

# Depression, Anxiety, and Alcohol or Other Drug Use among College Students

by Virginia Ross, Ph.D.

 Community studies and reports from clinicians reveal that significant numbers of students on U.S. college campuses suffer from depression and/or anxiety and use alcohol or other drugs (AOD). Counselors in both the drug abuse and mental health fields confirm that students who seek mental health treatment often report symptoms of substance abuse, while college students who use alcohol or other drugs often display signs of depression or anxiety. When a college student suffers from depression and/or anxiety and uses alcohol or other drugs, each problem can exacerbate the other.

This publication addresses the need for an integrated approach to mental health problems and AOD use on U.S. college and university campuses. It identifies barriers that prevent the achievement of such an approach and offers recommendations to overcome these barriers.

## The Current Picture

Although the overlap of depression, anxiety, and alcohol and other drug use has not been thoroughly studied, existing data sketch a general outline of the picture. The number of students who arrive at college with depression and/or anxiety is increasing. These students are more likely than their peers to use AOD. The combination of psychological and emotional problems and AOD use increases the likelihood of high-risk behaviors, including suicide.

- About 84 percent of counselors from 274 institutions of higher education perceive an increase in students with more serious psychological problems during the past five years.<sup>1</sup>
- Of current college students, 15.9 percent of women and 8.5 percent of men report having been diagnosed with depression at some time.<sup>2</sup>
- Forty-four percent of students at four-year institutions engaged in heavy drinking during the two weeks before they were surveyed. Half of the heavy drinkers, or 22 percent of students overall, drank

at this level three or more times during a two-week period.<sup>3</sup>

- Nearly 30 percent of college students reported using marijuana, and 15 percent reported using other illicit drugs in the past year.<sup>4</sup>
- More college students who have been diagnosed with depression have used alcohol, marijuana, cocaine, or amphetamines than have their peers who have never been diagnosed with depression.<sup>5</sup>
- Eleven percent of college students between the ages of 18 and 24 report having considered suicide in the previous 12 months. Students who had considered suicide responded with higher numbers to every survey question related to AOD use than those reported by their counterparts who had not considered suicide.<sup>6</sup>

## Focusing on the Issues

### *Transition, Stress, and the Normative Environment*

Leaving home for college is a developmental milestone that can exacerbate existing psychological difficulties or trigger the emergence of new ones. Over the course of a lifetime, major depression is most likely to surface between the ages of 15 and 30.<sup>7</sup> A female's chances of developing an anxiety disorder—including generalized anxiety disorder, panic disorder, post-traumatic stress disorder, and specific phobias—double in the years following adolescence.<sup>8</sup> Moreover, leaving home, family, and peer supports and arriving at an unfamiliar place where high academic standards often create pressure can deepen depression or heighten anxiety. Suddenly, time is less structured, which increases the challenge of balancing academics and social life. Alcohol and other drugs may be more available, and students move literally overnight from living under home rules to being relatively unsupervised. Students often encounter mixed normative messages in their college environment: local liquor stores and bars may fail to check identification,

alcohol may be advertised and allowed on campus, and many social and recreational opportunities may be associated with alcohol. Students may overestimate the number of their peers who drink heavily. Young women in particular tend to increase their use of alcohol and other drugs as they begin life at college more than at any other turning point in their life.<sup>9</sup>

### **Which Comes First?**

Whereas there is general agreement that depression and/or anxiety and problems related to the use of alcohol and other drugs often co-occur in college students, many questions remain about which problem causes the other. Some studies support the self-medication hypothesis: students abuse or even become addicted because they find their depression and/or anxiety relieved by alcohol or other drugs.<sup>10</sup> Other researchers claim that alcohol and other drug abuse comes first, leading to depression and/or anxiety. Proponents of this view contend that drugs have toxic effects on mood and interpersonal relationships and that cessation of drug use results in a significant decrease in depression.<sup>11</sup> A third hypothesis suggests that depression and/or anxiety and alcohol and other drug use are related because these problems themselves share common roots—either genetic factors such as disorders of neurotransmitter functioning in the brain, or environmental factors such as family dysfunction.<sup>12</sup> Researchers supporting this hypothesis cite the results of twin and family studies that indicate a close genetic association between depression and alcoholism.<sup>13</sup>

Absent conclusive evidence regarding whether it is the mental health problem or the high-risk alcohol and other drug use that comes first, professionals who work with college students should keep in mind that depression and/or anxiety and AOD abuse do often co-occur; to understand one, therefore, it is necessary to understand the other.

*“There is no one-size-fits-all formula for addressing students who have problems with drinking and depression.”*

—Lisa Laitman, Director, Alcohol and Other Drug Assistance Program for Students, Rutgers University

### ***Mutual Reinforcement and Synergy***

Concurrent depression and/or anxiety and alcohol and other drug abuse can lead to problems that extend beyond the scope of either one individually. Research on the motives and expectations behind drinking suggests that college students who use alcohol and other drugs to reduce their level of anxiety or elevate a depressed mood, rather than for social camaraderie, are in greater danger of developing problems related to AOD abuse.<sup>14</sup> Recently, investigators found that college students with a particular variant of the transporter gene of the serotonin neurotransmitter developed more harmful drinking habits than their peers. People with this particular variant also are predisposed to higher levels of anxiety.<sup>15</sup>

The combination of depression and high-risk drinking or other drug use also can intensify other problems. For instance, students with eating disorders increase their health risk by saving their calories for alcohol. Drugs prescribed for depression or anxiety may have complex and unpredictable interactions with alcohol and other drugs. Depression and alcohol and other drug abuse are independent risk factors for suicide, which is the second leading cause of death among college students. Together they magnify suicide risk even more.<sup>16</sup>

The effects of depression and AOD abuse extend well beyond the individual who suffers directly from them. College or university life is affected by prescription drug misuse when students give or sell their medications to others on campus. Greater availability of these prescription drugs contributes to the recreational mixing of different prescription drugs, illicit drugs, and alcohol, which is one of the leading causes of overdose. Other students commonly experience problems when another student drinks excessively, especially on campuses with large numbers of high-risk drinkers.<sup>17</sup> The quality of the residential environment is compromised when these other students must become caretakers and when residential life staff, who are not treatment professionals, must handle the consequences of students' high-risk drinking or other drug use.



### **An Integrative Approach to Depression, Anxiety, and AOD Abuse on Campus**

The potential for increased problems when depression, anxiety, and alcohol and other drug use co-occur argues for an integrative approach to addressing these issues. Such an approach requires collaboration and

the coordination of services among the traditionally distinct sectors of student health, mental health, and AOD services as well as student life professionals, academic advisers, career counselors, judicial and disciplinary affairs staff, and security services personnel. For integrated services to work effectively, senior administrators must commit to the approach, and key campus constituencies must be engaged.

When intervention is integrated, assisting students with problems become student-centered rather than program-centered. Thus, students whose presenting complaint is depression or anxiety are screened for substance abuse. Likewise, students seen for AOD use can be evaluated for depression and/or anxiety.

Students who present with a vague injury or somatic complaint are screened for both. Integrated treatment protocols allow for individually tailored combinations of counseling and medications if warranted. Further, an integrated approach has built-in mechanisms for judicious sharing of information, as well as policies that balance safety and privacy.

Several factors point to the critical need for an integrative approach in addressing depression and/or anxiety and alcohol and other drug problems. First, students often arrive at the student health service or the counseling center with problems other than depression, anxiety, or AOD abuse. They may report an injury but not reveal the chain of events and behaviors that led up to it. Sometimes the first sign of mental health or alcohol and other drug problems is a nonspecific sign of trouble in class. For instance, a student who always earned As may suddenly fail exams, or a typically alert student may start to fall asleep in class.

Students with alcohol and other drug problems are not likely to self-refer. Denial, the hallmark of AOD abuse, increases the likelihood that abusers will not seek help or will not be forthcoming about their drinking or other drug use. Often, it is other mental health problems or just generalized distress that lead them to seek treatment. Preexisting depression and/or anxiety may be exacerbated by AOD use. To complicate the situation, however, when AOD problems and a mental health condition co-occur, each can mask the other. Dramatic abuse of alcohol can obscure underlying depression or anxiety, just as withdrawal from AOD can look like an anxiety disorder.

Moreover, some campus counseling centers may determine a primary diagnosis and then view all other problems as additional symptoms of it. Both AOD and mental health specialty settings may reject a student with dual problems on the grounds that treatment is contraindicated because of the other problem.



Mental health programs may not accept students who are actively abusing substances. Likewise, many AOD programs will not accept students who use psychotropic medications, even if these medications have been prescribed to treat a diagnosed mental health condition. Yet students in treatment for AOD use who have used a drug to relieve otherwise untreated depression or anxiety may be unable to resist reverting to the drug. The vicious cycle that is likely to affect a student with dual problems is more likely to be successfully interrupted if the two are treated together.<sup>18</sup>

### ***Depression and AOD Use Together Elevate Suicide Risk***

A critical reason to detect the co-occurrence of depression and AOD use in college students is that this combination increases the risk of suicide. Because a high proportion of students who come to counseling centers—45 percent—report that they have considered suicide, counselors are advised to keep in mind that almost half the students they see will have thought about suicide.<sup>19</sup> Important protective factors for suicide are effective clinical care for both mental health and drug problems.<sup>20</sup>



### **Barriers to an Integrative Approach to Depression, Anxiety, and AOD Use**

Despite strong arguments in favor of it, the integrative approach faces a number of critical barriers on college campuses.

- **Institutional, structural barriers.** Separate buildings, systems, budgets, reporting lines, medical and medication records, and schedules limit opportunities for interdepartmental communication between the counseling center, student health, residential life, judicial and disciplinary affairs, and security services. These separations may compartmentalize both a student's problems and the campus's awareness of those problems.
- **Confidentiality issues.** Perceptions (sometimes mistaken) and actual legal parameters regarding the protection of student privacy and confidentiality can limit college or university staff from communicating their concerns to others with whom the student interacts in the college community. The 1974 Family Educational Rights and Privacy Act (FERPA), the federal law that governs privacy on college campuses, protects the privacy of college academic records. Some colleges feel overly

constrained, interpreting FERPA to mean they cannot share any information about a student, even if to do so judiciously might help the student obtain needed mental health or drug abuse services.

Colleges and universities are still assessing the implications of the Health Insurance Portability Act (HIPAA), passed into law in 1996. HIPAA, intended to protect the privacy of certain medical records and to achieve a method of uniform transmission of medical information, imposes strong requirements for protecting patient confidentiality.

In addition, licensed health care practitioners who work at colleges and universities can be restricted by the confidentiality guidelines of their accrediting organizations. These clinicians must use great care as they make judgments about the release of treatment information to other health professionals or to college administrators.

- **Different philosophical orientations.**

Mental health professionals who are not knowledgeable about alcohol and other drug issues may overlook them by not taking adequate AOD histories on a routine basis. Similarly, substance abuse counselors may boil all presenting issues down to addiction. The two fields lack a common language. Moreover, a split within the AOD treatment field itself can be a barrier to offering effective services: those counselors who espouse abstinence only may undermine the efforts of the harm reduction advocates, and vice versa.

- **Lack of cross-training.** Many physicians, psychiatrists, clinical psychologists, and social workers have not been trained or certified in treating AOD problems. According to the National Survey of Counseling Center Directors, only 28 percent of college counseling centers have a certified addiction counselor on staff.<sup>5</sup> Likewise, addiction treatment personnel may not be trained to recognize mental health problems underlying or associated with drug abuse.

- **Insufficient resources.** Fortunately, today's more widely available pharmacological treatments make higher education available to many with mental health problems who previously would have been unable to attend college. This greater availability also contributes, however, to increased use of health and counseling services on campuses, stretching existing resources. With shrinking budgets and rising numbers of college students seeking counseling services and

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*"The split between the mental health and drug treatment fields is clearly apparent in any chain bookstore: one shelf holds the Psychology literature, and the Recovery books are shelved somewhere else."*

—Tim Marchell, Director,  
Alcohol Policy Initiatives, Cornell University

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*"I can't tell you if a student in my class has a drug problem or a problem with depression, but I can tell if a student is in distress."*

—Professor of neurobiology at Cornell who teaches a popular course on drug mechanisms

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# PREVENTION UPDATES

## Federal and Case Law Supports Campuses in Addressing AOD and Mental Health Issues

### DFSCA

The 1989 Drug-Free Schools and Communities Act requires colleges and universities to develop, announce, and enforce an unequivocal set of policies for preventing the misuse of alcohol and other drugs on campus. College activities, offerings, and programs must meet minimum standards, and they must have procedures in place to deal with dangerous situations on campus. Every campus must enact policies for preventing unlawful possession, use, or distribution of alcohol and illicit drugs by students and employees. Failure to comply puts the school's federal funding, including student financial aid, at risk.

### ADA

The Americans with Disabilities Act of 1990 requires educational institutions to make reasonable accommodation for students with diagnosed mental disorders—including depression, panic, and anxiety disorders—as well as for people being treated for alcohol and other drug disorders.

### HEA

The 1998 Higher Education Amendments include sections relevant to addressing depression, anxiety, and AOD. Section 952, Alcohol or Drug Possession Disclosure, authorizes colleges and universities to disclose to parents violations of policies and rules related to AOD use and possession. Section 119, The College Initiative to Reduce Binge Drinking and Illegal Alcohol Consumption, supports college administrations in enforcing disciplinary sanctions and referring students for assistance.<sup>25</sup>

### Case Law

Recent campus suicides have shifted the way colleges and universities treat privacy and confidentiality, according to Peter Lake, professor of law at Stetson University and a national expert on campus liability issues. Although federal and state laws protecting the privacy of student records and ethical obligations of confidentiality are important, they permit colleges and universities to address students who threaten harm to themselves or others.<sup>26</sup>

medication treatment for psychological disorders, colleges may find their staff and resources too limited to offer an integrative approach to each student who needs services.



## Recommendations

The research literature is still too limited to answer definitively what interventions work best with students who have co-occurring problems of depression and/or anxiety and alcohol and other drug abuse. Yet the severity of the problems these students face urgently demands a broad-based policy response. Some general principles emerge from both the research literature and experience on college campuses.

- 1. Address students with depression and/or anxiety and AOD problems using an integrative approach.** Ensure coordination of services and collaboration within and among departments, including student health, counseling, judicial and disciplinary services, security services, and academic advising. A commitment from senior administrators is of fundamental importance. Collaboration should bring to the table a variety of professional perspectives, thereby minimizing the communication problems that can result from different philosophical orientations, clinical vocabularies, and training backgrounds when efforts are compartmentalized.
- 2. Create information-sharing mechanisms that balance safety and privacy.** Colleges and universities are recognizing that they can follow the provisions of FERPA and HIPAA while still sharing relevant information. Moreover, in doubtful cases the balance between privacy and safety must be tipped in the direction of protecting student safety.
- 3. Plan strategically.** Conduct a systematic review of current efforts, recognizing that for college students both AOD use and depression and/or anxiety are affected through multiple levels of influence: intrapersonal and interpersonal factors as well as institutional factors, community factors, and public policy. Categorize current prevention and treatment efforts, and identify gaps.<sup>21</sup> The result should be a clearly articulated plan that shows how program activities are expected to lead to outcomes. A strong evaluation strategy should be developed as part of the planning process.<sup>22</sup>



4. **Use local data for planning.** Each campus has a unique set of student problems and health service configurations. Solutions can be more precisely targeted and cost-effective when planners have a clear knowledge of the problems, barriers, and opportunities presented by their particular campus situation. Risk and protective factors should be targeted at multiple levels of influence.
5. **Focus broadly on institutional community factors and public policy.** Approach prevention comprehensively, going beyond individually focused health education to encompass strategies to change the campus and community environment. Environmental change can be effected through programs and policies on campus, community programs and local ordinances, and state-level public policy.<sup>23</sup> The comprehensive solutions that need to be developed have the potential to affect many risk behaviors, yielding a healthier campus environment and maximizing the reach of existing resources.



### Students in Distress Model

Some colleges and universities are creating an integrative approach to mental health problems and alcohol and other drug use through a student assistance model. Called the “students in distress” model on some campuses, it operates on the premise that faculty and other university personnel who are not in formal helping roles may be the first to recognize that a student is having emotional or mental health problems.

At Cornell University, the University Counseling and Advising Network (U-CAN) is a consultative, advisory, and referral network that reaches out to students in distress, especially those unlikely to seek help for their problems through existing counseling and support services. The network involves all departments and divisions that provide student support services. Because staff and faculty are often the first to notice that a student is in distress, consulting offices in each of the major academic departments serve as the front-line “eyes and ears” for the network. Faculty and staff are trained to recognize signs of difficulty and not to remain passive bystanders. Once students in distress are identified, U-CAN connects them with appropriate services. In this way the university can reach students who may otherwise remain isolated within the decentralized Cornell system.<sup>24</sup>

Many colleges around the country—among them Bowdoin College, George Washington University, Harvard University, Howard University, the University of Texas, and William and Mary College—now actively promote this model. They consult with faculty and staff about identifying and confronting students in distress and refer students to appropriate services. Many colleges and universities promote cross-departmental communication through regular “safety net” meetings. At Rutgers University, the AOD counseling department shares a floor with the psychiatry department, and students fill out one consent form that allows relevant information to be shared between the two. In addition, AOD counselors and psychiatrists meet bimonthly to discuss common clinical cases.

Colleges and universities are demonstrating the importance of collaboration among all the people who may interact with students in distress. At the Massachusetts Institute of Technology (MIT), faculty and residence hall leaders are trained to look for signs of depression or other distress in students and to alert supervisors when they see warning signs of danger.



### Conclusion

Failure to address depression and/or anxiety combined with a substance use problem can result in lost opportunity and diminished potential for the individual student. Multiplied many times on campuses across the country, the magnitude of loss would be difficult to overestimate.

Despite the burden of suffering caused by these co-occurring problems, the scientific literature is just beginning to yield a body of evidence on which to base policy and planning decisions. Identifying the issues, however, is a critical first step to laying the groundwork for an integrative approach. The current lack of research makes it all the more important to use an integrative approach that draws on the perspectives, knowledge, and resources of the different components of the campus that interact with students in distress. Depression, anxiety, and alcohol and other drug use can be addressed effectively, especially before habits and behaviors are deeply ingrained. In some cases all it takes is brief, integrated interventions.<sup>27</sup>

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### Strategies for Integrating Response to Students in Distress

- House student health and counseling services under one roof to improve timely identification and treatment of co-occurring problems.
- Schedule regular meetings between student health and AOD counselors to discuss common clinical cases.
- Use a common consent form for student health and counseling services.
- Attach a quick screening form to student records at both health and counseling services to screen for alcohol, other drugs, stress, and problems with sleep or eating.
- Train staff in relevant aspects of FERPA and HIPAA as well as in laws supporting campuses in addressing AOD and mental health problems.
- Train faculty and residence advisers in recognizing students in distress and referring them to appropriate campus services.



# PREVENTION UPDATES



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## Resources

### **The U.S. Department of Education's Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention**

The U.S. Department of Education's Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention assists institutions of higher education nationwide in developing, implementing, and evaluating alcohol, other drug, and violence prevention policies and programs that will foster students' academic and social development and promote campus and community safety. The Center provides training; technical assistance; assessment, evaluation, and analysis activities; publications; and support for The Network: Addressing Collegiate Alcohol and Other Drug Issues. For the Center's contact information, please see back cover.

### **American College Health Association**

P.O. Box 28937  
Baltimore, MD 21240-8937  
(410) 859-1500  
Fax: (410) 859-1510  
[www.acha.org](http://www.acha.org)

The American College Health Association is the principal advocate and leadership organization for college and university health.

### **Association for University and College Counseling Center Directors**

[www.aucccd.org](http://www.aucccd.org)  
The Association for University and College Counseling Center Directors is a nonprofit organization intended to promote institutional and practice needs and interests of college counseling centers.

### **Suicide Prevention Resource Center**

Health & Human Development Programs  
Education Development Center, Inc.  
55 Chapel Street  
Newton, MA 02458-1060  
877-GET-SPRC (438-7772)  
[www.sprc.org](http://www.sprc.org)

The Suicide Prevention Resource Center (SPRC) supports suicide prevention with the best of science, skills, and practice. With its partners, SPRC reaches health and human service professionals, community leaders, and survivors/advocates through regional conferences, training, a Web site, telephone consultation, and resource materials.



### **Resources on Students in Distress Model**

### **Cornell University**

[www.gannett.cornell.edu/CAPS/Outreachconsultation.html](http://www.gannett.cornell.edu/CAPS/Outreachconsultation.html)

### **Rutgers University**

[www.rci.rutgers.edu/~dcpsych/](http://www.rci.rutgers.edu/~dcpsych/)



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## **Our Mission**

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The mission of the U.S. Department of Education's Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention is to assist institutions of higher education in developing, implementing, and evaluating alcohol, other drug, and violence prevention policies and programs that will foster students' academic and social development and promote campus and community safety.

## **How We Can Help**

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The Center offers an integrated array of services to help people at colleges and universities adopt effective AOD prevention strategies:

- Training and professional development activities
- Resources, referrals, and consultations
- Publication and dissemination of prevention materials
- Support for The Network Addressing Collegiate Alcohol and Other Drug Issues
- Assessment, evaluation, and analysis activities

## **Get in Touch**

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Additional information can be obtained by contacting:

**The Higher Education Center for  
Alcohol and Other Drug Abuse and Violence Prevention**

Education Development Center, Inc.

55 Chapel Street

Newton, MA 02458-1060

Web site: [www.higheredcenter.org](http://www.higheredcenter.org)

Phone: (800) 676-1730; TDD Relay-Friendly, Dial 711

E-mail: [HigherEdCtr@edc.org](mailto:HigherEdCtr@edc.org)



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