

Fall 2019

Prescription Drug Abuse in America

Je'Vonte Hughes
jhughes20@murraystate.edu

Follow this and additional works at: <https://digitalcommons.murraystate.edu/bis437>

Recommended Citation

Hughes, Je'Vonte, "Prescription Drug Abuse in America" (2019). *Integrated Studies*. 238.
<https://digitalcommons.murraystate.edu/bis437/238>

This Thesis is brought to you for free and open access by the Center for Adult and Regional Education at Murray State's Digital Commons. It has been accepted for inclusion in Integrated Studies by an authorized administrator of Murray State's Digital Commons. For more information, please contact msu.digitalcommons@murraystate.edu.

Prescription Drug Abuse in America

Je'Vonte Hughes

Murray State University

Abstract

Prescription drug abuse in America is responsible for over 70,000 deaths a year in the U.S. in 2017 and 2018. This issue is the result of Americans misusing prescribed drugs and medicine for personal use and illegal distribution. If started as a teenager prescription drug abuse can become an uphill battle for their later years. This study tackles the issues that are causing these numbers and found that there is a relationship between drug dealers and doctors who write illegal prescriptions and how Americans are getting their hands on these medications. This study also found that depression, lack of work/low income, to aid in scholastic success, influence in the music and entertainment culture and socioeconomic status are the biggest reasons many feel the need to misuse prescribed medications. Young adults (age 18 to 25) are the biggest abusers of prescription (Rx) opioid pain relievers, ADHD stimulants, and anti-anxiety drugs. Because of the steady rise of prescription drug abuse, physicians and pharmacist must require a stricter system when it comes prescribing patients medicine in order to stop the illegal distribution of these drugs throughout communities.

Table of Contents

Introduction.....	4
Drug Seekers.....	5
Supplies and Dealers.....	6
Flawed System.....	14
Pop Culture.....	16
Stimulants	23
Mental Disorders and Drug Abuse.....	24
Young Adults That are Non-Students.....	33
LGBT Community and Drug Abuse.....	34
College Students and Opioid Abuse.....	35
National Football League, Opioid Abuse & Marijuana.....	39
Is Opioid Abuse an Illness?.....	44
The Undeniable Truth.....	48

Introduction

Prescription drug abuse has risen within the last few years. Claiming lives over the 70,000 mark. Young adults are the primary age group that are victims of overdoses. Ages 18-25 specifically. Life typically takes an extreme turn for most young adults. Due to new changes such as college, jobs, and career paths. Young adults face the new challenges of being responsible for their well-being and handling life duties such as paying bills. Because of the steady rise of prescription drug abuse, physicians and pharmacist must require a stricter system when it comes prescribing patients medicine in order to stop the illegal distribution of these drugs throughout communities.

Prescription drug abuse usually stems from a specific source of problem. Whether if it's worries, stress, or any sort of hereditary mental issue. College can bring many new challenges for young adults. Learning how to organize finances by themselves, take care of bills, buy and cook food, juggle jobs and schoolwork etc. With that can bring a feeling of needing certain medications and alcohol to cope with life. Another factor in young adults turning to self-medicating and prescription drugs is due to their party culture. College is often viewed as an exciting time where many young adults start to express themselves more socially at parties. Partying is a huge part of college. Many are experiencing certain aspects of life for the first time during this period of life. The feeling of not having to answer to someone everyday can be overwhelming for some young adults. It is also a time where young adults deeply dive into the knowledge of sociological status. Some friends are starting right into the workforce landing decent paying jobs and moving out of their parents houses which can make peers feel as if they need to do something with their lives. College students are choosing majors, where some majors in their fields end up earning a higher salary one day. Many develop anxiety from trying to figure out what they are wanting to become.

Drug Seekers

A growing body of evidence indicates that mental disorders such as depression and bipolar are becoming increasingly numerous and serious among college students in the United States. In recent national surveys, 6% of undergraduates reported “seriously considering attempting suicide (Hefner, 2009). With all the new life experiences coming at once. That can most certainly become overwhelming. Many students turn to alcohol, marijuana, etc. But unfortunately, you have some who start to depend on prescription drugs. Xanax is a popular drug of choice within the young adult community. Rather if it is for partying purposes or to cope with their everyday battles. Another reason student turn to prescription medicine is to find ways to stay awake for longer periods of time. Not just for partying but for pulling all-nighters as well. To help them stay focused and aware. One of the biggest issues when it comes to this is the question “How are so many individuals getting their hands on these medications?”. Many walks of lives in America seek these medications but young adults are the ones who are being affected the most by this epidemic.

Suppliers and Dealers

One of the biggest issues with the flood of these medications in the communities are what the call “Script Docs” (Physicians who knowingly violate the law by writing prescriptions for opioids and other drugs for a fee and without a physical exam)”. (Inciardi, 2009). Basically, doctors who write bad prescriptions. Doctors are the default biggest providers of these drugs in certain communities. Mostly unknowingly so due to their legal practice but unfortunately you do come across unmoral pharmacist and doctors who are only looking to make a dollar. Every year you read a story or two about doctors going to prison for repeatedly writing bad prescriptions. Some doctors do charge a cash only fee, in doing so it is not illegal, but it is looked at as a rather

strange way of doing business and could be a potential sign of fraud on their end. It is commonly advised to beware of any physician that attempts to prescribe you a medication without a medical exam first to see if you are showing symptoms to receive the medication. This issue happens more times than often, patients sometimes do not report it typically because they didn't have any real symptoms to begin with.

In some doctor's defense, many aren't particularly bad doctors. At times it can be rather difficult when it comes to prescribing older patients. Doctors feel they do not receive enough training in prescribing for older patients. "It is a well-known phenomenon that the population is ageing globally. Recent projections estimate that by 2018, there will be more people over the age of 65 years than there will children under 5 years worldwide. By 2040, 1.3 billion people will be over 65 years of age, an increase from the current 7% of the world's population to 14%." (Cullinan, 2015). Due to the younger generations not reproducing and not having children has given the elderly population as boost in numbers. With elderly patients, the room for error isn't very big. Due to the fact they have multiple issues occurring and its harder to pinpoint decide what to give them for treatment and healing. Potentially inappropriate prescribing (PIP) is a significant problem in the older population. PIP is associated with many negative outcomes, including the occurrence of adverse drug events (ADEs) and hospitalization. Doctors are aware that PIP occurs but often feel forced to prescribe even though they know it may be inappropriate. Many elderly adults go to their doctors and physicians with fake symptoms and at times doctors can sense it out but due to legal borderlines they must prescribe them the medication, they can only go by what is legal. Elderly individuals are another reason for the flood of prescription drugs in communities due to the lies that they tell their physicians. "Some of these elderly individuals were reportedly abusing their drugs, but the majority were diverting their

medications for economic reasons. Some of them sold their prescriptions on their own initiative, while others would work in conjunction with a dealer or pill broker for income” (Inciardi, 2009).

Not that these elderly individuals were actual drug dealers per say but they would sell part of their medications to whomever was willing to purchase. Typically, some drug dealers will purchase their supply from these elderly individuals well below street value. In the article there were a couple quotes from local citizens and drug dealers in Wilmington Delaware. “In my neighborhood we have a lot of . . . old people . . . who get these pills prescribed; they get methadone prescribed; they get needles and all that, and that’s how they make their money. I have 20 different old people that I can go to [to get prescription opioids].” (Inciardi, 2009). This further explains how prescription drugs are being distributed. The elderly are typically your doctor shoppers as well. They perceived physicians were easy to manipulate into giving them whatever medication they asked for. Most of the time they would complain about back pain. “Back pain was reported by participants to be the most common ruse intended to deceive physicians because it was fairly easy to simulate or, as one individual commented, “you don’t even have to be a good actor.” (Inciardi, 2009). I’ve witnessed many individuals who has used this method. Some even have situations where their doctor or physician don’t even diagnose them before prescribing them the medication which is another issue within itself. A huge reason it is becoming a huge issue is because some people have a little to no copay when they go to pick up their medications. They’re practically receiving drugs for no cost and reselling either to a drug dealer or individual people pill by pill. Many Americans are viewing this a literal cash cow. There is practically no return on investment because with the low co pay there wasn’t any investment.

Pill brokers are a huge part of this process of distributing prescription drugs illegally in communities throughout America. They are what many call “middlemen”. They usually depend on somebody else to get the product so they can purchase from them to sell elsewhere throughout the community. Pill brokers get familiar with names, addresses, and medication list of certain people in the community who are always willing to sell their medications. Personally, I’ve witnessed this. One of my friends had a cousin who would not even consume one pill from her prescription. She would sell them to her friends who wanted the drugs. Typically, it was Xanax, Percocet, and promethazine. “They also maintain a roll of elderly individuals who are willing to deceive their physicians, have their prescriptions filled by certain local pharmacists, and then sell their pills back to brokers at only a small percentage of their street value.” (Inciardi, 2009). Some of these medications are based on different symptoms and body types. Dosages for some medications are based on height, weight, severity of their issue, etc. So, it is very easy for anyone purchasing these drugs on the streets to overdose. Many drug dealers are receiving these medications and mixing them up with the other narcotics they sell. Rather they are doing it intentionally or not, the elderly has a huge hand in the illegal distribution of prescription drugs in America.

According to (2016), “Like the crack cocaine epidemic in the 1980s, followed by methamphetamine in the 2000s, prescription drug abuse has been called the latest drug epidemic in the United States by the Center of Disease Control and Prevention. Specifically, the use of prescription drugs for nonmedical purposes has become more prevalent than any other controlled substance except marijuana in the United States” (p.4). With the rate certain patients are receiving these medications. The numbers of accidental overdoses and overdoses in general are going to continue to climb if nothing changes with the process of prescribing. This issue affects

many demographics and ethnicities. The category it is affecting the most are lower income areas. Public housing communities, overpopulated apartments, inner city limits, etc. Research in the past about drug problems in neighborhoods found that cocaine and heroin was typically associated with poverty. According to White (2016), "Examining the distribution of opium users, revealed that the problem was concentrated in dense inner-city areas and declined as one moved toward the perimeter of the city. Illegal drug markets began to flourish as social and economic investment declined in the inner cities during the early 20th century" (p.5). It's a basic situation many see countless of times in society. Typically, the citizens who reside in lower income communities are going through a financial issue or trying to come out of a financial issue. With that comes trying to make ends meet by any means necessary and sometimes that leads some individuals to distribute drugs illegally. One type of drug that is becoming easier for people to illegally sell is prescription medications. Some kids have older relatives who receive more medications than they can even handle, and they secretly steal the remains of their prescription and distribute the drugs throughout their neighborhood. Across America there are people who find themselves feeling completely better and healed before finishing their prescribed medication. Also, they have a fear of becoming addicted to the medication, so they wing themselves away from the medication. The distribution of these drugs is an easy way to make extra cash to provide for their families. The over prescribed patients are using their leftover pills for some use, whether if it is to self-medicate or use for distribution. Every pill a physician prescribes holds some sort of value.

According to (2016), "Dealers usually conduct transactions in single-family homes in middle-class neighborhoods where properties are separated by a safe distance from one another. Because of the tight social groups involved in the distribution of methamphetamine, transactions

are less likely to occur in public places between strangers” (p.7). One of the biggest discussions when it comes to “how to stop the illegal distribution of prescription medication?” is “Where are these transactions taking place” It’s generally in your basic neighborhood. Areas that do not draw attention. On the new Netflix series “Wu-Tang: The American Saga” which is show that shows the earlier years of the Hip-Hop all of fame rap group from Harlem, NY” The Wu-Tang Clan”, there is a scene where a couple of the group members where selling marijuana and other illegal drugs. They were trying to figure out a way to stay under radar and out of the eyes of the law. So, they went down to Wall-Street where many wouldn’t expect drug transactions to take place. The scene also killed the stereotype that it’s always lower classed minorities who purchase these illegal drugs. Majority of the customers in this situation where Caucasian males wearing suits and work on Wall Street as stockbrokers etc. As far as other customers, according to White (2016), “Prescription drug users can obtain drugs from health care establishments such as doctors, hospitals, and pharmacies using illicit tactics. These tactics include “doctor shopping” where users solicit many doctors to fill a large number of prescriptions, the use of fraudulent prescriptions from stolen prescribing pads, and stealing medication from pharmacies during distribution” (p.7). This an issue that has always existed but has become more of an issue within the past decade. People will somehow get their hands on a pad of prescription slips and forge doctor names etc. upon these slips. This issue is why most hospitals and health organizations send the prescriptions electronically now to pharmacies. Patients are hardly handed prescription slips today. Living in these neighborhood situations have a huge negative impact to Americans across America. Some individuals in these living conditions may not have access to health care providers. According to (2016), “. Neighborhood disadvantage can affect a person’s resources, social capital, and awareness of health care options that are necessary for obtaining basic health

coverage. Prescription drug users from these areas may not have access to doctors and health care establishments that provide prescription drugs. Instead, they may acquire prescription drugs from informal networks that include friends, family members, and street dealers. Conversely, those living in more affluent communities have greater resources and access to health care, so they may be more likely to obtain prescription drugs from health care establishments such as doctors' offices, hospitals, and pharmacies" (p.8). This issue alone can skyrocket the numbers of accidental overdoses in America because these medications they are receiving from their friends and family members may not pertain to them necessarily. The person who was prescribed the medication were diagnosed by a trained professional physician. So even though, they may be experiencing certain symptoms they may not have exactly what their friend or family member has. Therefore, their bodies and mind might react differently to the medication. Often, some doses for these medications are based on height and weight. The overall issue with this problem is that these "Street patients" aren't properly educated or aware of the medications they are consuming. In White's research, they tracked information about individuals who bought prescription drugs off the streets and individuals who were arrested. According to White (2016), "Roughly 36% of the arrestees received some college education, and 59.6% reported currently being unemployed. One third of the sample reported being married at the time of arrest. In terms of behavioral characteristics, 57.4% reported experiencing mental illness at some point in their life. The average age of those who obtain prescription drugs from friends and family is 27.7 years compared with 34.6 years for those who obtain prescription drugs from health care establishments. A greater proportion of respondents who received prescription drugs from health care establishments and multiple sources had a history of mental illness. And finally, street drug use in past 30 days was more frequent among individuals who obtained prescription drugs from

friends and family. Respondents who obtained prescription drugs from friends and family and multiple sources reported using street drugs an average of 18 times in the past 30 days, compared with an average of 9.9 times for those who obtained prescription drugs from health care establishments” (p.13). Again, due to the lack of resources many people in lower income communities have, they may turn to their local drug dealers to purchase the same medications they would receive from a trained professional physician. This issue can start the conversation on how health care services can be more obtainable. With health care services becoming more accessible it can also worsen the situation we are experiencing now with patients receiving certain medications too often and easy. There’s a discussion that needs to be had about this very issue.

One of the biggest issues of why these drugs are in the streets and being distributed causing people to become hooked and overdosing is because of certain physicians and pharmacist in America. Unfortunately, there are doctors and physicians out there that are using their profession for greed and trying to make more income with the amount of medication they prescribed. Some even have the hopes that patients become addicted and dependent upon these medications. Many would think that physicians would be scared to risk their careers on such a way, but they see it as being so easy that they figure no one will ever fund out and in some cases that is true. It goes unnoticed. According to White (2016), “As a result of residential turnover, health care establishments may also find it more difficult to regulate prescription drug diversion because the customer base is frequently changing. This could make it harder to keep track of individuals who are a high risk for theft and fraud. Future studies might continue to examine the relationship between neighborhood conditions and prescription drug abuse” (p.16). I think there could be a way to make health care more accessible for people in America and tighten down on

the prescription medications being prescribed to patients. Maybe deeper studies of what symptoms people who need Xanax have could be performed. Because at the end of the day these aren't drugs that regular everyday citizens are making and creating. These are medications that are coming from pharmacies and physicians. Somehow, we must figure out how to lower the number of pills prescribed. When there is a huge amount of crack/cocaine being distributed in neighborhoods, law enforcement usually tries and find the main source. They look for the individual who is supplying the local drug dealers with their product. They go for the main source, the heart of the operation. In the case of the prescription drugs being distributed, I personally think Physicians need to be under a tighter ship surveillance system. They need to be held more accountable. Consequences such as a fine with a certain amount for every extra pill they prescribe. Any accountability can help America go forward with trying to decrease the number of overdoses happening in America. According to White *Examining how prescription drugs are illegally obtained: Social and ecological predictors* (2016), "Illegal drug markets will continue to evolve as new prescription drugs become available and street drugs become purer. The pharmaceutical industry is lucrative, and new medications are regularly tested and marketed for distribution. Although prescription drug abuse has received widespread attention from the public health field, only recently has this problem been examined from a criminological perspective" (p.17). This goes to show the in the health care system in America today, that the dollar sign is still above the human life.

Flawed System

One source of distribution many people do not think about as much are nurses. Many times, nurses have access to certain rooms in the hospital or know someone within the hospital with access to rooms where drugs and medications are stored. When looking at this situation of how these drugs are flooding communities across America, it is easy to overlook the obvious possibilities because it seems rather crazy or left field that these professionals would risk their careers for some extra money that isn't worth it. "A few mentioned that they had purchased opioids from nurses who had stolen medications from the hospitals and physicians' offices where they worked" (Inciardi, 2009). It is a sad scenario to think of, but it does happen in America often. With the number of elderly adults in America today who receive monthly medications for various reasons, the amount of prescription drugs being on the streets is going to continue to climb at alarming rates. These are drugs that many regular individuals on the street cannot just make. These are medications that professionals and trusted physicians have control of day in and day out, so initially it should be evident that there should be some cracking down in that department. A further look within the daily routines of pharmacist.

Prescription drugs are becoming more dangerous than the typical street drugs. Mainly due to how easy they can be accessed and purchased. Also, the consequences of being caught with them aren't as harsh as being caught with cocaine or any drug in that category. One of the individuals they interviewed gave a clear explanation of why they choose prescription drugs. "I always liked that prescription stuff more because I know what I'm getting; I know the quality, it's predetermined. I know what's in it. I don't have to worry about what I'm snorting or shooting or any of that." (Inciardi, 2009). "At your Grandma's, there might be a whole script. There's like 50, and you can take like 10 of them and they won't even notice." (Inciardi, 2009).

There has been discussion on the matter if patients are being prescribed too much on the average and if so, how can they find middle ground with this issue? Many young adults and teenagers are stealing medications that are left around in the homes of their parents and grandparents. Medications that are left over when their parents got over the issue they were fighting. “But what is too much medicine and who gets to decide? The phrase itself is a catchall term used to describe a variety of problems, including overdiagnosis, overtreatment, and medicalization.” (Macdonald, 2015). This is a true statement and question. Every individual differs from symptoms as well as height and body weight which sometimes determine what kind of dosage a patient receives. It seems as if today instead of consistently promoting a healthier lifestyle, they rather promote and suggest medications that will cure that sickness or sooth that pain. You can easily look at the obese rate in America today to attest to that statement.

“Appropriate prescribing of medications is a major challenge in the care for older adults. Older adults are more sensitive to the effects of medications and have a higher prevalence of comorbidities. Hence, older adults will have a higher medication intake, potentially putting them at risk for adverse drug events, increased morbidity, health care utilization and mortality” (Wauters,2016).

Pop Culture

For many young adults, majority of their influence when it comes to their social lives comes from pop culture. From television, internet, and the music they listen to. Hip-hop has emerged as the most popular genre in America. What age bracket do you think dictates that outcome the most? Correct. Young adults. It's hard to come across any song by any hip-hop artist that doesn't mention partaking in consuming a prescribed drug, with Xanax being the popular one. This is when it comes to mainstream radio. There is quality hip hop artist who touch on more vital topics but that's not what is being pushed in the for front. In the 60's and 70's Marijuana and psychedelics was the theme of that era. The 80's and 90's cocaine and crack emerged as an issue in America. Leading up to this current era being known as the "pill" era. It's not just the partaking of these medications that pop culture helps push but it is also pushes dealing these medications illegally. Plenty of young teenager's favorite hip-hop artist had a past life of drug dealing or even claim to still be in that lifestyle. This is extremely detrimental to

today's youth. There's literally artist who are worth seven to eight figures convincing teenagers they are living this lavish life due to the number of drugs and narcotics they sell.

It is sometimes good for pop culture to be what grabs the youth attention, although it comes with a negative. That is the passing and of celebrities due to overdoses. These are the deaths that typically promote the negative reality of these medications. One death occurred last year on September 7, 2018 with the passing of hip-hop artist Malcolm McCormick, popularly known as Mac Miller. He was only 26 years of age. He bought a variety of opioids and one of them was unfortunately laced with fentanyl. A dangerous combination. He passed away of an accidental overdose. A police investigation discovered a bottle of prescription drugs, an empty liquor bottle and "linear white powdery residue" at the property, as well as a rolled up \$20 note in McCormick's pocket. The coroner also detailed all the 'Self Care' hitmaker's tattoos during the autopsy, including one that reads "only so much time left in this crazy world", and another that says, "we are confused". He was a talented artist who could not only rap but play many instruments such as the piano, guitar, and drums. After his death many artists were going to social media and their own personal tours across America pledging to stop cold turkey with Xanax pills and other prescription pills they consume. Many fans of his pledged to stop drugs and to spread the word about the harsh reality of becoming dependent on prescription drugs. Due to his popularity and pedestal, the negativity of his death turned into a positive for some of the youth in America.

Popular music frequently incorporates substance-related themes and references related to substances. Given that youth are heavy users of popular music and given the increasingly strong evidence that exposure to popular music can influence young people's attitudes and behavior. (Christenson, 2012). Although the unfortunate incident of Mac Miller had a positive effect, the

negatives still outweigh the positives in pop culture and music. Artists are still pushing the drug culture. Sometimes it is cleverly hidden in the most popular songs that are played across a multitude of radio stations in America. “The Weeknd” (yes, the last E in weekend is purposely left out) had a popular song in the summer of 2015 called “Can’t feel my face” You couldn’t go anywhere without hearing it. With its catchy tune it’s hard to notice it is talking about him trying to overcome his cocaine addiction. He even confirms that himself. Although it is a rather dark topic, the music video for this song is upbeat and colorful as the melody and lyrics which can somehow possibly send mixed messages about drugs. “Messages in popular music track broad trends in youth culture and values, music content should be viewed not as a faithful reflection but as a sort of funhouse mirror, reflecting back to listeners a distorted, exaggerated image of the frequency, context, and consequences of teen “reality,” possibly including the world of alcohol and drugs”. (Christenson, 2012). Even though majority of young adults are smart enough to realize the lyrics of that song was clearly explaining his past cocaine addiction, there’s still this portrayed reality that it leads to a good time of partying and dancing through the night. “It is also worth remembering that the messages in music are not drawn directly from the minds of listeners, but from musicians and composers, a group that is clearly not a typical cross-section of the youth population.” (Christenson, 2012). The music industry, not just hip-hop is relatively young, with a lot of artists are usually older than the average consumer of the music. They are sometimes speaking from a different point of view that we might consume it in our earphones. As “The Weeknd” was speaking about overcoming a great battle in his life, the brains of some young adults received the whole song and piece of art as a reflection of the joys of the illegal substance of cocaine.

It is sad to say but majority of pop culture is drug culture. It is a big influence with the drug usage among young adults in America. “The largest previous study (Roberts, Henriksen, & Christenson, 1999) analyzed 1000 popular songs from the years 1996–1997. Close to 18% of all the songs contained references to illicit drugs, 17% to alcohol, and 27% referred to either or both. Marijuana was by far the most frequent illicit substance, occurring in 63% of songs with a drug reference. Crack cocaine appeared in 15% of the 182 songs with drug references, powder cocaine in 10%, hallucinogens in 4%, and heroin or other opiates in 4%.” (Christenson, 2012). This era in pop culture seem to focus a little more on the use of prescriptions drugs where ss past era’s basically promoted the selling of those drugs. This generation of artist as a collective are known as the users and the past pop culture artist were known as the dealers. Christenson (2012) found “Substance abuse professionals and critics of the entertainment industry often point out the tendency for music and its surrounding culture to portray substance use as a fun, consequence-free part of youth lifestyle.” (p.127). The youth of America are constantly receiving different perspectives of drug use through pop culture and media. Perspectives that differ from the ones they might receive from their parents and teachers. Therefore, many parents are strict upon the access their children have on iPads, internet, phones. Etc. An issue past generations of parents didn’t have due to the constant evolution of technology and exposure to the world through the internet. According to Christenson (2012), “Glamorization of drugs has not been limited to TV and film portrayals. It also occurs in videos and in the lyrics of popular music” (p.127). Today’s pop culture packages the drug culture up as a harmless hobby through catchy tunes and dances. Songs that become trendy. It’s a destructive but efficient formula when it comes to record sales etc.

Although the use of drugs is heavily promoted in pop culture, there are artists who touch on these subjects in a negative manner. According to Christenson. (2012), "Negative portrayals of substances can be cited, and anti-substance songs do exist. For example, references to alcohol problems are not uncommon in country music, and many of those references are at least implicitly negative." (p.127). There is an artist out there that speaks on the negatives of drug use. To make that statement even better, some of them are mainstream artists that millions of people enjoy listening to. So again, there are some positives with young adults and the youth being influenced by pop culture. Artist Jermaine Cole, who typically goes by his rap name "J. Cole" had an album that came out on April 20, 2018 titled "K.O.D" which stood for "Kids on Drugs". Referring to the heavy drug use among young adults in America today. Ironically the release date is the same as what many would call "4-20" an unofficial holiday for frequent recreationally marijuana users. This album had the same effect as the passing of Mac Miller. It opened many eyes upon the dangers of heavy drug use. The album dealt with him overcoming urges to drink, even though he never really had an alcoholic problem but wanted to resist drinking every time he went to a social gathering with his close friends. It also touched base on his mother who used to deal with her stressors with alcohol and prescription drugs, as well as other loved ones who suffered from the aftermaths of prescription drugs. Rather if it was death, or incarceration. He also goes into details on the certain factors that may lead young adults to turn to these drugs. He is an artist who typically touches on these subjects but this time the entire album catered towards the not so popular subject. "The album cover features an illustration of a zonked-out Mr. Cole surrounded by children partaking in a variety of drugs. The stories are personal and occasionally affecting." (Caramanica, 2018). He also touches on social media and its influence." The devastating "Once an Addict (Interlude)" is the opposite, though chillingly detailed, emotionally scarred. It's

seemingly about his mother, her battle with addiction and how it affected him as a younger man.” (Caramanica, 2018). On the song “Once an Addict” he has a set of lyrics that states I used to stay out later on purpose , Subconsciously I was nervous ,That if I came home early then what would surface was Her inner demons, And then I’d have to end up seeing’ my hero on ground zero ,Tears flow while Al Green blow “. (Jermaine Cole, 2018). The lyrics throughout the album seemed to bother some of the younger artist who glamorize drug use within their music. This was an album that made individuals look at themselves in the mirror and question who they were and if they had any addictions that could go south if not confronted soon. Before coming out with the album, many younger artists took subliminal shots at the North Carolina artist about being old and out of date. Fearing that he may wake some of their fans up and take them away from being consumed in the drug culture. Throughout the album there is a woman who speaks in a soft voice after every three songs that says “Life can bring much pain, there are many ways to deal with this pain. Choose wisely.” Also, throughout the album J. Cole comes on before a song starts and says “Mediate, don’t Medicate”. Enticing young adults to find other ways to deal with the many stressor’s life might throw at them. This album ended up trending and becoming widely popular across America. Sparking discussions across the country and questioning of America’s Health care system when it pertains to the prescribing of prescription medications. This a generational Album.

According to Caramanica of *New York Times* (2018) “He wishes them no ill, and if anything, wants to help them succeed beyond their initial brushes with fame. But on “1985 (Intro to ‘The Fall Off’),” the album’s final song and the one where he addresses this generation directly, his musical choices are pointed.” At a point where this generation leaned more toward the positives of drug use, here comes J. Cole at the tail end of the decade with an album

discussing the destruction of that lifestyle other artist portray. So, influencing that schools such as Harvard University invited him to come speak about the motive of the album. Jermaine Cole is a college graduate from St. John's University. Cole at the time stood out, time was still in pop culture because a negative message about drugs was the trending topic. He took a stand because again, that's not what top labels and TV stations normally push. According to Christenson (2012), "Substance use is almost never condemned, and potential negative consequences of alcohol and drug use are seldom mentioned, especially in songs from 1998 to 2008. Most remarkably, for both alcohol and drugs, positive portrayals outnumber the negative by roughly four to one. For alcohol, the tone is more positive in recent years than in earlier years" (p.127). It seems as if pop culture tries to quiet these moments as quick as they can. These moments such as the album KOD, are so great for the younger generations and anybody to be honest, are also bad for the business of artist who create party music.

Pop culture plays a huge role because it influences those young adults to use drugs. Young adults who may not even are dealing with depression or a hard time in life. Pop culture can have an artist influence a young adult who is perfectly fine to go and use prescription drugs for a good time. Even though some can get off the drugs, some become dependent upon these medications. Creating an addiction. These situations typically occur on college campuses across America.

Stimulants

Among young adults in America, Adderall is one of the more commonly used prescription drugs. This medication isn't typically used to have a good time but to help a student's performance with their academics. It helps them stay awake for long periods of time to

get as much work done as possible. Now although some people are prescribed this medication to treat an attention deficit disorder, many take these medications without having a disorder.

“Students justified their illegal use of prescription stimulants by claiming that they suffered from attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD) and thus could be prescribed pills.” (Kerley,2015). The big issue with this drug is that many students and young adults don’t see the issue in taking it. They believe it for a good cause and there will be no side effects or regrets after. According to Kerley (2015) in his study over Adderall one student stated that “I don’t know why you would take Adderall for a bad reason. Like I think people who use drugs like cocaine or smoke pot only do it to like party or get messed up, but I don’t know a single person who would take Adderall that way.” (p.596). “As further evidence of the students’ attempts to legitimize their drug of choice compared to that of others, participants also claimed that the drugs they used did not have negative effects on the physical appearance of users. Nate gave examples of the “glazed” or red eyes of many marijuana users. He also described the severe weight loss, tooth decay, and open sores experienced by many methamphetamine users” (Kerley,2015). This is another huge reason many use Adderall and other prescription drugs which is that the physical effects aren’t as visible, and they do not have to worry about aroma’s as if they were smoking marijuana. So, they are typically easier to mask if consumed. This is the issue with other pills as well. Just because these drugs aren’t created in labs or distributed directly from the streets, many young adults think they aren’t harmful. Even with these statements being somewhat true, some negatives can arrive from taking Adderall illegally without being prescribed. That negative is dependency. When you’re depending on a product for performance it’s very easy to rely on that product. Many young adults and many others have this

very issue when abusing prescription drugs. The effects don't usually show until they stop taking the medication.

“I don't know that many kids that have done coke, none that have tried crack, and only a few that have dropped acid. I can't even count all of the ones who've taken Adderall” (Rolland,2017). According to Rolland (2017) “Even as early as 2004, up to twenty percent of college students had used Adderall or Ritalin, both drugs used to treat ADHD, according to a report released by the National Center on Addiction and Substance Abuse”. Being that Adderall is a stimulant, sometimes it can lead to the use of cocaine and other street drugs. What happens is young adults get hooked to the rush and stimulant that they begin to want something more. According to Rolland (2017) “Students participating in honors programs and colleges are often held to higher academic standards due to rigorous admission criteria and the GPA requirements for retention, which can lead to increased levels of stress (“Basic Characteristics of a Fully Developed Honors Program”). The high standards might suggest that honors students and high-achieving students are at greater Rolland and Smith 42 risk for abusing ADHD medications” (p.42). It's the equivalent to sports. The higher the level, the more there is required and the better you must be to keep up with the talent. In sports there are resources such as highly sought-after trainers, and certain diets athletes can use to help get a step ahead of the competition. The only thing is that all these resources and helpful tools are to help the physical state of an individual. When it comes to academics there are no legal nor safe products to enhance an individual's intellect other than taking the time to study and understand the subjects. So, to get ahead, many young adults in college and graduate programs abuse the use of stimulant medications.

According to the National Institute of Mental Health, ADHD is a brain disorder that interferes with functioning or development and is characterized by ongoing inattention and/or

hyperactivity-impulsivity, which typically persists throughout one's lifetime. According to Rolland (2017) "ADHD diagnoses are rapidly rising in the U.S., where 11% of children aged 4 to 17 years old have been diagnosed. Stimulant medications used to treat ADHD include dextroamphetamine (Adderall and Adderall XR, Dexedrine, ProCentra, Zenzedi), methylphenidate (Concerta, Daytrana, Metadate CD and Metadate ER, Methylin and Methylin ER, Ritalin, Ritalin SR, Ritalin LA, Quillivant XR), lisdexamfetamine (Vyvanse), dexmethylphenidate (Focalin and Focalin XR), and amphetamine sulfate (Evekeo) ("Drug Treatments for ADHD") (p.43). There have been many discussions in the past about if many of these children are being mis diagnosed due to the alarming rate of the number of children with ADHD. The most easily recognizable are likely Adderall and Ritalin, which work to stimulate neurotransmitter activity in the central nervous system that results in increased alertness, reduced fatigue, and improved attention. Due to their high potential for abuse, both methylphenidates (Ritalin) and dextroamphetamine-amphetamines (Adderall) are classified as schedule II substances in the Controlled Substances Act. According to Roland (2017) "Structurally, Adderall is extremely similar to methamphetamine, more commonly known simply as meth or crystal meth, differing only by a methyl group (one carbon atom bonded to three hydrogen atoms)" (p.44). The addictive qualities are associated with this medication. In many people's opinions it is more dangerous than many consider it to be. This drug is a clear example of how prescription drugs are continuing to be abused in America today. Due to the lack of aroma's and physical changes, many do perceive medications such as Adderall as being dangerous. Especially if this medication is prescribed to children across America. What these young adults do not understand is that the children who receive these prescriptions are diagnosed first and the dosages they receive are usually different than every other child because some kids might not need the drug as

much as the next one and again, sometimes weight and height are taken into consideration upon before being prescribed. That is the thin line between prescription drugs and recreational uses of them. They are all specifically and personally prescribed for a patient. If anyone was to say they have a pill with similar effects and ingredients such as meth, majority of people would simply deny that offer.

According to Rolland (2017) “many cardiovascular risks and unpleasant side effects are associated with ADHD medications, including abdominal pain, appetite loss, weight loss, insomnia, headache, increased heart rate, nervousness, and anxiety” (p.44). Many young adults get into a position to where they become so hooked to stimulants such as Adderall that they develop insomnia and cannot get the proper rest they need to function at their best throughout the day. From there they seek medications that can help them get better sleep, typically a medication that is considered a downer. Now in most cases when it comes to a young adult especially one who is in a college campus environment will result to marijuana but unfortunately in some cases the next medication in line is Xanax. There are many Americans that are mixing uppers and downers which is completely dangerous and highly life threatening that can result in an accidental overdose. Xanax not only aids in helping an individual get better sleep it also can help someone with managing their anxiety.

Greek organizations such as fraternity’s have a huge hand in the issue with stimulants being abused when it comes to young adults. According to Rolland (2017) “The relationship between illicit use and extracurricular involvement, such as membership in a Greek organization and participation on a varsity athletic team, has also been well-documented in the literature In 2015, Gallucci and Martin administered a survey to 200 varsity athletes and 482 non-athletes and found varsity athletes to be significantly less likely to illicitly use prescription stimulant

medications, with past-year rates of 16.6% for non-athletes compared to just 7.5% for athletes” (p.46). Outside of academic success, a big factor in the abuse of stimulants drugs in college environments among young adults are parties and lifestyles associated with being in a fraternity or sorority. With athletes, especially at the more popular colleges, drug test is a big thing. Colleges randomly drug test athletes throughout the year to assure they are staying clean and focused on what is important. Athletes are usually on scholarship and something as a failed drug test can dismiss that scholarship thusly leaving them in an unfortunate situation. So, there are many reasons and situation that is controlling and holding these athletes accountable. Regular students on college campuses do not have to worry about random drug test to stay at their school. According to Roland (2017) “Among college students in southern California, fraternity and sorority members were found to be more likely to report illicit use of Ritalin and/ or Adderall in both the past year and past month. Dussault and Weyandt administered a survey to 1,033 undergraduate students from five universities in different regions of the U.S. specifically to determine differences in illicit use of prescription stimulants between fraternity/sorority members and those unaffiliated with Greek life, and they found higher rates reported by Greek students” (p.46). Many fraternities have what they call “initiations” at the beginning of the school year. What that is typically the leaders and members of that given fraternity put the freshman through a certain regiment of activities to see who can withstand it, and the ones who make it to the end are granted their membership to the fraternity. Many would assume that universities have rules and regulations of what can go on at these fraternity houses, but many would also be surprised of the leisure these universities give these students in fraternities and sororities. According to Roland (2017) “Research has shown a strong correlation between higher rates of reported illicit use of prescription stimulant medications and current prescription holders or those who have

been diagnosed with ADHD. Illicit use by those with a prescription for ADHD stimulants may consist either of overusing one's own medication or using another's prescription for nonmedical purposes. In a study with a sample of 1,253 college students, 45 of whom had been diagnosed with ADHD, 26.7% (N = 12) of the students with ADHD reported having overused their own medication before, and 15.6% also admitted using another person's medication for nonmedical purposes at least once. In comparison, the overall rate of illicit use for the entire sample was just 18.0%" (p.46).

Mental Disorders and Drug Abuse

Mental disorders such as depression are at times the biggest factors with all abuses of prescription medications. According to Rolland (2017) "Research has also shown positive correlations between illicit use of ADHD medications and a history of mental health disorders and issues. Illicit users have been shown to experience higher levels of perceived stress and extensive histories of both anxiety disorder and depression. In the study involving 589 students studying to be doctors, physician assistants, and pharmacists, where medical and physician assistant students were more likely to report illicit use, these same students were also more likely to report a history of anxiety disorder (12.1% vs. 18.6% vs. 5.9%, respectively) and major depressive order (9.4% vs. 8.1% vs. 3.3%, respectively)" (p.47). It is a harsh reality but many young adults on college campuses are going through depression. Many are preparing for the career fields they will make a living from. Also, they are dealing with whatever personal issues they may have going on at the time, along with jobs and internships. Young adults in America go through a lot today. Many are trying to just find their identity in this world and trying to figure

out where do they fit in. There is so much expected from them between the jobs they may work, classes they must do well in in order to get a foot in the door with whatever major they are taking. It can be a lot.

When it comes to prescription drug abuse amongst young adults and college students, there are many factors but the one that usually is the reason for the drug abuse is depression. With college students being young adults, they are in that group that is leading the country in prescription drug overdoses. With today's generation of young adults, social media plays a huge role in their lives. Social media was once considered a new and creative way for people to keep in touch with their friends and interact with people across the globe. What was once something you had to be at home on the computer for is now at easily accessible on any smartphone available. Individuals between 18 and 24 years old were specifically found likely to suffer from depressive disorder symptoms, according to the Centers for Disease Control and Prevention. According to (2015), "A study in 2010 discovered that "five times as many high school and college students are dealing with anxiety and other mental health issues as youth of the same age who were studied in the Great Depression era" (p.139). Facebook allows college students to express themselves by posting status updates, links, and photos. It also allows them to observe others' online presence by keeping track of regular updates about their family, friends, classmates, and acquaintances (Tandoc,2015). Many people compare their lives to their friends that they have on social media. On twitter and Instagram, a lot of young adults follow celebrities as well. What happens is that they see what this individual has as far as cars, clothes, houses, etc. Also, they observe the success that individual has accomplished and then immediately from their they look at their own life and start counting what they don't have and worry about all their shortcomings and failures. After doing this for a long period of time many people become

depressed about their lives because they do not have certain things their peers have, and they aren't as successful as their peers. This issue falls in line with the social rank theory. According to Tandoc (2015), Social rank theory, as a theory of depression, concerns itself with competition. Humans, just like animals, compete for food, mates, and various resources. Social competition can refer to competition for power or attractiveness, among other things. Those who fail, or those who perceive they have not succeeded, feel subordinated. "Those who perceive themselves as subordinates are not necessarily depressed but are vulnerable to depression" (p.140). Social rank theory is particularly appropriate for examining depression among young people who are in a stage when they are acutely attuned to and affected by status. They place greater importance on popularity than on other social factors. Typically, when you're in college everyone is majoring something specific. So, depending on your major, people pretty much knew what your future salary would be one day. This can affect an individual in many areas, for example, dating. If a student, let's say a male, plans on graduating and attending medical school, then that is impressive to the young women he wants to get to know.

Not only can an individual see what others are doing but others can comment on any post, tweet, or picture they post on social media. Today bullying is split into categories: Bullying and Cyber Bullying. Cyber bullying is something that has unfortunately grown over the past few years. While some individuals can bypass it and not feed into, others are heavily affected by it and later become depressed on the image that is portrayed of them by certain peers on social media. This new category of bullying heavily affects the younger generations. Millennials and generation Z are the two generations this mostly affects. These are the generations who have spent majority of their lives dealing with technology and its constant changes and improvements. When it comes to prescription drug abuse, depression is often the cause and many young adults,

millennials, and generation Z individuals develop depression from cyber bullying. According to Reed (2016) “Adolescents engage in this struggle to create and discover themselves while attempting to balance newly acquired roles of middle/high school student, employee, friend, and young adult. The Internet is frequently used as a medium to experiment with one’s identity by playing various characters during online games, establishing blogs and/or personal websites, engaging in social interactions with peers within social networking sites, and the gathering, sending, and receiving instant messages. However, when adolescents perceive themselves as not fitting in with their peer group, accessibility to the Internet can often lead to additional stressors “(p.39). Social media at times can feel like an extension on high school and college to some young adults. Anything that occurs or is said at school can be discussed further on social media. Cyber bullying isn’t only something that occurs within the confines of social media, According to Reed *Cyberbullying: A literature review of its relationship to adolescent depression and current intervention strategies* (2016) “There are different modes of cyberbullying according to media type. These types include text messages, emails, phone calls, photo or video clips, instant messages, websites, and chat rooms” (p.39). Often, video clips and text messages are used to bully in the younger generations. For example, some young ladies have intercourse with a man on camera in a situation where she either doesn’t know or the man assures her that the video will not be sent out. Unfortunately, sometimes those videos get leaked out to friends. Also, things such as nude pictures get sent out as well. For young adults this can be devastating. IT can lead to depression because again their image is at risk when this happens. Once something goes out into the internet or sent out to multiple numbers, it is completely out of that individuals’ control. This can also affect someone’s ability to get jobs and start careers. Some organizations may google something about you or look deep into your past and if they find something horrific as a

sex tape or nude photo then that can jeopardize their future career plans and chances of landing that job. “Evidence supports that cyberbullying can contribute in the development of adolescent depression. Significant associations between being a victim of cyberbullying and internalizing problems such as depression and an increase in suicidal thoughts have been produced” (Reed,2016).

Young Adults that are Non-Students

According to Arora (2016), “Substance abuse and its associated problems are a global concern. A recent WHO estimate shows a burden of worldwide psychoactive substance use of around 2 billion alcohol users, 1.3 billion smokers and 185 million drug users” (p. 101). In the past decade there has been a huge shift that opioids are the only thing that can really relieve an individual of pain. In 2007, Purdue pharma was fined at about \$650 million for mis representing oxycontin and its safety. They were stating that it was less addicting than other drugs. With this issue it started to create surplus tablets and pills sitting inside people’s medicine cabinets.

According to Martins (2015), “For both males and females, having less than a high school degree was associated with a greater risk of NMUPO use compared to their college-attending counterparts” (p.716). Although many young adults are loaded with the stressors of succeeding and meeting expectations at universities and achieving goals they have set out at very young ages, they all have something over the young adults who aren’t in school which is the fact that at least they are on track to achieve something and make something of themselves.

LGBT Community and Drug Abuse

According to Kerr *Alcohol, tobacco, and other drug use comparison of lesbian, bisexual, and heterosexual undergraduate women*. (2015), “Federal substance abuse agencies, as well as community and population-based studies, and a recent meta-analysis all confirm a higher risk of substance use among lesbian, gay, bisexual (LGB) adolescents, young adults, and adults. The Substance Abuse and Mental Health Services Administration’s Center for Substance Abuse Treatment (SAMHSA, 2001), stated that lesbian, gay, and bisexual persons were more likely to use alcohol and other drugs, have higher rates of substance abuse, continue heavy use into later adulthood, and are less likely to abstain from use compared to the general population” (p.340). The general lifestyles of this community can be stressful because it isn’t a general norm. Even though being same sex relationships have become more and more acceptable currently, it is still a topic and situation that many people do not want to speak on and aren’t apart of. Many young adults in college and across America are struggling just to inform friends and family that they are gay, bisexual, lesbian, etc. In doing this, it can end friendships, it can cause family members to further distant themselves or view that individual in a different light. With all this there are many concerns on how these young adults deal with that stress and worry. According to Kerr *Alcohol, tobacco, and other drug use comparison of lesbian, bisexual, and heterosexual undergraduate women*. (2015). “Lesbian and Bisexual women also appear to be at higher risk for other illicit drug use than heterosexual women. In a population-based survey including residents of low-income neighborhoods in Northern California, Scheer and colleagues (2002) found bisexual women (defined as women who had sex with women and men) more likely to report past and recent use of injection drugs including heroin, cocaine, and speed Heterosexual females in their study had lower rates of recent club drug use compared to lesbian and bisexual women. They found lifetime rates of methamphetamine use to be 15.5% for lesbian and bisexual women and

11.5% for heterosexual women in their sample of club-going women. In another study of club drug using young adults, Kelly and Parsons (2007) found that young lesbian/ bisexual women were most likely to misuse prescription drugs.” (p.341). Many people in the LBGT community live a life they know isn’t completely accepted everywhere. That mindset can sometimes have a negative effect on them causing them to act out in a different way. Some individuals in this community are victims of hate crimes etc. They also tend to have a lot hidden inside of them, typically going through life with a mask.

Often depression is a symptom that occurs when an individual is experiencing withdrawals from a drug. Which further proves as why prescription drugs should have a different criteria and system of how they are prescribed. Some people are living a hamster wheel life with prescription drugs. They self-medicate and try to wing their selves off the drug to only develop depression and yearning for more of the drug that has them depressed. According to Peck *Sustained reductions in drug use and depression symptoms from treatment for drug abuse in methamphetamine-dependent gay and bisexual men* (2005), “Methamphetamine abusers frequently complain of depression. Indeed, symptoms of depression figure prominently in the methamphetamine withdrawal syndrome.^{1,2} Depressive symptoms are noted during immediate withdrawal and during the initial weeks and sometimes months of abstinence following cessation of methamphetamine use” (p.100). Back to the lifestyle of the LBGT community and its influence of them abusing drugs, According to Peck *Sustained reductions in drug use and depression symptoms from treatment for drug abuse in methamphetamine-dependent gay and bisexual men* (2005), “In the United States, methamphetamine use is common among gay and bisexual men, particularly in urban areas. Gay and bisexual men are also three times as likely to meet criteria for current major depression as heterosexual men” (p.100). Many people in the

LGBT community come from unpleasant backgrounds, some have been exposed to certain things that many children can't comprehend. Some have been molested and taken advantage of which probably later confused them of their sexuality. With all of that, depression can form from it. They typically develop a desire and need to escape reality. Drug usually enters the situation from here. Some lifestyles have a price that comes with it. Some with backlash and hatred. There's physical bullying, cyber bullying, etc. Although it is a lifestyle that is more commonly accepted currently, it's still considered different.

College Students and Opioid Abuse

According to McCabe (2005), "National studies of college students have reported increases in the nonmedical use of prescription opioid analgesics; The Harvard School of Public Health College Alcohol Study (CAS) reported an increase in the nonmedical use of opioid-type drugs in the past decade and the MTF study found an appreciable increase over the past two decades in the nonmedical use of opioid analgesics among high school seniors and college students" (p.790). As stated earlier, this generation of young adults in America is the opioid epidemic. In the 1980's crack and cocaine was a troubling issue that took over. Opioid abuse has always been somewhat of an issue in America, but in today's time it grown into an alarming issue. Approximately one in every 10 young adults in America between the ages of 18 and 25 have reported using opioid analgesics for nonmedical reasons. Prescription opioid analgesics are potent pain relievers that are efficacious when utilized in both acute and chronic pain related conditions. In the study that McCabe and his team performed in 2005, there were some alarming findings. Data analysis included 10,904 college student respondents from 119 institutions.

Statistical analyses were carried out using STATA software package for analysis of complex sample survey data. According to *McCabe* (2005), “Approximately 12% of college students reported lifetime nonmedical use of prescription opioid analgesics, 7% reported nonmedical use in the past year, and 3% reported nonmedical use in the past month” (p.794). Now as it were earlier stated that minorities have a bigger chance to develop some type of prescription drug. That’s dealing with the general public. That reality is different among college campuses.

According to *McCabe* (2005), “white students were over two times more likely than African-American and Asian college students to report nonmedical use of prescription opioid analgesics. Non-Hispanic students were over two times more likely than Hispanic college students to report nonmedical use. Residents of off-campus housing and fraternities or sororities were almost two times more likely than students living in same-sex residence halls to use prescription opioids nonmedically” (p.796). These statistics goes back to previous statements about fraternities and sororities lifestyles. The monitoring and discipline aren’t as strict as many would think when it comes to these collegiate organizations. With the multitude of parties and freshman hazing, things can get rather out of control at times. It’s not as if these young adults in these collegiate organizations are partying and going home. They typically live in these conditions where they have complete freedom which can be a negative thing to some young adults.

Many young adults that go off to college are typically living away from home for the first time. Some are responsible enough to take care of the things they need to. They can balance the class and party lifestyle along with the jobs they may have. These students are typically the kids who come from households where they are the first to go off to college, or their families aren’t as wealthy as others. Not all but most young adults who are apart of some sort of fraternity or sorority are from families where their parents have achieved many goals and has set a standard

that's high. So, when young adults who come from these sorts of families, they usually aren't forced to obtain a job. There is a more of a "privileged" persona these young adults acquire. Also, according to McCabe (2005), "students who attended colleges with competitive or highly competitive admissions criteria were more likely than students who attended less competitive colleges to report nonmedical use of prescription opioid analgesics" (p.796). This statement goes back to the discussion about the pressures of succeeding can drive a student to turn to prescription drugs or any drug. Again, being a young adult and feeling pressure from family members and peers to perform and do well at a certain level can be highly stressful. Anything short of the expectations that's put upon them and they're considered a failure, even if they didn't necessarily fail, but didn't meet their family's expectations. We live in a day and time where Millennials are viewed as soft. Many adults from older generations fail to realize the job market is completely different currently. Where 30-40 years ago you could graduate high school and find a decent paying factory or warehouse job. Now it's harder and the pay doesn't usually match up to the cost of living causing many young adults to balance multiple jobs trying to maintain. This generation of young adults come into adulthood facing the national debt many generations before us has set. Depending on what your degree is in, it could be hard for a college graduate to start their career even if they received their master's at some point. From experience, pressure and failing to even live up to your own expectations at times can be tough.

There are many negative effects of these college students abusing prescriptions drugs. For instance, binge drinking. According to McCabe *Nonmedical use of prescription opioids among US college students: Prevalence and correlates from a national survey* (2005), "nonmedical prescription opioid users were over four times more likely to report frequent binge drinking, over eight times more likely to report marijuana use in the past year, over 13 times

more likely to report cocaine use in the past year, over four times more likely to report driving after binge drinking, and almost six times more likely to report being a passenger with a drunk driver than college students who had not used prescription opioid analgesics nonmedically” (p.798). Due to the hard effects of prescription drugs and the potency of them, anything other than prescription drugs may seem harmless to young adults. With the constant advertising of alcohol and the newly laws and regulations that are created for marijuana can make it seem as a normal and safe thing to do for young adults. Many overdoses occur because they are in fact mixed with another substance, one of the more substances used with prescription drugs is alcohol which is one of the first items many doctors and physicians recommend and demand you not to take your medication with because it can enhance the potency of that particular drug that may already be potent enough.

There was no gender difference in the nonmedical use of opioid analgesics, which is consistent with other national samples of college students. According to Dion *Improving outcomes of opioid overdose: preparing nursing students to intervene* (2016), “According to SAMHSA’s (2014a) report, the rate of illicit drug use in 2013 among full-time college students of ages 18Y22 was 22.3%. During 2012Y2013, over 53% of those people aged 12 and above who used pain medications for a nonmedical reason obtained the medication for free from a friend or relative. The CDC (2016) reports that since 1990 the number of prescription drug and heroin overdoses has increased more than 200%, and for all drugs, more than 137%. Because this illegal activity is often witnessed by others who are also using the drug, any delay in notifying medical personnel that an overdose has occurred can contribute to an increase in preventable deaths. Witnesses fear calling for medical help because the use of illegal substances may lead to further investigation by the police” (p.8). With the access becoming easier to obtain these

medications and all the many influences, this issue is something that seems to deserve the utmost attention, but it still seems to be ignored to an extent and many Americans are wondering why. The numbers aren't just steadily increasing, they are doubling tripling an etc. Many speculate that the fact physicians, doctors, etc. make so much money from these medications that there will be no changes in the distribution and prescribing of prescription drugs. Just as many suspect a cure for cancer may exist but will not be revealed because of the amount of money that is received for treatments etc. You can look at the Magic Johnson situation as an example on the U.S. Healthcare system displaying sketchy actions. In November of 1991 it was revealed that the Lakers superstar point guard Earvin "Magic" has HIV. HIV usually ends up developing into AIDS and usually leads to death from there. But there is one individual that people are looking at with questions marks. Magic Johnson has lived almost 28 years with the disease, and many are wondering how. Also, if there is a medication or cure then why hasn't it been revealed to the general public? Many are under the assumption that it is because of money. It makes sense, Magic is one of the best NBA players of all time, he has the money to fund for the medication, money that the typical everyday citizen may not have. This same assumption is made about the easy access of prescription medication, money... The U.S. Health care system in many people's opinion seem to put the value of a dollar over the value of a life. How can we as a country move forward when we are involved in a system that is constantly looking to monetize our well-being.

National Football League, Opioid Addiction and Marijuana

In the past decade opioid addiction amongst professional athletes in the NFL has become an issue. Due to the amount and severity of these injuries football players get from the brutal

sport, they are often forced to consume these pain killers to continue to play. These men are under contracts that are worth millions of dollars often. So, they are expected to not only to go on the field and perform but perform at a high level. The best of the best typically has multiple endorsement deals that are solely relying upon their performance on the field. Chronic traumatic encephalopathy (CTE) is the common brain disorder that many professional football players develop over the course of their careers. This brain disorder and the fear of it is causing many players to retire early and leaving the game of football. One of the more recent retirements in the NFL that surprised many was the retiring of the Indianapolis Colts quarterback Andrew Luck. He was considered by many in the middle of his prime. In the past few years he has dealt with countless injuries that sidelined him for some extended time. He recalled having to consume countless of prescription medications to get through seasons and recovery. Concerned for overall health he chose to call it quits before anything serious happens or develops from the constant poundage he would take throughout the season. Many of these situations sparked the conversation of the legalization of marijuana. Many players in the NFL have been reported as of lately to test positive for marijuana. Majority of these athletes all have the same reasoning and that is to avoid becoming addicted to the opioids they are constantly offered.

According to (2015), “The National Football League confirmed that Josh Gordon, a wide receiver for the Cleveland Browns, was suspended for violating the league’s substance abuse policy. In January there were reports that Gordon was facing a year-long ban after he tested positive for alcohol. He was arrested for driving under the influence last July. In May 2014 he tested positive for marijuana. Addiction is caused by long-term use of alcohol or drugs. This causes the brain to increase the release of dopamine. When the brain has a large amount of dopamine on board, it attempts to reach a lower balance by producing less dopamine. The feeling

caused by producing less dopamine is what prompts people to use alcohol or drugs in order to feel “normal”. Again, this is something that typically happens every season with multiple players. With the legalization for recreational use growing year after year the perception of these violations are beginning to seem, well...petty. Athletes have repeatedly commented on how the use of marijuana kept them physically and mentally strong throughout their seasons. Broken legs, torn ACL's, back injuries, concussions, and many other injuries are common throughout an NFL season. According to Schrock *Evolving treatment patterns of NFL players by orthopedic team physicians over the past decade, 2008-2016*. (2018), “The proportion of physicians preferring patellar tendon autograft for ACL reconstruction increased from 87% in 2008 to 97% in 2016. After closed reduction of an anterior shoulder dislocation, all orthopedic team physicians had athletes wear a sling in 2008, though 17% of physicians chose not to use a sling in 2016. In 2008, 40% of physicians allowed return to contact activity after 6 months, compared with 48%” (p.454). The recovery from these injuries aren't the easiest. Rehabilitation can be challenging and even make athletes question themselves if it's even worth it or not. Cortisone shots are often given to football players during games to give them some comfort and adrenaline to finish games. It's not uncommon for a player to dislocate their shoulder and get it popped back in place followed by a cortisone shot to go back on the field. This potentially puts the athlete at risk to further worsen their injury. Which later leads to surgery and the consumption of opioids.

According to Dickerson *Ricky and Stick Icky: Marijuana, Sport, and the Legibility/Illegibility of Black Masculinity* (2018), “. Although many professional athletes have used or tested positive for marijuana (Michael Phelps, Tim Lincecum, Randy Moss, Joakim Noah, Ross Rebagliati, among many others), Williams has been referred to as “America's most infamous stoner athlete. Williams returned to the NFL in 2005, and was subsequently

suspended for marijuana use again in 2006 and 2007. Williams's marijuana use, retirement, and return to the NFL in 2006 resulted in several complex and contradictory narratives within the sport media, and it is these diverse range of discourses that make him a pertinent point of exploration. For example, by retiring early, Williams was situated within narratives that framed him as selfish and a quitter. The fact that his early retirement was preceded by a positive marijuana test also helped perpetuate these negative constructions of Williams, as he became the "Bob Marley of football" (p.387). Ricky Williams was one of the first not only football players, but athletes in general that raised eyebrows of his use of marijuana. At first many just figured he was throwing his career away for no reason. His body was ready to exit the game he once loved. He knew he couldn't continue the constant grind that exist in the NFL. He foreseen the excessive use of prescription drugs and medications. According to Dickerson *Ricky and Stick Icky: Marijuana, Sport, and the Legibility/Illegibility of Black Masculinity* (2018), "Additionally, Williams's own discussion of his marijuana use, and retirement offered another way to understand these acts: "I didn't quit football because I failed a drug test. I failed a drug test because I was ready to quit football" (Ricky Williams) (p.387).

With stories and situations such as the Ricky Williams storyline, you would think the legalization of marijuana would shift the nation and have a huge impact on the number of drug overdoses in America. Many athletes walk away from the game with addictions and continuous problems because they were only conditioned to get well enough to go back on the field. Teams and organizations are hardly concerned on the after math of these athletes when they are involved with prescription medications. According to Dickerson (2018), "In November of 2016, California, Maine, Massachusetts, and Nevada legalized recreational marijuana, while Arkansas, Florida, Montana, and North Dakota passed legislation to allow for the medicinal use of

marijuana. As of July 2017, 37 states and the District of Columbia having legislation that allows for the medicinal or recreational use of marijuana. Coinciding with the increasing legalization of marijuana, at both the recreational and medical level, 61% of Americans are now in favor of marijuana legalization. The changing attitudes towards the legalization of the plant and legalization of marijuana in certain states suggests that prohibition of marijuana may be coming to an end. At the same time, U.S. Attorney General, Jeff Sessions, is currently advocating to repeal and outlaw legal marijuana. Thus, despite the growing challenges to marijuana prohibition there is still a large effort to keep the plant illegal. These tensions highlight the contradictory and complex narratives marijuana is engulfed in.” (p.386). That fact alone goes back to the discussion of “Is America placing the value of a dollar over the value of a human life?” The opioid overdoses are continuing to skyrocket year after year. The access and multiple ways people can get their hands on these prescription medications are continuing to grow also. After recently attending a homecoming event at Western Kentucky University. I personally witnessed many young adults take Adderall, Xanax, and other prescription medications for recreational purposes. This is after they have consumed alcoholic beverages. It is a scary sight. Many Americans will tell you that if marijuana was legal and if they wouldn’t lose their job over it then they would choose marijuana over anything else including alcohol.

If you turn to ESPN, majority of the time you will find ex NFL players now being commentators and discussing the game. According to Furness (2016), “work, based on in-depth interviews with NFL veterans, suggests that, as a strategy for coping with post career injuries and pain, ex-players commonly attempt to minimize, if not trivialize, “the pain they experience and the effects it has on their lives” by talking about the “inevitability and commonality of pain in the NFL” (p. 155). Injuries, in other words, are rationalized as a “part of the game” and thus

naturalized as a burden every player must bear, ostensibly without complaints. Indeed, NFL vets often declare that they have “no regrets” about their time in the league as way to assert and maintain a “tough masculine identity,” regardless of the severity of their injuries or the intensity of their pain” (p.51). There is a stigma about ex NFL players keeping quiet about the large number of opioids they were forced to consume to continue to play. Again, these aren’t high school athletes or college athletes who are playing for free. These are athletes with millions of dollars on the line and their complete well-being. The average career length for a professional football player is 3.3 years. Which isn’t long at all. In 2013 the NFL reached a \$765 million settlement over concussion related brain injuries. More than 4,500 former athletes , some suffering from dementia, depression or Alzheimer's that they blamed on blows to the head , had sued the league, accusing it of concealing the dangers of concussions and rushing injured players back onto the field while glorifying and profiting from the kind of bone-jarring hits that make for spectacular highlight-reel footage. Junior Seau is a highlighted former player in this situation. He committed suicide in 2012 and was believed to have CTE. Under the settlement, individual awards would be capped at \$5 million for men with Alzheimer's disease; \$4 million for those diagnosed after their deaths with a brain condition called chronic traumatic encephalopathy; and \$3 million for players with dementia. This situation brought a lot of attention the issue surrounding the NFL.

Is Opioid Abuse an illness?

In America today you may have noticed that when the topic of opioid abuse comes up, there is a good chance you’ll hear it be linked to an “illness”. This has sparked many heated conversations across the country. Many feels as if it’s unfair to label it an illness and that many Americans are indeed taking medications and treatments to aid in their recovery. Although there

is a lot with this, it does raise eyebrows. Individuals are receiving medications to wing themselves off the medication they were initially prescribed prior to treat another issue. Sounds like a perfect formula to capitalize for money. More discussions rise from this narrative of opioid addiction being an illness. For example, people ask why aren't people who used to be addicted to crack taken in with an "illness"? Also, with opioid addiction becoming known as a disease or illness, how has there not been an effort to slow down the distribution of these prescribed medications? These addictions are coming from doctor's offices, whether the medication was prescribed to that specific individual or if they purchased the drug from another person, there definitely should be actions in place.

According to Olsen *Confronting the stigma of opioid use disorder—and its treatment* (2014), "First, the understanding of opioid use disorder as a medical illness is still overshadowed by its misconception as a moral weakness or a willful choice. This misconception has historically separated this illness and its treatment from the rest of health care. Within the substance use treatment community, many still believe that recovery depends solely on willpower to abstain from all opioids, including methadone and buprenorphine" (p. 1393). It seems as it's one of the most selfish excuses known to man. Many believe associating it to an illness gives many abusers of opioids more of an excuse to continue abusing the medication because at the end of the day they can just say they're sick and they need help. Also, the treatment they do receive is believed to possibly interrupt they're recovery. According to Olsen (2014) "According to the National Institute on Drug Abuse (NIDA), the long-acting medications methadone and buprenorphine are "a critical component of opioid addiction treatment" because "scientific research has established that medication-assisted treatment of opioid addiction increases patient retention and decreases drug use, infectious disease transmission, and criminal activity" (p.1393). Although this

treatment has helped many overcome their battle with opioid addiction, many users resorted back to their addictions and their families and loved ones typically blamed the treatment they were receiving on why they relapsed. There have been positive reports of the treatment. According to Olsen (2014), "Medication-assisted treatment of opioid use disorder is also supported by the Substance Abuse and Mental Health Services Administration, the Institute of Medicine, and the World Health Organization. Major expansions in access to care with buprenorphine have been associated with declines in overdose deaths from heroin of more than 50% in France and 37% in Baltimore, Maryland" (p.1393). The treatment received for opioid addiction is highly affective. The big problem is the for individuals to take in the fact that they are going to receive more medication to help aide them from the opioids they are already abusing. It's still a left field idea to many Americans. It's viewed as crazy as giving an alcoholic a mind-altering drink to help aide them away from alcohol. Many patients refuse the treatments because they do not trust themselves and believe it will eventually become another medication, they abuse which will make their situation worse than what it is. Another issue is people confronting themselves and receiving help. Many addicts will not seek help without a love one or family member getting he help for them. According to Olsen (2014), "Opioid use disorder, like all substance use disorders, is a chronic illness for which there is no cure. The goal is holistic recovery that allows affected individuals to live productive, fulfilled lives as they effectively manage the symptoms of their illness. Extended treatment that includes medications is a proven path to recovery and is associated with a lower risk of relapse. Nonetheless, there is significant resistance to the treatment of opioid use disorder with medications. For instance, some communities have opposed having medication-assisted treatment services located in their neighborhoods, some local officials have proposed legislation in violation of the Americans with Disabilities Act that

would change zoning codes to exclude medication assisted treatment centers, some health insurers have imposed arbitrary limits on the duration of treatment of opioid use disorder with medications, and even some clinicians have acted as though patients taking methadone or buprenorphine are still using illicit drugs, missing the critical distinction between addiction and the treatment of addiction” (p.1393). This is a method that is still in the early stages which continues to raise the question “Is opioid addiction an actual illness?” or are we being soft as a country? Many believe this method of treatment addiction with medication is another money grab for the healthcare system. When the obvious plan to attack opioid abuse in America is the distribution of them, which initially starts with doctors and physicians. Although opioid addiction has been proven to be a chronic illness it feels as if we are trying to fight it the hardest way possible rather than going to the root of the problem. According to Olsen *Confronting the stigma of opioid use disorder—and its treatment* (2014), “More than 30 000 deaths from unintentional drug overdose were reported in the United States in 2010, the most recent year for which data are available” (p.1394). It’s an issue that is on the rise year after year. One factor with these overdoses are prisoners and individuals who quit cold turkey. They begin to experience withdrawals which puts them at extreme risk if they were to ever relapse. With the prescribing of buprenorphine or methadone still being so new and thought of as strange, many prisoners aren’t receiving their treatment when in jail. According to Olsen (2014), “The criminal justice system often fails to defer to medical judgment in the treatment of opioid use disorders. Some judges have prohibited participation in medication-assisted treatment from satisfying a condition of probation requiring treatment for opioid use disorder. If incarcerated, people taking methadone or buprenorphine as part of treatment rarely can continue to receive their medications as they would insulin or other prescription medications. They are left to deal with the discomfort of the

withdrawal syndrome that occurs with all opioids. Because the body acclimates to the lower intake of opioids, this practice may significantly increase the risk of fatal overdose if the individual relapses after release from incarceration. Physicians working in jails and prisons are seldom allowed to prescribe buprenorphine or methadone” (p.1394). Former prisoners often become overdose victims because they are tossed right back in the real world with no guidance. Some aren’t released into rehabilitation centers because they have been locked up and been away from opioids. One medication that is used in emergencies is Naloxone. Naloxone blocks or reverses the effects of opioid medication, including extreme drowsiness, slowed breathing, or loss of consciousness. Naloxone is used in opioid overdoses to counteract life-threatening depression of the central nervous system and respiratory system, allowing an overdose victim to breathe normally. Naloxone only works if a person has opioids in their system; the medication has no effect if opioids are absent.

The Undeniable Truth

In the year of 2016, more Americans died due to opioid overdoses than car accidents. Drug overdoses are the leading cause of injury death in the United States. Of the 63,632 drug overdoses in the year of 2016, 42,249 of them were from opioids. The issue originality started in the 1990’s when companies made a big case about how opioid medications will not have a negative effect with the general public and make people become addicted. With that, opioid medication was prescribed at higher rates. According to the National Institute of Drug Abuse (2018), “Methadone treatment, including medication and integrated psychosocial and medical support services (assumes daily visits): \$126.00 per week or \$6,552.00 per year. Buprenorphine

for a stable patient provided in a certified OTP, including medication and twice-weekly visits: \$115.00 per week or \$5,980.00 per year. naltrexone provided in an OTP, including drug, drug administration, and related services: \$1,176.50 per month or \$14,112.00 per year. The amount paid for treatment of substance use disorders is only a small portion of the costs these disorders impose on society. An analysis suggested that the total costs of prescription opioid use disorders and overdoses in the United States was \$78 billion in 2013. Of that, only 3.6 percent, or about \$2.8 billion, was for treatment.” These are just some numbers to put into perspective what it may cost a patient to receive treatment and how much our country puts into opioid medications. One thing that stood out the most with those numbers was the amount spent on treatment. With the numbers remaining this way the opioid overdoses will continue to rise. It seems as if the Healthcare industry views the distribution of opioid medication as being too lucrative to ultimately put a halt to. More lucrative than the Marijuana business. Opioids are viewed as being more addictive and needed. Although the consequences are obviously more dangerous that doesn't seem as a concern to the Pharmaceutical business. The numbers are out there, the research, it is all available. Yet, for some reason the issue with opioid abuse and overdoses seems to go overlooked.

When it comes to prescription medication, there is a huge threat to that business in America. The Marijuana industry. With it becoming legalized in more states year after year, it is a huge threat to pharmaceutical companies all over. This something that many perceive as information that is already known by these companies. Sure, many companies can add marijuana to their inventory of medications, but they fear it will wipe out multiple medications they do sell. Resulting in less profit at the end of the day. Many individuals who are struggling with prescription drug addiction are using because of their job. Meaning they want their systems to

stay clean. Prescription medications usually doesn't stay in a person's system too long. Marijuana can take awhile to exit one's system. Marijuana is something that no one has reportedly overdosed on. With something that seems to have such a harmless effect amongst people it's a huge wonder why it isn't legalized nationwide at this point. Some health care professionals view prescription drugs as too lucrative of a business to slow down their rates of prescribing these medications. Some people view pharmacist as legal drug dealers. Not just because they are in the business of selling drugs but because sometimes, they know the dosage they prescribe might be too much for that patient and that the patient may not even need a prescription. Accidental overdoses are taken place because the users are miseducated on what they are consuming. Whereas patients are receiving specific instructions about their dosage and possible consequences if abused. Once these medications end up in a non-patient hands, its dangerous. Often these medications are mixed with alcohol at parties. Which is one of the first actions your physician or doctor will tell you, which is to not take any medication with alcohol which will enhance the drug's potential side effects and potency.

With the election on the horizon, it seems as if we need to get the right candidate in office that is ready to attack this epidemic that is having such a negative effect in America. It is hard to read which direction us as a country are heading with this issue. Especially with prescription drug addiction now being labeled as illness in some areas. Personally, it feels as if the health care industry is capitalizing from the epidemic that's upon us. Each year the numbers are growing. Each year more and more celebrities are passing away due to overdoses. More kids are getting their hands on these medications because their parents and grandparents have an abundance of medications. Over-prescribing is the main issue. The criteria for receiving these medications are too lenient. It feels as if the US is aiding individuals with their addiction instead of trying to

figure out better ways to rehab these individuals from their addiction. As if we are turning our head to the issue for a profit. Mental illness is a bigger discussion than ever today. You can spot it on TV and all-over social media outlets. Musical artist is even touching base on mental illness within the songs they create. Topics about going to a therapist are even rising more than in the past. Going to a therapist used to be viewed as an unpopular thing to do. Many considered you crazy if you had done so. Many people are too embarrassed to say they might want to go to one. Rapper “Logic” had a hit single in 2017 titled “1-800-273-8255” with is the National Suicide Prevention Lifeline. All these solutions are becoming more popular and it’s a huge positive because it takes away from the negative solution of dealing with problems which is misusing prescription medications. One prescription drug that is popular is promethazine codeine syrup. For recreational purposes people will mix it with a rather sweet beverage, the most popular beverage many mix it with is Sprite. Something that was once so popular in pop culture alone, is becoming less relevant as time continues. Many hip-hop artists have made statements about stopping their use of codeine syrup. It’s a great thing that these are the actions that are being taken place within the younger population of this country because again they are the most affected when it comes to prescription drug overdoses. Most of them are young adults.

More rehabilitation centers should be created and become accessible to anyone in need. Individuals who are recently released from prison who were strung out on prescription medications are not put into rehabilitation programs when they are released into the world again. Rehabilitation in jail and rehabilitation in the everyday world are two different things. In jail it is typically harder to get your hands-on prescription medications unless you are specifically prescribed that medication. So, becoming sober isn’t that difficult in that environment but in the real world you have more free will and that’s where I feel as if individuals who are released from

prison who battle with prescription drug addiction should receive professional help in a rehabilitation environment.

We live in a country where we prescribe countless amounts of pills and medications instead of heavily suggesting lifestyle changes, they can not only alter someone's weight but also their overall attitude and energy levels. It seems as if we know the solutions that could help this country but that would result in less profit within the pharmaceutical business. Greed is the issue with the prescription drug epidemic in America. There are too many obvious solutions to the problem for this issue to continue to grow at such an alarming rate. I am a believer that prescribing medications to help individuals wing themselves from opioids is a crazy method and that better and more efficient solutions do exist. The legalization of Marijuana is one solution that will eventually lead many to leave prescription drugs behind for recreational purposes. Developing an even more strict criteria for prescribing certain opioids is another solution along with dosage reviews. There needs to be further research done to see if the amount of these medications can be lowered because again many people have excess pills left over and many people view those leftovers as dollar signs, or they are eventually abused. The potency of some of these medications could possibly be lowered, meaning more research and tweaking can be done to redesign some of these medications. Regular checkups to see if patients are still in need of certain opioids can be helpful as well. Some solutions may seem as a bit of a stretch to achieve but in order to change something and get different results, you must take a different approach to the situation. Is the pharmaceutical industry corrupt? I believe so. There are many examples throughout this country that can prove so.

Another truth that we must realize as a country are the hardships young adults experience in this life. Giving the fact that young adults take up a huge percentage of the opioid drug

overdoses in America, it's vital that we attack all issues that cause these tragic overdoses. Every high school in America should implement some sort of school therapist for teens to talk to if they don't have anybody else to talk to about any personal issue they may be experiencing. This will not completely stop the epidemic of opioid overdoses in America, but it can help some. It can slow down the rate of overdoses and hopefully start a spark with tackling this epidemic. We have to start somewhere as a country. No more turning a blind eye to the issue. College campuses need these services as well when it comes to having a therapist on campus or multiple therapists depending on the size of the university. Adjusting to new life changes, learning how to manage finances, having concerns with future life plans after graduating and entering the real world. At times it can be overwhelming. Some young adults make those transitions well, some struggle with it. In today's world privacy almost sounds like a myth. Social media has a big part in that. While trying to navigate through all the new life changes, they are constantly being updated via social media on what everyone else is doing, majority of the time it's their peers. They're comparing their lives to their peers. This can cause anxiety and a feeling of failure. We as a country must get to the root of the issue and attack the why's of opioid abuse, especially when it comes to young adults in America.

Bibliography

- Arora, A., Kannan, S., Gowri, P., Choudhary, Sudarasanan, & Khosla. (n.d.). Substance abuse amongst the medical graduate students in a developing country. *The Indian Journal of Medical Research.*, 143(1), 101-103.
- Christenson, P. (2012). Booze, drugs, and pop music: Trends in substance portrayals in the Billboard top 100—1968–2008. *Substance Use & Misuse.*, 47(2), 121.
- Cullinan, S. (2015). Doctors' perspectives on the barriers to appropriate prescribing in older hospitalized patients: A qualitative study. *British Journal of Clinical Pharmacology: BJCP.*, 79(5), 860
- Dickerson, N. (2018). Ricky and Stick Icky: Marijuana, Sport, and the Legibility/Illegibility of Black Masculinity. *Sociology of Sport Journal*, 35(4), 386.
- Dion, K. (2016). Improving outcomes of opioid overdose: Preparing nursing students to intervene. *Journal of Addictions Nursing.*, 27(1), 7.
- Grant, D. (2016). Are We Prescribing Our Patients Too Much Pain Medication? Best Predictors of Narcotic Usage After Spinal Surgery for Scoliosis. *Journal of Bone and Joint Surgery.*, 98(18), 1555
- Journal of the National Collegiate Honors Council, Vol. 18, No. 2 (Fall/Winter 2017), pp 41-77.
- Kerley, K. (2015). Middle-class motives for non-medical prescription stimulant use among college students. *Deviant Behavior: An Interdisciplinary Journal.*, 36(7), 589.
- Kerr, D. (2015). An alcohol, tobacco, and other drug use comparison of lesbian, bisexual, and heterosexual undergraduate women. *Substance Use & Misuse.*, 50(3), 340.

Macdonald, H., & Loder, E. (n.d.). Too much medicine: The challenge of finding common ground. *BMJ: British Medical Journal.*, 350, H1163.

Martins, S. (2015). Nonmedical prescription drug use among US young adults by educational attainment. *Social Psychiatry and Psychiatric Epidemiology.*, 50(5), 713...

McCabe, S. (2005). Nonmedical use of prescription opioids among US college students: Prevalence and correlates from a national survey. *Addictive Behaviors.*, 30(4), 789.

Olsen, Y. (2014). Confronting the stigma of opioid use disorder—and its treatment. *JAMA: The Journal of the American Medical Association.*, 311(14), 1393.

Peck, J. (2005). Sustained reductions in drug use and depression symptoms from treatment for drug abuse in methamphetamine-dependent gay and bisexual men. *Journal of Urban Health.*, 82(1), I100.

Reed, K. (2016). Cyberbullying: A literature review of its relationship to adolescent depression and current intervention strategies. *Journal of Human Behavior in the Social Environment.*, 26(1), 37.

Rolland, Amber D. and Smith, Patricia J., "Aided by Adderall: Illicit Use of ADHD Medications by College Students" (2017). *Journal of the National Collegiate Honors Council --Online Archive.* 603.

Schrock, J. (2018). Evolving treatment patterns of NFL players by orthopedic team physicians over the past decade, 2008-2016. *Sports Health.*, 10(5), 453.

Tandoc Jr, E. (2015). Facebook use, envy, and depression among college students: Is Facebooking depressing? *Computers in Human Behavior.*, 43, 139.

White, C. (2016). Examining how prescription drugs are illegally obtained: Social and ecological predictors. *Journal of Drug Issues*, 46(1), 4.

Willens, J. (n.d.). Josh Gordon suspended by the NFL "for at least one year" for substance abuse. *Pain Management Nursing.*, 16(2), 77.

.