The Story of Collegiate Substance Abuse: Where Prevention Meets Response

Presented by Erin McClintock
Director of Prevention Education, EVERFI

October 5, 2017
Agenda

Prologue: Framing the Issue

Chapter 1: Who Are Our Students?

Chapter 2: The State of Substance Use

Chapter 3: What Role Can Professionals Play?

Chapter 4: Gaining Institutional Commitment

Epilogue: Putting Best Practice Into Actual Practice
Prologue
The degree of system-wide buy-in, visible commitment, and meaningful investment into effective prevention initiatives.

The strategic, collaborative, and research informed translation of resources (staff/budget) into effective policies and programs.

The values and expectations of the institution and its community, and the system of accountability to uphold and enforce them.

The intentional development, multi-modal design, and targeted delivery of prevention programs and messages that will maximize impact.
From A Wellness Lens...

- Programming
  - Fresh check-day; mental health screening programs; counseling groups for specific issues; BASICS

- Policy
  - Medical amnesty; policies for leave and returning from leave related to substance use disorders; judicial processes

- Critical Processes
  - Counseling center data; hospital admission/transport data; a task force or working group around substance abuse issues

- Institutionalization
  - Wellness in the physical space (substance free housing, recovery communities); funding allocated to screenings and effective trainings; staff who specialize
Question

In pairs or groups of three, please take 6 minutes to share:

What is your name?

What is your institution/organization and your role?

What area do you feel your institution/organization is strongest in?

What area do you feel needs strengthening?
Chapter 1: Who Are Our Students?
Meet Generation Z

**SELF-IDENTITY**

See themselves as:
- loyal, compassionate, thoughtful, open-minded, responsible, determined, “mature and in control”

See their peers as:
- competitive, spontaneous, adventuresome, and curious

- **HS drop-out rate**
  - (2008 vs. 2014)
  - **28%**

- **teen pregnancy**
  - (2008 vs. 2014)
  - **40%**

- **church attendance**
  - (1991 vs. 2013)
  - **56%**

- **seatbelt use**
  - (1991 vs. 2013)
  - **21%**

- **ever tried alcohol**
  - (1991 vs. 2013)
  - **24%**

"Unlike the older Gen Y, they are smarter, safer, more mature, and want to change the world.”

- HARRY WALLOP, THE DAILY TELEGRAPH

The Class of 2020: Role of Social Media

Proportion of Students Spending Six or More Hours Per Week on Social Media

- Male: 34%
- Female: 47%
- Males at HBCUs: 42%
- Females at HBCUs: 53%
- Heterosexual/Straight: 40%
- Lesbian: 50%
- Gay: 51%
- Bisexual: 52%

% of Students Spending Six or More Hours Per Week Socializing in Person

- < 6 hours/wk with social media: 52% (Men), 44% (Women)
- > 6 hours/wk with social media: 78% (Men), 73% (Women)

Source: Eagan et al. (2017)
Mental Health and Motivations

1 in 10 identify as having a psychological disorder

14% report that there is a very good chance that they will seek personal counseling

49% report that “influencing social values” is essential to them

A Rise in Non-Drinkers

PERCENTAGE OF 12TH GRADE STUDENTS WHO DIDN’T DRINK IN THE PAST YEAR

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>1991</td>
<td>22%</td>
</tr>
<tr>
<td>1995</td>
<td>26%</td>
</tr>
<tr>
<td>2000</td>
<td>27%</td>
</tr>
<tr>
<td>2005</td>
<td>31%</td>
</tr>
<tr>
<td>2010</td>
<td>35%</td>
</tr>
<tr>
<td>2016</td>
<td>44%</td>
</tr>
</tbody>
</table>

How are we accommodating these students in our efforts?

Source: Monitoring the Future, 2016
Students in Recovery

TREATMENT ADMISSIONS AGE 12-17: ARRIVING ON CAMPUS

- Alcohol
  - 2004: 19.4%
  - 2014: 11.6%
  - Decrease of 40%

- Heroin
  - 2004: 1.7%
  - 2014: 3.4%
  - Increase of 100%

- Marijuana
  - 2004: 63.8%
  - 2014: 76.3%
  - Increase of 20%

ALREADY ON CAMPUS

Characteristics
- Criteria for substance use disorder: 53% Drug, 39% alcohol
- Mean age of 26 years
- Caucasian (90%+)
- 58% male
- 70% co-occurring mental health disorder

Source: SAMHSA (2014); Association of Recovery in Higher Education

If you are in recovery, would you like to meet and socialize with other students who are also in recovery?

26% responded "Yes"
Chapter 2: 
The State of Substance Use
What The Research Shows

HAVE WE EFFECTIVELY LEVERAGED WHAT WE’VE KNOWN FOR YEARS?

- The risk for developing alcohol dependence decreases by 14% with each increasing year of age of drinking onset.

- The risk for experiencing lifetime alcohol abuse problems decreases by 8% with each increasing year of age of drinking onset.

- Alcoholism develops much faster in a younger person and is most prevalent in the 18-20 year age group.

- When people drink in a high-risk way before their early to mid-20’s, they are more likely to be heavy drinkers later in life and experience ongoing health and safety problems that affect them, their families, their jobs, and their long-term health outcomes.

Meanwhile...

HIGH SCHOOL AND COLLEGE DRINKING TRENDS BEGIN TO SHIFT

- **NON-DRINKERS** (First-Year Students, AEdu S1)
- **HIGH-RISK DRINKERS** (All College Students, MTF)
- **NO ALCOHOL PAST YEAR** (12th graders, MTF)

### Trends:
- **1991**
  - Non-drinkers: 22%
  - High-risk drinkers* (first-year students): 39%
  - No alcohol past year (12th graders): 22%
- **2000**
  - Non-drinkers: 22%
  - High-risk drinkers* (all college students): 59%
  - No alcohol past year (12th graders): 39%
- **2016**
  - Non-drinkers: 65%
  - High-risk drinkers* (first-year students): 32%
  - No alcohol past year (12th graders): 44%

*4+/5+ drinks on one occasion in previous two weeks.

Students Are Talking: Are We Listening?

OPT-IN STUDENT ENGAGEMENT LISTS

- Interest in attending alcohol-free events & activities
- Interest in planning alcohol-free events & activities
- Abstainers interested in connecting with like-minded peers
- Students interested in recovery report services

- **46%** Movie nights
- **45%** Outdoor adventures
- **39%** Live music
- **35%** Fitness classes
- **34%** Cool place to hang out
..and “other drugs”

2015: PAST YEAR DRUG USE AMONG 12TH GRADERS

<table>
<thead>
<tr>
<th>Amphetamines</th>
<th>Adderall</th>
<th>Opioids other than</th>
<th>Tranquilizers</th>
<th>Cough Medicine</th>
<th>Vicodin</th>
<th>OxyContin</th>
<th>Sedatives</th>
<th>Ritalin</th>
<th>Marijuana/Hashish</th>
<th>Synthetic Marijuana</th>
<th>Hallucinogens</th>
<th>MDMA (Ecstasy)</th>
<th>Cocaine (any form)</th>
<th>Inhalants</th>
<th>Salvia</th>
</tr>
</thead>
<tbody>
<tr>
<td>8%</td>
<td>8%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>4%</td>
<td>4%</td>
<td>2%</td>
<td></td>
<td>35%</td>
<td></td>
<td>5%</td>
<td>4%</td>
<td>4%</td>
<td>3%</td>
<td>2%</td>
</tr>
</tbody>
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A risk for college marijuana use is high school use

Negative impacts on cognitive function and structure in adolescent brain may be permanent

Source: National Institute on Drug Abuse (2015); Harris (2016)
How often do you think the typical person your age used marijuana for recreational purposes?

- 56% Never
- 20% Yearly
- 7% Monthly
- 10% Weekly
- 6% Daily
- 2% Actual use
- 17% Perceived use by same age group

53% Estimate typical person their age uses at least weekly.

Students who perceive peers as using marijuana should be further assessed, as they are more likely to be abusing marijuana themselves.

Helpful interventions for such students include MI, discussing pros and cons, and using a supportive or educational group approach involving peer involvement and feedback.

Lewis & Mobley, 2010

Source: Kilmer (2015); Lewis & Mobley (2010)
Exploring the Impact of Laws on Use

% OF STUDENTS WHO HAVE EVER SMOKED OR INGESTED MARIJUANA

RECREATIONALLY LEGAL STATES: 46%
MEDICALLY LEGAL STATES: 43%
ILLEGAL: 34%

SMOKED OR INGESTED MARIJUANA IN THE PAST 30 DAYS

RECREATIONALLY LEGAL STATES: 24%
MEDICALLY LEGAL STATES: 22%
ILLEGAL: 15%

Source: EVERFI AlcoholEdu SQS Survey Database 2016-2017 (n=122,450)
Marijuana drugged driving going up (+63% since 1999), drunk driving going down

ED visits from marijuana on the rise: psychosis & heart attack symptoms due to potency

Accidental ingestion of edibles by children on the rise

Perception of harm declining

Opioid use increasing

Use in WA and CO increasing since 2010

Multiple Impacts Noted

Source: National Survey on Drug Use and Health (2015); CPN Summit Interview (2017); Heroin Cape Cod (2015); Brady & Li (2014)
THC changes the level of neurotransmitters in the brain
Brain compensates by reducing receptors, which creates tolerance

Correlation between marijuana use and skipping classes, lower semester GPA, and delayed graduation.
Drop out rates higher among marijuana users

Slowed reaction time leading to dangerous driving
Can cause a delay in sexual development, disrupt menstrual cycles
Damage to immune system increases risk of infections and slows healing

Decreased motivation, increased legal problems, lower achieving educationally and occupationally
Casual Versus High Risk User

**Casual**
- **Infrequent Use**
  - Less than weekly use
- **Experimental**
  - Generally in social settings, for no real reason
- **Minimal Consequences**
  - Little to no impact on social life or academics

**High Risk**
- **Frequent Use**
  - More than once a week
- **Academics Impacted**
  - Decrease in grades
- **Self-Medicates**
  - Use for anxiety, emotional/physical pain
- **Uses in Isolation**
  - Does not use in social settings
- **Lack of Motivation**
  - Inability to function, perform day-to-day tasks
- **Uses to Help Sleep**
  - Restless, unable to sleep (usually due to use)

Source: CPN Summit Interview (2015)
Connecting Marijuana and Stimulant Misuse

Among Those Reporting NO Past Year Non-Medical Use of Prescription Stimulants:

- Past Year Marijuana Use: 39%
- Past 30-Day Marijuana Use: 23%
- Skipped at least one class: 35% due to alcohol/other substances

Among Those Reporting Past Year Non-Medical Use of Prescription Stimulants:

- Past Year Marijuana Use: 86%
- Past 30-Day Marijuana Use: 66%
- Skipped at least one class: 54% due to alcohol/other substances

Source: Kilmer (2017)
The United States represents 5% of the world's population

...but consumes 75% of the world's prescription drugs

Source: UNODC (2011)
Contributing Factors to Prescription Drug Misuse

ACCESS
Easy access to prescription medications
4 billion prescriptions filled each year in U.S.

ADS
The U.S. is one of two countries that allow direct-to-consumer advertisements for prescription drugs

MISPERCEPTIONS
Incorrect belief that prescription medications are safe because a physician prescribes them

There is little negative stigma attached to taking pills

Source: National Center for Health Statistics (2013)
Distinctions of Campus Drug Abuse

Have You Ever Used The Following Prescription Drugs For Non-Medical Reasons?

<table>
<thead>
<tr>
<th>Type</th>
<th>College students</th>
<th>18-25 year olds</th>
</tr>
</thead>
<tbody>
<tr>
<td>STIMULANTS</td>
<td>18.6%</td>
<td>9.0%</td>
</tr>
<tr>
<td>OPIOIDS</td>
<td>10.2%</td>
<td>20.0%</td>
</tr>
<tr>
<td>DEPRESSANTS</td>
<td>8.9%</td>
<td>13.8%</td>
</tr>
</tbody>
</table>

Source: National Institute on Drug Abuse (2010); College Prescription Drug Study (2015)
Considerations for Framing the Conversation

How is the Rx drug conversation different from conversations about alcohol?

- Rx drugs have a therapeutic benefit.
- Long-time focus on the “A” in AOD prevention – “Other Drugs” now in the spotlight.
- Pharmacological risks are not equal.
- Rx drug experts generally come from a treatment background.
- Rx drug prevention is an unfunded mandate.
- Strategies to address alcohol use and abuse are counterintuitive for Rx drug abuse.
- Rx drug abuse associated with negative stereotypes.

Concerns:
- Consensus among campus stakeholders about risks of Rx drugs, lack of consensus about what to do.
- Ambivalence about how to respond = inaction and delayed response.
Chapter 3:
What Role Can Professionals Play?
Teach Distress Tolerance and Coping Skills

IMPROVE SKILLS AND REDUCE NEGATIVE BEHAVIOR, IMPROVE RESPONSIBLE BEHAVIOR

Improve critical life and social skills:
- decision-making
- refusal skills
- systematic judgment abilities

WE CAN...
- develop curriculum infusion skill building strategies for nursing, psychology, social work, and counselor education classes.
- facilitate small group sessions with high-risk groups.
- develop bystander training for undergraduate and graduate student staff in Housing and Residence Life, risk managers in Fraternity and Sorority Life, and peer educators.

2 hours of face to face instruction about benzodiazepines, opioids, and stimulants to 2,000 first year students.
Identify and Refer

ENHANCE USE OF PROTECTION STRATEGIES AND ELIMINATE OR REDUCE RISK

FOR ALCOHOL
BASICS (Brief Alcohol Screening and Intervention for College Students)

WE CAN...

- put surveillance systems in place to identify students who could benefit from a referral.
- use validated screening instruments to assess for problematic substance use.
- partner with student conduct, law enforcement or court systems to assess if education can reduce a student’s risk of harmful consequences due to alcohol or drug abuse.
- develop relationships with student organizations to ask for help when they are concerned about a member or members.

CHALLENGE FOR Rx DRUGS
Navigating an implicit or explicit assumption about stigma of illicit drug use.
WE CAN initiate health marketing campaigns that incorporate information on:

- how to read an Rx drug label.
- drug interactions and appropriate dosing.
- written warnings about interactions and potential side effects.
- the risks associated with mixing prescription and non-prescription drugs, e.g., using Xanax with alcohol may be fatal.
- the signs and symptoms of drug overdose or withdrawal.
- counterfeit pills, e.g., a pill labeled Xanax may actually be fentanyl.

Information dissemination strategies should include a clear understanding of state laws and campus policies related to seeking help for students in need of medical intervention.
Build Supportive Recovery Communities

A SOCIAL JUSTICE ISSUE
Promoting inclusiveness of an underserved and marginalized population benefits all students.
- New campus traditions = attractive alternatives to stereotypical “rite of passage” behaviors.
- Students in recovery are often leaders in creating sober parties and activities for all students, writing new narratives about college life.

A REPUTATION ISSUE
As programs grow in strength and reputation, they attract students looking for a recovery program, increasing enrollment of potentially healthier students and alumni.

A STUDENT SUCCESS ISSUE
Across 29 CRPs nationwide:
- Annual relapse rates range from 0 to 25%.
- Academic achievement (GPA and graduation) surpasses the host institution’s overall outcomes.

Prevention and recovery are not mutually exclusive: If a campus is safe for students in recovery, it is safe for all students.

SOURCE: Hall & DeRicco (2016); Laudet et al. (2014)
Considered DISABILITIES under the ADA.

Prior treatment for substance abuse qualifies an individual for accommodation, especially since the campus environment has been deemed “abstinence hostile.”

“Qualified individuals” under the ADA include those individuals:
• who have been successfully rehabilitated and who are no longer using
• who are currently participating in a rehabilitation program and are no longer using

Note: This does not apply to casual users who were not addicted. In order for a person to be “substantially limited” because of drug use, s/he must be addicted to the drug.

-Source: Cleveland, Harris & Wiebe (2010); http://www.usccr.gov/pubs/ada/ch4.htm
Create Consistent Messages

WHAT WE SAY:

“Underage drinking is illegal.”
“Party Smart”
“Know Your Limits”

WHAT STUDENTS HEAR:

“Drinking is okay and even expected, just don’t get caught.”

How has this been working?

“Mixed messages create confusion and frustration for students. When laws are enforced, students question the value of the rule they were caught violating, not their choice to violate it”

- Bender, 2012
Check Ourselves

CONFIRMATION BIAS

WHAT WE SEE

DEPENDS MAINLY ON WHAT WE LOOK FOR.

- John Lubbock

INEVITABILITY OF DRINKING

We all did it. It's part of the college experience. “It’s what you do.”

There was all this talk about protecting students’ rights and treating them like adults, [but] it was really about protecting the students who were drinking. I [asked] the question: Not all of our students drink, and not all drink heavily. Their rights are being violated, their ability to study, to sleep, to walk across campus safely. Why aren’t we protecting their rights?

- TRACI L. TOOMEY, Director, Alcohol-epidemiology Program at Minnesota’s School of Public Health
Chapter 4: Gaining Institutional Commitment
How Do We Get the Ear of the President?

- Reputation, brand, recruitment
- Safety, liability, risk management
- Fundraising, donors, costs
- Regulations, policies, compliance
- Enrollment, student success, retention
# How Do We Get the Ear of the President?

<table>
<thead>
<tr>
<th>Category</th>
<th>Key Points</th>
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<tbody>
<tr>
<td>Reputation, brand, recruitment</td>
<td>• “Party school” rank impacts recruitment/retention</td>
</tr>
<tr>
<td></td>
<td>• Positive recognition of proactive leadership</td>
</tr>
<tr>
<td>Safety, liability, risk management</td>
<td>• 40% of students feel school administrators could do more to protect them</td>
</tr>
<tr>
<td></td>
<td>• do more to protect them from harm</td>
</tr>
<tr>
<td>Fundraising, donors, costs</td>
<td>• $2M+ lost revenue due to attrition over 4 years</td>
</tr>
<tr>
<td></td>
<td>• Increased attention on wellness from donors</td>
</tr>
<tr>
<td>Regulations, policies, compliance</td>
<td>• Proactive policies can decrease likelihood of lawsuits</td>
</tr>
<tr>
<td>Enrollment, student success, retention</td>
<td>• 15% of attrition attributable to alcohol</td>
</tr>
</tbody>
</table>

Source: Perkins (2002); EverFi Climate Survey, n=14k/407; United Educators (2015); Perkins (2010);
Make It Easy

- Reputation, brand, recruitment
  - Share “nuggets” of data related to substance use at your institution

- Safety, liability, risk management
  - Help craft a letter to students, faculty, and staff

- Fundraising, donors, costs
  - Explore ways to engage alumni or trustees in your efforts

- Regulations, policies, compliance
  - Frame issues around strengths, not deficits

- Enrollment, student success, retention
  - Share articles or news stories on institutions being recognized for exceptional work
Educating faculty and staff about the student learning process can assist with integration of outcomes.

Faculty and staff are on the front lines. Ensure that messaging and knowledge are consistent.

Provide skills based training on how to recognize signs of substance abuse and where to refer.

Provide ongoing opportunities for interested faculty and staff to get involved.
How Do We Gain Faculty and Staff Buy-In?

- Make them part of the solution
- Incorporate wellness into curriculum
- Identify allies
- Empower them with education
- Make an ask!
How Do We Gain Faculty and Staff Buy In?

- Make them part of the solution
  - Invite faculty and staff to sit on a substance abuse task force, help with policy development, or an event

- Incorporate wellness into curriculum
  - Connect with appropriate faculty members about course content, and look for opportunities for collaboration/curriculum infusion

- Identify allies
  - Likely allies include public health professors, psychology, gender studies, and law enforcement

- Empower them with education
  - Develop a “talk track” for faculty and staff on how to speak to the issue

- Make an ask!
  - When approaching faculty and staff members, have in mind a specific task or initiative and just ask!

Source: Perkins (2002); EverFi Climate Survey, n=14k/407; United Educators (2015); Faculty and staff interviews (2017)
Which of these methods do you think will be most effective in gaining buy-in at your institution?
Don’t Stop What You’re Doing, Try Something New

SEEK OUT NON-DRINKERS TO LEARN THE EXTENT TO WHICH THE UNIVERSITY IS SUPPORTIVE

- “Empathize with the end-user"
- "Think like a traveler”
- Reward healthy choices

Ask:
- Reasons for not drinking
- Perceptions of campus drinking norms
- Preferred strategies for abstinence messages
- What can Student Affairs do?

BUILD SUPPORT FOR A PARADIGM SHIFT, STARTING WITH SENIOR LEADERS

- Use the data to be persuasive
- Don’t be afraid of losing credibility
- Don’t be afraid to challenge traditions
- Create a strategic plan for... non-drinkers, students in recovery, underserved populations

Student Affairs professionals can:
- Build and support university injunctive norms by offering regular alcohol-free options, and leveraging social media to highlight those options.
- Cultivate a sense of community and belonging among non-drinkers and their supportive friends
Epilogue:
Putting Best Practice Into Actual Practice
Communicate Expectations and Facts

“We expect you to delay drinking as long as possible, if you choose to drink at all, because we know from the research that it is in your best interest to simply wait (Bender, 2012).”

“Since 2009, our campus has taken a highly proactive approach to reducing high-risk drinking by implementing multiple, mutually reinforcing, research-based strategies on campus and in collaboration with our community partners. Those efforts are paying clear, measurable dividends.

Every measure we watch has improved. Since 2009, the proportion of students engaging in high-risk drinking in the two weeks preceding the survey is down 17 percent, to the lowest level in 20 years; the average number of drinks consumed per drinking occasion is down 20 percent; and the proportion of students reporting any drinking in the 30 days preceding the survey is down nearly 12 percent.

I also invite you—our alumni, donors and friends—to join us in encouraging young people in your circles of influence to delay drinking at least until they’re legally allowed to consume alcohol—and after that, to drink responsibly. Please help us spread the word.”

- TOM ROCKLIN, Vice President for Student Life and Co-Chair of Partnership for Alcohol Safety, University of Iowa
Get Creative With Alternatives

**AOD+ PROGRAM**

- 12-13 week course
- Focused on dimensions of wellness
- Students meet regularly with case manager, campus partners, and other professionals
- Students complete a capstone presentation
- A ceremony is held upon completion

**THE FINDINGS**

- Students reported significant increases in dimensions of wellness
- 1-2 year saliency rate (decline in year 3)
- Significant growth in self-awareness, self-efficacy, clarification of personal values and commitment to education
- Demonstrated movement towards healthier behavior and decision making
- Rated by students as most relevant and impactful sanction

Source: EverFi Coalition Interview
Employ Environmental Strategies

ESTABLISH OR CHANGE POLICIES OR RULES TO STRENGTHEN THE CAMPUS AND COMMUNITY AND SUPPORT PREVENTION SERVICES

WE CAN...

- conduct a campus and community needs assessment to determine what resources are available for students and are they appropriate.
- create or refine policies to ensure they are appropriate, timely, clearly written, and effectively communicated.
- work with local law enforcement agencies to make NARCAN available to all law enforcement officers.
- impact the community and garner support for campus initiatives by actively participating in a local drug-free community coalition.

Source: Duke University Office of Student Conduct Academic Dishonesty Policy

ACADEMIC DISHONESTY POLICY
Forms of cheating include: “the unauthorized use of prescription medication to enhance academic performance.”
Assess and Change Campus-Based Processes

PRACTICES TO MORE EFFECTIVELY MAKE PREVENTION AND TREATMENT AVAILABLE IN THE CAMPUS COMMUNITY

WE CAN lead by raising awareness and building sustainable practices, including:

- publically acknowledging the stigma and institutional barriers associated with drug use and dependence.
- advocating for additional funding to develop and implement prescription and other drug prevention initiatives.
- training physicians and other providers on proper screening, recognizing signs of abuse or dependence, appropriate prescribing practices, and sensitivity around recovery.
- advocating for substance use prevention bystander training similar to existing training for suicide prevention, sexual assault and domestic violence, and alcohol abuse.
- creating an advisory board of director and senior level administrators to collaborate on campus-wide prevention best practices.
- advocating for an integrated on-campus system of prevention, treatment, and recovery services.
CPN Prevention Excellence Award Winner

**Programming**
- Aggressive institution of alcohol-free programming during higher-risk events/weekends.
- Proactive institution of BASICS and SBIRT

**Policy**
- Reduction of the turnaround time from violation of alcohol policy to adjudication in campus judicial system.
- Joining the National College Health Improvement Project, a group of higher education peers who shared strategies and interventions to reduce high risk drinking.
- Weekly review of data and collaboration with on and off-campus partners

**Critical Processes**
- Institution of universal screening for the misuse of alcohol and other substances (SBIRT) in the University’s primary care office.
- Placement of a behavioral health position in the primary care office

Source: http://www.uvm.edu/~uvmpr/?Page=news&storyID=24625&category=uccomall
Engage senior leadership in the process of building consensus around how to best prevent and respond to substance misuse and abuse.

Ensure sufficient funding to develop and implement effective substance abuse prevention and response initiatives.
Building From The Ground Up

- Build relationships with off-campus community resources, including local drug-free coalitions, treatment services, and law enforcement.
- Use a variety of assessment methods to determine the prevalence of substance use and abuse on campus.
- Develop a task force or working group and begin the process of creating a strategic plan around these issues.
• Ensure clear policies on substance use, diligent enforcement, and effective response.
• Develop policies on the provision or sales of prescription medications to non-medical users.
• Consider policies that reduce access, including drug take-back and disposal programs.
Provide education and skill-building strategies to address factors driving misuse and abuse.

- Correct myths and misperceptions.
- Educate on proper use of Rx drugs.
- Provide info on how to get help.
- Incorporate substance abuse prevention into bystander training programs.
- Provide time management and academic skills training.
- Teach skills for how to refuse sharing medication.
- Train physicians and medical staff on appropriate prescribing practices and sensitivity.
- Create environments to facilitate social connectedness.
“The negative screams at you, but the positive only whispers.”

- BARBARA FREDERICKSON
Questions and Next Steps

Join The Network

Reach Out

Erin McClintock
emcclintock@everfi.com

www.campuspreventionnetwork.com/join
References


Bender, K. (2012). Recommendation for More Direct and Consistent Messaging to Underage Students About Delaying Alcohol Use.


References


Kilmer, J. (2016). *Prevention’s Excellent Adventure: Where We’ve Been, Where We’re Going* [Power Point slides].


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References


