicated that:

- 63.6% of underage IUPUI students consumed alcohol in the previous 30 days.
- >70% of students believed alcohol to have positive social effects (e.g., breaks the ice, enhances social activity) and relatively few students perceived great risk in daily alcohol use (15.1%) and just over half (54.5%) considered occasional binging to be a risky activity.
- First year students at IUPUI reported:
  - o higher levels of consumption and rates of frequent bingeing, more frequent use of alcohol in the residence halls, and greater experiences of peer pressure to drink than their upper class peers.
  - more frequent significant consequences of alcohol use within the past year, including: class absence, trouble with the police, physical harm or injury, being a victim of sexual assault, and considering or attempting suicide.
- 92.3% of IUPUI students believed the average student on campus uses alcohol once a week or more

When comparing the IUPUI respondents to students at other institutions, IUPUI students reported higher 30-day, annual, and lifetime prevalence rates of alcohol use. In addition, over the prior year, more IUPUI students reported unsuccessful attempts to stop using, serious suicidal thoughts, and attempted suicide than their peers at other institutions.

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"Influence one student and change one student.

Influence many students and change culture."

(Richard P. Keeling, M.D. Population Level Prevention, Spring 2004)



In the last few years, new popularity for an old form of tobacco use has been gaining ground within this already susceptible group. *Waterpipes (also known as hookahs) are the first new tobacco trend of the 21st century.* Originating in the Middle East and spreading throughout Europe and the United States. These small, inexpensive, and socially-used tobacco pipes have become as fashionable as cigars were in the later 1990s, especially among urban youth, young professionals, and college students. Small cafés and clubs that rent the use of hookahs and sell special hookah tobacco are making their mark on the young, hip, urban scene.

Like many tobacco products, use of these pipes is linked to lung cancer and other respiratory and heart diseases. Waterpipe tobacco smokers are exposed to cancer-causing chemicals and hazardous gases such as carbon monoxide. Waterpipe users are also exposed to nicotine, the substance in tobacco that causes addictive behavior.

Despite knowing the dangers of waterpipe smoking, one study found that most (more than 90%) beginning waterpipe smokers believe cigarette smoking is more addictive than waterpipe smoking. The same study also found evidence that the use of waterpipes is increasing throughout the world.

### Perceptions/Awareness/Prevalence

Despite the evidence that waterpipe smoking has health risks at least similar to cigarette smoking, the general perception is exactly the opposite. Waterpipe tobacco smokers generally believe that it is less harmful than cigarette smoking. Most smokers also believe that the water-filtration and extended hose serve as filters for harmful agents. In addition, because the smell, taste and smoothness of the sweetened tobacco purportedly provide a much less-irritating smoking experience, hookahs are considered more pleasant by many smokers. As a result, they may smoke for longer durations and inhale more deeply. Seasoned smokers may add ice, fruit juice, milk or wine to the water in the pipe to change the taste, texture or effect of the smoke. Most websites and chat boards that cater to hookah users point out the cost savings of using waterpipes rather than smoking cigarettes. Yet, many waterpipe users also regularly smoke cigarettes. Unfortunately, there is little data on U.S. prevalence of waterpipe use available.

A recent study of 1671 mostly Arab-American teens, ages 14 to 18, in Michigan found that 27 percent had ever used a waterpipe. This percentage increased from 23 percent of 14 year-olds to 40 percent of 18 year-olds. The same study showed that waterpipe use is also a strong predictor of cigarette smoking. The researchers found that the odds were two times greater that teens who used hookahs would also be cigarette smokers. Even more concerning, they found the odds of a teen experimenting with cigarettes were more than eight times greater if they had "ever smoked" a waterpipe.

#### Hookah Bars/Cafes

Hookah bars or cafés have sprung up in urban areas and cities and towns near large colleges or universities. Even a few of the states with strong smokefree air laws have been unable to slow the emergence of hookah bars and cafés. California, Illinois, New York, Texas and Virginia currently have the greatest number of these establishments, most of them located in major cities or near universities.

<u>Click here</u> to view the full American Lung Association Tobacco Policy Trend Alert: an Emerging Deadly Trend – Waterpipe Tobacco Use.



## 'Pharming' a Growing **Problem on College** Campuses

July 16, 2001

College students have found a legal, less expensive and more accessible way to get high by "pharming," or consuming a cocktail of prescription pills, Substance Abuse Funding News reported June 26.

Pharming involves mixing a variety of depressants and stimulants, such as Adderall, Ritalin, Percocet, Valium, Tylenol, Vicodin, Xanax, and Zoloft.

The prescription drugs are easier to obtain and are less costly than illegal drugs, experts say. Students obtain the drugs by researching the Internet to learn which symptoms to fake so they can trick a doctor into prescribing the medicine.

Some students have rifled a doctor's supply of drugs while waiting in the office, or have stolen prescription pads so they can fake prescriptions.

Students typically crush and inhale the drugs to get high.

# **Prescription Drug Use Joins Binge Drinking as Campus Drug Problems**

March 15, 2007

A new report from the National Center on Addiction and Substance Abuse (CASA) finds that 49 percent of U.S. college students ages 18-24 are binge drinkers and that growing numbers of students are misusing prescription drugs, Reuters reported March 15.

The study said that while the numbers of college alcohol users and binge drinkers has not changed much over the years, students are drinking to excess more frequently. CASA laid some of the blame at the feet of college administrators. "College presidents, deans and trustees have facilitated a college culture of alcohol and drug abuse that is linked to poor student academic performance, depression, anxiety, suicide, property damage, vandalism, fights and a host of medical problems," the report said.

"I think we have, by almost any standard, a serious public-health problem on the college campuses. And it's deteriorating," said CASA director Joseph Califano. "Basically the proportion of college students who drink and binge drink has stayed constant. But what's troubling is the tremendous increase in the intensity of their drinking and drug use and the excessiveness of it."

The report said that 23 percent of students meet the criteria for substance abuse or dependence.

Visits to emergency rooms arising from non-medical use of prescription and over-the-counter drugs rose 21 percent between 2004 and 2005.

(Substance Abuse and Mental Health Services Administration: Report, March 2007)



Service Provision: Fall 2006

#### **Clinical Services**

TYPE	NUMBER	
Crisis Intervention	48	
Individual Intake	189	
Individual Counseling	1061	
Relationship Intake	17	
Relationship Counseling	12	
Psycho-educational Evaluation	43	
Drug/Alcohol Evaluation	3	
Psycho-educational Testing	37	
Psychiatric Intake	26	
Psychiatric Medication Check	102	

#### Outreach

Classroom Presentations	34
Individual Depression Screening	64

#### CAPS' staff

John Sharp, Ed.D, HSPP – planning for retirement Julie Lash, Ph.D, HSPP – Interim Director Unchana Thamasak, M.S., NCC, MAC, DCC, LMHC – Staff Counselor

Part-time licensed staff

Amy Oxley, MS, LMHC – funded: 11/06 - 5/07 Patricia Garcia, MS, LMHC – funded: 11/06 - 5/07

#### CAPS' Impact

Students who have utilized CAPS' services tend to persist and graduate at more than twice the rate of the general student body:

Year as Client	Graduation by 12/2000	Persistence in 12/2000	Total Retention
1994	47%	8%	55%
1998	41%	9%	50%



#### **On-line Assistance:**

## Screening and Information:

http://life.iupui.edu/caps/assessment.asp

These screenings are free of charge, and some are specifically designed for IUPUI students, faculty, and staff. The screenings are also anonymous - no specific identifying information is required. It is not possible to diagnose any specific condition based on these instruments. However, the results may help you decide if a professional consultation would be helpful to further evaluate your situation. Concerns include: anxiety, depression, drug/alcohol abuse, and eating disorders.

U-Lifeline: <a href="http://life.iupui.edu/caps/ulifeline.asp">http://life.iupui.edu/caps/ulifeline.asp</a>

**Ulifeline** created by the Jed Foundation, will provide IUPUI students, faculty and staff with a web-based resource for important mental health information. Some valuable features include:

**Self e-Valuator** – the program allows students, faculty, staff to input screening information for self or concerned others. The diagnostic is not meant to take the place of an evaluation by a mental health professional, however, a positive result could aid in the referral process and suggests that the student would benefit from comprehensive mental health counseling.

**Mental health** and drug information library – the library is available through IntelliHealth resource, which features the consumer health information of Harvard School. More than 150 top healthcare organizations contribute to the breadth of its content, which is reviewed for accuracy by medical professionals.

**Go Ask Alice!** – the feature receives about 1,500 questions weekly from college and high school students, parents, teachers, older adults, and others. Students can pose those sometimes hard-to-ask questions about relationships, sex, sexual health issues, depression, drugs, and other physical and emotional health concerns. Go Ask Alice is Columbia University's internet site with an archive of hundreds of responses to anonymously-posed inquiries from college students and others worldwide. http://www.goaskalice.columbia.edu

**Suicide Prevention** – this feature will provide students a supportive link to CAPS and the National Hopeline Network. The network provides a listing of nearest support groups, crisis centers, or contact with counselors 24 hours a day through calling **1-800-SUICIDE**.

For additional online screening tools, visit our website: http://life.iupui.edu/caps/

If you or someone you know needs emergency services outside of CAPS hours, resources in the community include:

Crisis & Suicide Hotline at (317) 251-7575 Midtown Mental Health Center (24 hours) at (317) 630-8485 BehaviorCorp (24 hours) at (317) 574-1252 or contact your nearest emergency room

## CAPS Upcoming Event:

## **Anxiety Screening**

Thursday, April 19, 2007

10am - 4pm UC Lobby

## **Counseling and Psychological Services**

620 Union Dr. Suite 418 Indianapolis, IN 46202

Phone: 317-274-2548 Fax: 317-278-0948

**Email:** 

capsindy@iupui.edu

Web:

http://life.iupui.edu/caps/

### **Clinical Hours:**

Monday - Friday 9:00 am to 5:00 p.m. Wednesday and Thursday evenings by appointment only

