



***THE WASHINGTON STATE UNIVERSITY  
PRESIDENTIAL TASK FORCE ON PREVENTION AND  
EDUCATION FOR ALCOHOL AND OTHER DRUGS:  
REPORT AND RECOMMENDATIONS***

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# ***EXECUTIVE SUMMARY OF TASK FORCE RECOMMENDATIONS***

## **STRATEGIES THAT DIRECTLY TARGET PREVENTION OF ALCOHOL MISUSE AND OTHER RISK BEHAVIORS**

### **1. Develop a range of preventive interventions for freshman before and after they arrive on campus, as they are at highest risk for being recipients of alcohol and drug related harm.**

- Continue mandatory education/prevention programming in the form of "Booze, Sex, and Reality Checks" (BSRC) during the Week of Welcome given outcome data indicating reductions in binge drinking and other alcohol and drug related problems for 2012 BSRC participants.
- Consider the development of a general undergraduate requirement (GUR) or a Freshman Seminar housed within the University College focusing on promoting overall student health, safety and wellbeing, decreasing risk behaviors and encouraging protective behaviors, facilitating bystander intervention, and promoting positive freshman engagement with the University community. A possible existing model to build upon is the course, University College 104, Pathways to Success.
- In collaboration with key stakeholders (e.g., Greek community students and alumni, fraternity and sorority housing corporations, Student Affairs and Enrollment staff), develop a thoughtful, graduated plan to phase out fraternities as approved freshman housing over time.

It should be noted that, while full consensus was achieved by the task force on all other recommendations, there were dissenting opinions regarding the recommendation to gradually phase out fraternities as freshman approved housing from task force members affiliated with the Greek community. The Center for Fraternity and Sorority Life (CFSL) offered a dissenting recommendation stipulating that only fraternities implementing a policy to be alcohol free qualify as freshman approved housing. Both of these proposed recommendations are discussed in more detail in the Background and Rationale section below.

### **2. Extend prevention programming to involve parents. Develop programs that engage parents in discussions about how they can have constructive dialogue with their daughters/sons about alcohol and drug related choices and other health related topics.**

### **3. Continue to enhance the Drug Free Team program within the Department of Athletics. This is a sound, evidence based program that is demonstrating effectiveness in what, nationally, is a higher risk population.**

4. **Continue to provide and further develop alcohol free themed housing options in the residence halls.**
5. **Encourage and support faculty to address important student health and safety issues, including alcohol and drug related issues through curriculum infusion and other strategies. Provide additional education and training and support for WSU employees around alcohol and drug related issues to help them better recognize and intervene effectively. This training would include information about how to recognize potential alcohol and drug related problems and other mental health problems.**

#### **STRATEGIES DESIGNED TO REDUCE HARM RELATED TO ALCOHOL MISUSE**

6. **Facilitate early identification and intervention for students with significant alcohol/other drug related concerns.**
7. **Increase intensity of interventions/sanctions for violations of WSU alcohol/other drug policies employing NIAAA Tier 1 evidence based approaches.**
8. **Increase the utilization of peer/bystander programs that increase a sense of a responsibility and self-efficacy for WSU community members to effectively intervene in situations threatening the health and safety of others, i.e. "Cougs helping Cougs".**
- 8a. **Pair bystander interventions with efforts to increase awareness of Good Samaritan policies and laws to remove perceived barriers to procuring help.**

#### **PROTECTIVE STRATEGIES DESIGNED TO ENHANCE STUDENT DEVELOPMENT, ENGAGEMENT, AND PERSISTENCE**

9. **Promote and enhance student development and retention initiatives: employ strategies that systematically identify, support, and monitor students at risk for attrition.**
10. **Promote academic practices and programs that increase students` level of academic and community engagement:**
  - Consider expansion of programs like Freshman Focus and Human Development 205 that encourage students to both engage with each other and the academic curriculum.
  - Routine scheduling of Friday classes with substantive academic activities occurring during Friday classes, e.g. exams or quizzes scheduled, exam review sessions, project due dates on Fridays.
  - Encourage policies that require class attendance.

## **ENVIRONMENTAL, COMMUNITY, AND INSTITUTIONAL STRATEGIES**

- 11. Reinststate an effective Campus Community Coalition consisting of key WSU personnel, students, city government officials, WSU and Pullman law enforcement personnel, the Washington State Liquor Control Board agent, and business owners including property owners and tavern owners. The aims of the coalition (among others) would be to increase responsible hosting and housing practices, enhance coordination between WSU and the city, enhance community enforcement activities, and promote the development of community protective factors (e.g. increased recreational opportunities).**
- 11a. Promote responsible hosting practices within venues where alcohol is served, e.g. taverns, Greek community social functions, etc.**
- 12. Re-establish a systematic routine for WSU Police Department Safety patrols within the residence halls in the "community policing mode" to serve as a proactive deterrent to problem behaviors and to facilitate quicker recognition of, and response to, incidents requiring their assistance. Provide training in motivational interviewing techniques to WSU law enforcement personnel to enhance their ability to engage constructively with students and facilitate health behavior change.**
- 13. Develop routine coordinated interventions targeting higher risk events over the calendar year incorporating strategies that reduce risk factors (e.g. enhanced law enforcement presence) and enhance protective factors (e.g. Up All Night program, Student Entertainment Board activities).**
- 14. Emanating from the Task Force, create a smaller ongoing Alcohol and Drug Free Schools standing steering committee to consistently review and monitor WSU policies, programs, and interventions related to alcohol/other drug use, facilitate risk management in this arena, and respond effectively to new challenges, developments and trends. This steering committee will also be responsible for ensuring compliance with the federal Alcohol and Drug Free Schools Act.**
- 14a. Educational, preventive, and interventional programs across the board will need to address emerging trends, including combining alcohol with other substances like energy drinks and stimulants, increased use of marijuana and the advent of WA Initiative 502, increased high risk drinking in women, and increased use of hard liquor vs. beer and wine, contributing to alarmingly high blood alcohol levels in some high risk drinkers.**
- 14b. In general, more effectively coordinate and channel resources across campus into programs that have evidence or significant promise for efficacy vs. programs that have been determined to be ineffective (e.g. interventions within smaller groups that encourage engagement and discussion vs. large auditorium lectures with one shot speakers).**

## ***BACKGROUND AND CHARGE***

The Task Force was convened at the request of WSU president, Dr. Elson Floyd, in late November of 2012, in the wake of several recent incidents involving alcohol related harm to WSU students, and in acknowledgement that student alcohol/other drug use and misuse is a critical issue facing colleges and universities nationally, including WSU. Specifically, President Floyd directed that the focus of the Task Force should include, but not be limited to the following areas of concern:

- Educational programs surrounding the responsible use of alcohol on campus
- The development and implementation of prevention programs
- Early intervention approaches
- The care and treatment of overconsumption of alcohol
- Peer and mentor programs
- Health and treatment coordination between Health and Wellness Services and Pullman Regional Hospital

## ***TASK FORCE MEMBERSHIP***

Task Force members were appointed to provide a broad representation of WSU student leaders, WSU faculty and staff, and community members with knowledge, expertise, and experience regarding alcohol and drug related issues and concerns. Task Force members were also appointed based upon their ability to control and direct resources toward targeting alcohol and drug related concerns. In addition to the strategic selection of Task Force members in this fashion, attention was also given to limiting the overall size of the Task Force to assure a reasonable level of "agility" and "wieldiness."

Task Force Members are as follows:

- Bruce Wright, Executive Director, Health and Wellness Services and Counseling and Testing Services and Task Force Chair
- Stacey Aggabao, Emergency Department Director, Pullman Regional Hospital
- Barbara Aston, Special Assistant to the Provost/Tribal Liaison
- Pam Bradetich, Senior Associate Director, Intercollegiate Athletics
- Bob Cady, Owner, The Coug Bar and Restaurant, Fraternity Advisor
- Kyle Erdman, President, ASWSU
- John Fraire, Vice President, Student Affairs and Enrollment
- Bill Gardner, Executive Director, Public Safety
- Edwin Hamada, Director, Residence Life
- Jami Harrison, Assistant Director, The Center for Fraternity & Sorority Life
- Kathleen Hatch, Assistant Vice President, Campus Life; Executive Director, University Recreation
- Laura Hill, Professor, Human Development; Associate Director of Health Promotion, Health and Wellness Services
- Melynda Huskey, Dean of Students
- Milton Lang, Senior Associate Vice President, The Office of Student Affairs and Enrollment; Affiliate Faculty, College of Education
- Sally Makamson, Task Force Clerical Manager
- Cassandra Nichols, Senior Associate Director, Counseling and Testing Services
- Timbo Pham, President, Interfraternity Council
- Thomas Power, Professor and Chair, Department of Human Development
- John Roll, Associate Vice Provost for Graduate Education and Scholarship and Prevention Science, College of Nursing, WSU Spokane
- Lyndsie Wright, President, Panhellenic Council

## ***TASK FORCE PROCESS AND TIMELINE***

The work of the Task Force essentially unfolded over the course of 4 phases. These phases with their associated timelines are as follows:

### **PHASE I: 11/15/12 – 01/29/13**

Extensive data review of the scope and nature of alcohol/other drug use and misuse at WSU. Data sources for this review included:

- National College Health Assessment Data:

The American College Health Association administers a biennial survey of student physical and mental health to colleges and universities across the U.S. The purpose of the National College Health Assessment (NCHA) is to track trends in student health; nutrition, physical activity, sexual behavior, and substance use. The NCHA includes standard questions about frequency and extent of risk behaviors (e.g. alcohol, tobacco and drug use) and associated harms (e.g. blackouts, fighting, and sexual assault). The wording of most of these questions matches that of the CDC risk behavior surveillance surveys, and this enables comparison of NCHA data with different age groups and populations within the U.S. In 2012, the national reference sample included 99,066 students from 141 postsecondary institutions.

WSU has participated in the NCHA spring survey since 2005. In 2012, we invited all students (a total of almost 16,000) on campus to complete the survey online; students who completed the survey had a chance to win one of seven cash prizes ranging from \$50 to \$500. The WSU response rate was 22% and yielded a sample of 3908 students. Students who completed the survey were 58% female; 24% minority status; 11% international; 85% undergraduates; and 97% full-time students. Twenty-seven percent (27%) of the undergraduates were freshmen, 17% sophomores, 21% juniors, and 19% seniors.

In spring 2013, to evaluate effects of the Booze, Sex, and Reality Checks program completed at the beginning of the school year by all incoming freshmen, we collected information on alcohol use and associated harms such as blackouts, unprotected sex, and injury. We invited all students (a total of almost 17,000) to complete an online survey and offered the opportunity to win one of ten cash prizes ranging from \$50 to \$500. Of 2628 students who responded, 60% were female, 30% were freshmen, and 29% were of minority status.

- Statistical reports from Pullman Regional Hospital (PRH) from 2007-2012 reporting on numbers and types of visits to PRH for alcohol/ drug related reasons, including information on blood alcohol levels (BALs).
- Data from the Deans Office and the Office of Student Standards and Accountability reporting on numbers and types of sanctions for alcohol/other drug policy violations.
- Data from Residence Life from the EBI resident assessment survey reporting on the protective effects of the Freshman Focus Program.

- Statistical, descriptive, and programmatic information from the Center for Fraternity and Sorority Life (CFSL), including information about alcohol and drug related violations and sanctions applied to Greek community members and chapters.
- Data from the Athletic Department describing their "Drug Free Team" substance prevention program including survey data on alcohol and drug use patterns among student athletes.
- Statistical and descriptive information from Counseling and Testing Services (CTS) about CTS clients reporting or presenting to CTS with alcohol/drug related problems as well as with other problems that are commonly associated with alcohol and drug related concerns.
- Anecdotal impressions from student leaders and a student panel regarding the scope and nature of alcohol and drug misuse in the WSU community.
- Anecdotal impressions from Task Force member Bob Cady who is a local tavern owner as well as a fraternity chapter advisor.

Significant data trends from this phase are included in the Recommendations/Background and Rationale section and data reports from the above sources are included in the appendix.

Some of the more notable findings from the data review phase include:

1. Overall, per NCHA data, the overall prevalence of binge drinking at WSU has not increased appreciably over recent years and is similar to other universities of comparable size and character.
2. Consistent with national trends, WSU specific data from the NCHA survey indicate that freshman vs. other class members are significantly more likely to experience alcohol related harm.
3. Consistent with national trends, fraternity members were most likely to engage in heavy episodic or binge drinking (more than 5 drinks within a 2 hour period) as well as experience alcohol related problems or harm (e.g., blackouts, alcohol poisoning, physical assault).
4. There is a significant national, as well as local, trend for students to mix alcohol with other substances including energy drinks, stimulants, prescription pain killers, and cannabis, compounding the harmful effects of alcohol over consumption.
5. Data from the Pullman Regional Hospital Emergency Department do not show an overall increase in students presenting with alcohol related problems such as alcohol poisoning in recent years, nor is there an overall increase in average blood alcohol levels (BALs) in students presenting to the emergency department. **There is however a small and perhaps increasing fraction of students presenting with extremely high and potentially life threatening BALs of over .25 mg/dl (.08 mg/dl is the legal limit for driving).** There is also a trend for increasing numbers of women presenting to the emergency department with alcohol/drug related concerns.
6. There appears to be an increasing shift toward consumption of hard liquor among students vs. beer and wine, perhaps associated with wide availability of relatively inexpensive hard liquor options.

## **PHASE II: 01/29/13 – 02/27/13**

Review of existing WSU policies, programs, interventions, and efforts to combat alcohol and drug misuse.

In this phase, a number of current campus efforts to address alcohol/drug misuse and related problems were reviewed with an eye particularly toward identifying and potentially enhancing effective strategies. Programs and strategies were reviewed within a couple of important contextual frameworks. The first important contextual framework is the 3-in- 1 framework from the National Institute on Alcohol Abuse and Alcoholism (NIAAA). This framework acknowledges evidence that strongly supports the use of comprehensive, integrated strategies with multiple complementary programs that target:

1. Individuals, including at risk or substance dependent individuals
2. The student population as a whole.
3. The surrounding community.

The NIAAA further has identified 4 tiers of evidence supporting substance misuse prevention strategies for colleges and universities. These 4 tiers are:

- Tier 1: Evidence of effectiveness among college students
- Tier 2: Evidence of success with general populations that could be applied to college environments
- Tier 3: Evidence of logical and theoretical promise, but require more comprehensive evaluation
- Tier 4: Evidence of ineffectiveness

Table 1, from the NIAAA, integrates the 3 - in - 1 framework with the evidential tiers and indicates where a number of types of strategies fit within this framework. The NIAAA framework was thus used in Phase II as a context within which to evaluate current efforts, as well as within Phase III (see below) to identify potential new and promising strategies.

<b>3-in-1 Framework</b>				
<b>Tier</b>	<b>Strategy</b>	<b>Level of Operation</b>		
		<b>Individuals, including At-Risk and Dependent Drinkers</b>	<b>Student Population as Whole</b>	<b>Community</b>
<b>1: Effective among college students</b>	Combining cognitive-behavioral skills with norms clarification & motivational enhancement intervention	Yes	No	No
	Offering brief motivational enhancement interventions in student health centers and emergency rooms	Yes	No	No
	Challenging alcohol expectancies	Yes	No	No
<b>2: Effective with general populations</b>	Increased enforcement of minimum drinking age laws	No	Yes	Yes
	Implementation, increased publicity, and enforcement of other laws to reduce alcohol-impaired driving	No	Yes	Yes
	Restrictions on alcohol retail density	No	No	Yes
	Increased price and excise taxes on alcoholic beverages	No	No	Yes
	Responsible beverage service policies in social & commercial settings	No	Yes	Yes
	The formation of a campus/community coalition	No	Yes	Yes
<b>3: Promising</b>	Adopting campus-based policies to reduce high-risk use (e.g., reinstating Friday classes, eliminating keg parties, establishing alcohol-free activities & dorms)	No	Yes	No
	Increasing enforcement at campus-based events that promote excessive drinking	No	Yes	No
	Increasing publicity about enforcement of underage drinking laws/eliminating "mixed" messages	No	Yes	Yes
	Consistently enforcing campus	No	Yes	No

	disciplinary actions associated with policy violations			
	Conducting marketing campaigns to correct student misperceptions about alcohol use on campus	No	Yes	No
	Provision of "safe rides" programs	No	Yes	Yes
	Regulation of happy hours and sales	No	Yes	Yes
	Enhancing awareness of personal liability	Yes	Yes	Yes
	Informing new students and parents about alcohol policies and penalties	Yes	Yes	No
<b>4: Ineffective</b>	Informational, knowledge-based or values clarification interventions when used alone	N/A	N/A	N/A

The other major context in which current and potential new efforts were evaluated was within the Risk and Protective Factor Model. This is a prevailing, empirically supported theoretical model utilized in public health, prevention science, and health promotion that emphasizes:

1. Reduction of risk factors that contribute to unhealthy lifestyle choices and problem behaviors.
2. Enhancement of protective factors that strengthen engagement, connection and community, and support healthy lifestyle approaches.

Research indicates that successful prevention efforts require both of these foci to be optimally effective (National Research Council and Institute of Medicine of the National Academies, 2009: *Preventing Mental, Emotional, and Behavioral Disorders Among Young People*. Washington, DC: The National Academic Press.)

Policies, strategies, and programs reviewed during Phase II are highlighted in the subsequent section detailing recommendations and background and rationale and also referenced in the appendix.

### **PHASE III: 02/27/13 – 03/27/13**

Review of best and promising practices nationally/internationally targeting alcohol and drug problems at colleges and universities and other settings, with an eye toward potentially adopting additional evidence based on promising strategies. Strategies reviewed during Phase III are also highlighted in the subsequent recommendations section.

### **PHASE IV: 03/27/13 – 04/30/13**

Development of recommendations to President Floyd.

After completion of Phase I – III and further discussion amongst Task Force members in Phase IV, recommendations emerged for President Floyd's consideration. These recommendations, including supporting background and rationale, are detailed below under the following headings:

1. Strategies that Directly Target Prevention of Alcohol Misuse and other Risk Behaviors
2. Strategies Designed to Reduce Harm Related to Alcohol Misuse
3. Protective Strategies Designed to Enhance Student Development, Engagement, and Persistence
4. Environmental, Community, and Institutional Strategies

## ***TASK FORCE RECOMMENDATIONS***

### **STRATEGIES THAT DIRECTLY TARGET PREVENTION OF ALCOHOL MISUSE AND OTHER RISK BEHAVIORS**

#### **1. Develop a range of preventive interventions for freshman before and after they arrive on campus, as they are at highest risk for being recipients of alcohol and drug related harm.**

- Continue mandatory education/prevention programming in the form of "Booze, Sex, and Reality Checks" (BSRC) during the Week of Welcome given outcome data indicating reductions in binge drinking and other alcohol and drug related problems for 2012 BSRC participants.
- Consider the development of a general undergraduate requirement (GUR) or a Freshman Seminar housed within the University College focusing on promoting overall student health, safety and wellbeing, decreasing risk behaviors and encouraging protective behaviors, facilitating bystander intervention, and promoting positive freshman engagement with the University community. A possible existing model to build upon is the course, University College 104, Pathways to Success.
- Develop a thoughtful, graduated plan to phase out fraternities as approved freshman housing over time.

It should be noted that, while full consensus was achieved by task force members on all other recommendations, there were dissenting opinions regarding the recommendation to gradually phase out fraternities as freshman approved housing from task force members affiliated with the Greek community. The Center for Fraternity and Sorority Life (CFSL) offered a dissenting recommendation stipulating that only fraternities implementing a policy to be alcohol free qualify as freshman approved housing. Both of these recommendations are discussed in more detail in more detail below.

#### *Background and Rationale*

Consistent with national trends, WSU-specific data from the National College Health Association indicate that WSU freshman are significantly more likely to experience alcohol related harm. For example, 49% of freshman reported having experienced alcohol related harm, and freshman are twice as likely to report experiencing physical and sexual violence or stalking compared to other undergraduates.

The WSU "Booze, Sex, and Reality Checks" program is a targeted prevention outreach to freshmen. The program uses empirically based strategies known to reduce substance use and misuse: brief motivational enhancement approaches, skills-training approaches, and challenging expectancies and social norms perceptions. The BSRC program is put on during the Week of Welcome by teams of facilitators from WSU Counseling Services and ADCAPS and is required for all incoming freshmen and transfer students.

A campus-wide survey assessing the effectiveness of the BSRC program showed that this year's freshmen were significantly more likely to report that they do not drink at all (34% in 2013 vs. 28% in 2012; 29% in 2010; and 24% in 2008). They were also less likely to have engaged in high risk drinking or to experience harm related to use of alcohol (including blackouts, unprotected sex, and injury). Based on the positive evaluation results from BSRC 2012, this outreach will continue in fall 2013.

Given the success of BSRC, the Task Force recommends extending and reinforcing the evidence-based strategies employed in that program to a course or seminar for freshmen.

The Task Force recommends development of a thoughtful, graduated plan to phase out fraternity houses as approved freshman housing over a reasonable period of time that would allow for Greek organizations to adapt to this policy change. As reviewed above, freshmen are our most vulnerable population with regard to experiencing alcohol related harm. Research indicates that freshmen are also twice as likely to be exposed to physical and sexual violence or stalking as other undergraduates and this type of violence is closely linked to binge drinking. Paralleling national data, WSU specific data indicate that the odds of experiencing violence are 2.2 times greater for freshman who binge drink and 3.3 times greater for freshmen women who binge drink. Freshmen are also more likely to have OSHA involvement as a result of alcohol/other drug related violations relative to other undergraduates. Pullman Regional Hospital (PRH) data indicate that freshman presenting for alcohol/other drug related incidents are more likely to require inpatient admission due to the severity of alcohol poisoning relative to other WSU students.

Both nationally and locally, students in the Greek community, including freshman, are at significantly higher risk for binge drinking and other alcohol/other drug related harm. At WSU, students in the Greek community drink significantly more often, are about twice as likely to binge drink, and to experience harmful consequences and impaired academic performance as a result of drinking. According to data provided by the Center for Fraternity and Sorority Life, 18 out of 18 Greek chapters had received some type of sanction for an alcohol violation over the past year. PRH data from the past year indicate that about 1/3 of students presenting to the PRH ED last year for alcohol related incidents were Greek affiliated; this number is disproportionately high relative to the percentage of Greek affiliated students within the overall WSU Pullman student population.

Only 5% of students in the Greek community reported not drinking at all vs. 30% of students living in the residence halls. These types of problems are particularly associated with Greek men; fraternity men drink significantly more often and are more likely to binge drink than sorority women. Fraternity men were significantly more likely to be cited by the police for alcohol related violations over the past two years vs. sorority women and non-Greek affiliated students. While, it is true that the WSU student who recently died from alcohol poisoning resided in the residence halls, many other serious alcohol related incidents recently, including several serious and high profile falls and a near-fatal recent alcohol poisoning, have been associated with Greek affiliated students: moreover the recent alcohol related death at our neighboring University of Idaho occurred in a student with an extremely high BAL who had been drinking at a fraternity party.

Risky drinking among college students has been shown to differ as a function of residential situation with living in Greek housing as a major predictive factor (Wechsler, Kuo et al., 2000). Moreover, Greek members living in Greek houses are more likely to engage in frequent binge drinking and experience associated negative consequences than not only non- Greek students but also Greek members not living in Greek houses, indicating that Greek residence may have a further detrimental effect upon high risk drinking above and beyond mere Greek affiliation.

Both selection and socialization effects influence high risk drinking in Greek communities (for a review see Bosari, Hustad, and Capone, 2009). In terms of selection effects, students who were heavy drinkers in high school tend to gravitate toward joining fraternities in college. Socialization occurs when students are immersed in environments where heavy alcohol use is accepted and normative and students increase their own alcohol use to "fit in" and gain peer acceptance. Socialization effects appear to manifest early in the freshman year; moreover, there appears to be a dynamic interplay between selection and socialization effects over time.

Overall, while students affiliated with the Greek community at WSU and elsewhere add much of value to their communities, i.e. philanthropic efforts, civic engagement, substantial data regionally and nationally highlight a culture of higher risk drinking and related problems endemic to Greek affiliation. (Park, Sherman, and Krull, 2009). Overall, the transition from high school to college is a particularly crucial period associated with socialization of high risk drinking patterns among college bound individuals. Given this, coupled with the fact that freshmen are particularly vulnerable to the harmful effects of higher risk drinking, it seems unwise for them to have their initial residential experience at WSU occur in settings where there this culture of higher risk may exist; students may be better equipped to make better choices living in these settings with the maturation that occurs as they become upperclassmen. Notably, several WSU fraternities have already voluntarily elected not to house freshmen with overall positive results in terms of membership, absence of sanctions, and other indices of Greek chapter health.

It should be noted that while there was full consensus on all other Task Force recommendations, there were dissenting opinions regarding the recommendation to develop a plan to gradually phase out fraternities as freshmen approved housing. These dissenting opinions came from CFSL staff, fraternity advisor Bob Cady, and student representatives from the Greek community. CFSL staff (Jami Harrison and Anita Corey) put forth an alternative recommendation that only houses that agree to implement a policy to be alcohol free be allowed to house freshmen. They advocated for increased enforcement and accountability for organizations implementing this policy, including the potential for rescinding the ability to house freshmen for chapters found to be repeatedly in violation of the alcohol free policy. In support of this recommendation, CFSL reported data indicating that, over a two year period, only one of the eight fraternities implementing a policy to be alcohol free had had involvement with the Greek Standards Board or the Office of Student Standards and Accountability (OSSA) for a reported violation, whereas, of the sixteen non-alcohol free organizations, only one had not had such involvement. One fraternity (Phi Delta Theta) that has implemented a national alcohol free policy reports favorable effects upon overall member grade point averages and recruitment but unfortunately does not report effects related to actual alcohol use or related problems among members. Nationally,

however, there is evidence that alcohol free policies implemented in the fraternities have not had significant favorable effects upon member's alcohol use patterns (Crosse, Ginexi, and Caudill, 2006, for a review, see Borsari, Hustad and Capone, 2009, more data relevant to this issue is also discussed under recommendation #4); in one earlier study, member's alcohol use actually increased one year after implementation of such a policy (Kilmer, Larrimer, Parks, and Marlatt, 1999).

**2. Extend prevention programming to involve parents. Develop programs that engage parents in discussions about how they can have constructive dialogue with their daughters/sons about alcohol and drug related choices and other health related topics.**

*Background and Rationale*

Research shows that parents are important sources of health information for college students, and they remain influential throughout late adolescence and emerging adulthood. Parents influence their teen's alcohol-related decision making through communication of expectations, monitoring, and setting limits, and research shows that increased frequency of parent-college student communication has protective effects (Small et al., 2011). In research conducted at WSU, freshmen report that they wish they had more communication with their parents, so there is great opportunity for parents to influence their children during this transition time (Bumpus & Ullrich-French, nd).

Recent studies have tested interventions for parents of students who will be attending college for the first time (Abar et al., 2012; Turrisi et al., 2009). In these interventions, parents are provided with a handbook containing facts about college student alcohol use, legal consequences of underage drinking, university policies related to substance use, and alcohol-related harms. The handbook also contains information on the continued importance of parents' roles even when the student has left home and suggestions about how parents can talk with their children about their expectations. These studies have demonstrated that parent-based intervention before college matriculation is associated with less alcohol use and fewer alcohol related harms among first-year college students as compared to control groups (Turrisi et al., 2012). Female students transitioning to college whose parents had participated in an intervention were significantly less likely to experience sexual assault in their first semester, which was attributed to their reduced frequency of binge drinking (Testa et al., 2010).

WSU and UW researchers are currently developing a parent handbook similar to those tested in previous research studies, but tailored to WSU. The handbook provides parents with suggestions for clearly communicating expectations about substance use to their young adult children and suggests tools for helping students make good decisions. It also informs parents about laws, norms, and expectations regarding alcohol and marijuana on campus and in Washington state. For example, parents and new students may not know that even though cannabis has been legalized, it is still illegal for those under 21 years of age, and it is against the rules for all WSU students regardless of age. The handbook will be disseminated to parents of incoming freshmen in August, 2013.

**3. Continue to enhance the Drug Free Team program within the Department of Athletics. This is a sound, evidence based program that is demonstrating effectiveness in what, nationally, is a higher risk population.**

*Background and Rationale*

It has been well documented that college student-athletes are considered to be at greater risk for abusing alcohol and other drugs than their non-athlete peers. The Washington State University Athletics Department has taken a proactive approach to addressing this issue by developing a long-standing and consistent relationship with WSU Counseling Services and the Alcohol and Drug Counseling, Assessment and Prevention Services (ADCAPS) Program. This approach has paid off: 2012 data from the National College Health Association survey show that athletes at WSU, in contrast to national trends, were no more likely than other students to binge drink, experience alcohol-related harm or academic consequences, or injure others when drinking. They were less likely to drink on 10 or more days of the past 30 and to drive after drinking.

Since 2010 the commitment to prevention and intervention has been elevated even more through the athletic department's hiring of a wellbeing coordinator for student-athletes and through the establishment of the Drug Free Team Program. With strong support and vision from the director of athletics and other senior-level administrators, WSU was one of the first athletic departments in the country to develop and implement a comprehensive approach based on a social ecological framework and with support from the campus and community. The Drug Free Team initiative has been well received by head coaches, staff, and student-athletes, as well University Student Affairs and local law enforcement agencies.

**DRUG FREE TEAM PURPOSE:**

- Provide knowledge, information, and resources to empower student-athletes to make healthy life choices.
- Encourage student-athletes to make a personal commitment to their health, well-being and safety.
- Establish and reinforce a department-wide expectation that all student-athletes and teams will compete successfully at the highest level in the Pac-12 Conference.

**DRUG FREE TEAM GOALS:**

- Promote sound physical and mental wellbeing of all student-athletes.
- Prepare student-athletes to make wise personal choices concerning substance use to ensure a healthy and safe lifestyle, while also ensuring the safety and well-being of other students.
- Provide timely, accurate information about the effects and consequences of substance use and abuse upon individual student-athletes (personal, academic, athletic) and upon their team.
- Establish a communication model that encourages early recognition and intervention.

- Create and maintain an open, respectful, and safe educational environment to ask questions about substance abuse and to interactively discuss the impact of substance abuse on individuals, teams, and families.
- Develop and implement reasonable safeguards to ensure that each student-athlete is medically competent to participate in practice and competition.

The continued focus will be on drug and alcohol education, prevention and early intervention through early identification, referral, and consistent enforcement.

#### **4. Continue to provide and further develop alcohol free themed housing options in the residence halls.**

##### *Background and Rationale*

In an effort to change campus norms regarding drinking and to reduce substance abuse, an increasing number of colleges and universities are designating some portion of on-campus housing as substance free. According to the results of 2002 Harvard College Alcohol Study (CAS), 81% of colleges and universities that participated in the survey (N = 747) offered some form of alcohol free or substance-free housing (i.e. entire residence halls or specific floors within residence halls). Research shows that college students who live in substance-free university housing (both alcohol and tobacco free) are less likely engage in heavy episodic drinking as well as less likely to ride with a drunk driver. As compared to students who live in unrestricted housing, college students who live in substance-free housing are less likely to experience direct and secondhand effects of alcohol use such as falling behind in schoolwork, doing something they later regretted, arguing with friends, having property damaged, having to take care of a drunken student, and other similar experiences.

NIAAA has listed establishment of alcohol-free residence halls as a Tier 3 prevention strategy, i.e., strategies for which there is evidence of logic and theoretical promise but require more comprehensive evaluation. To optimally implement substance free housing, however, Task Force members felt that there needed to be greater clarity and consensus about what “substance free” means (i.e., is it a location or a lifestyle, or both) and that there needed to be more stringent measures in place assuring that these residences truly were **uniformly** substance free vs. partially substance-free.

In contrast to research on general-population residence halls, research suggests that alcohol-free Greek housing might not be an effective approach to reduce drinking among Greek students. Longitudinal research studies show that alcohol-free housing policy does not result in reduced alcohol use among fraternity members. Approximately 55% of fraternity members with alcohol-free housing rules reported that their personal consumption of alcohol has not changed even though alcohol use in the fraternity house has decreased. Researchers have hypothesized that when a fraternity adopts alcohol-free housing policy, the lack of change in personal drinking behavior might be because the heavy drinking moves from fraternity house to off campus parties. Another study surveyed a national fraternity regarding their drinking behaviors. The 18 fraternity chapters who had adopted alcohol-free housing policies did not demonstrate lower drinking levels than the 80 chapters that did not have such a policy.

It is recommended that the proposed ongoing Alcohol and Drug Steering Committee (see recommendation #14), including representatives from Residence Life and the Greek community, further evaluate current substance free housing options at WSU and make recommendations for enhancement.

**5. Encourage and support faculty to address important student health and safety issues, including alcohol and drug related issues through curriculum infusion and other strategies. Provide additional education and training and support for WSU employees around alcohol and drug related issues to help them better recognize and intervene effectively. This training would include information about how to recognize potential alcohol and drug related problems and other mental health problems.**

#### *Background and Rationale*

Currently, various WSU departments contribute to education, training, and support for WSU employees around alcohol and drug related issues (Human resources for new employees, Drug Free Schools Act information and resource dissemination, Health & Wellness Services/Employee Assistance Program, Counseling Services/ADCAPS, etc.). Based on the rationale and evaluation results provided below the following steps will be taken: General alcohol and other drug (AOD) information and resource/referral information provided for current staff/faculty and in new employee orientation will be reviewed on an ongoing basis. Specific trainings on how to recognize potential alcohol and drug related problems as well as empirically based education/intervention strategies such as motivational interviewing will be offered to staff/faculty on an ongoing basis. Staff and faculty will be encouraged to access the above stated WSU departments for support and training when engaging with students about substance use and academic performance.

The Task Force also recommends that multiple, annual trainings in Mental Health First Aid also be offered to WSU employees. Mental Health First Aid USA (National Council for Community Behavioral Healthcare) is a public education program that helps the public identify, understand, and respond to signs of mental illness and substance use disorders. Mental Health First Aid (MHFA) is offered in the form of an interactive 12-hour course that teaches individuals how to recognize warning signs of depression, anxiety/trauma, psychosis, eating disorders, substance use disorders and self-injury. Trainees in MHFA learn a 5-step action plan equipping them to assess a situation, select and implement appropriate interventions, and provide initial help until appropriate professional peer, or family support can be engaged. MHFA has already been successfully delivered to some WSU employees through the WSU Wellbeing Program and other entities; the Task Force is recommending more systematic enhancement and wider availability of such trainings. Research investigating the efficacy of MHFA indicates that participants gain a better recognition of mental disorders, a better understanding of treatments and more confidence in their ability to provide help to others. Participants also engage in more direct helping behaviors including increased guidance to professional help, and improved coordination with health professionals around treatment.

The following excerpt from the Higher Education Center highlights the important role faculty play in AOD Prevention (2007). Negative consequences associated with AOD use include poor performance in academic work, involvement in arguments or fighting, injuries, and even death. Clearly, reducing AOD use is one of the keys to creating a safer and healthier atmosphere that is more conducive to excellence in education. Effective strategies to prevent AOD problems must involve students, administrators, community members, and faculty. Although AOD prevention has not been seen as part of the traditional faculty role, faculty involvement is vital to the success of prevention efforts. Faculty have a substantial impact on the campus culture, particularly since they often remain at a college longer than administrators and students. By taking a leadership role in the faculty senate or a campus task force, evaluating ongoing prevention initiatives, or addressing AOD issues in the classroom, faculty can play an essential role in AOD prevention on their campuses and in the local communities.

Additionally, faculty have many opportunities to get involved in AOD prevention, both in the classroom and in the broader campus community. Survey data from the Core Institute for Alcohol and Drug Prevention (1994, 1997) indicates, however, that while faculty are aware of and concerned about AOD issues, they are not as actively involved in campus prevention efforts as they could be. Data from the survey revealed that faculty seems to be aware of and concerned about AOD issues. The majority of the faculty (64 percent) surveyed considered the current level of AOD use on their campuses to be a concern for educators, and 90 percent believed that institutions of higher education should be involved in AOD prevention efforts. Faculty also believed that AOD use negatively affects the personal and academic lives of their students (87 percent and 92 percent, respectively). More recent research out of North Dakota State University (NDSU, 2011) indicates: the vast majority of NDSU faculty and staff are aware of an NDSU AOD policy (98%) and believe NDSU is concerned about prevention (94.8%); large increase in the number of faculty and staff aware of AOD training programs at NDSU (69.5%, up from 34.7% in 2008); slight decrease in faculty and staff who know how to refer a student or colleague with AOD problems (68.3%, down from 69.1%); slight decrease in faculty and staff who wish to be involved in AOD prevention efforts (36%, down from 38.4%). Overall, 41.6% of faculty and staff would like to learn more about incorporating AOD prevention messages into their interactions with students.

## **STRATEGIES DESIGNED TO REDUCE HARM RELATED TO ALCOHOL MISUSE**

### **6. Facilitate early identification and intervention for students with significant alcohol/other drug related concerns**

#### *Background and Rationale*

According to WSU National College Health Association survey data, 47% of WSU students engaged in heavy episodic drinking (drinking five or more drinks in a sitting) in 2012. Binge drinking is related to lower academic performance and higher probabilities of injury, sexual assault, blackout, and alcohol toxicity.

Screening, Brief Intervention, and Referral to Treatment (SBIRT), a federally supported model and NIAAA Tier 1 intervention, is based on public health principles and practices designed to reduce the consequences associated with the misuse of psychoactive substances, particularly alcohol. The use of SBIRT for alcohol disorder has been found effective in reducing binge drinking and related harm when integrated into visits to healthcare settings, including primary care, emergency departments, and schools and colleges. The Screening and Brief Intervention component alone has proven effective in decreasing overall alcohol consumption and binge drinking in college populations. A growing body of literature shows that SBIRT is also effective in reducing risky drug use. The State of Washington is encouraging the integration of SBIRT into primary care and college settings statewide. Health and Wellness Services (HWS) is currently beta-testing routine annual SBIRT for all students who visit the clinic for any reason (not just alcohol related), and Pullman Regional Hospital is implementing SBIRT for all emergency room visits. WSU students who screen positive will be referred for follow-up at HWS or Counseling and Testing Services.

### **7. Increase intensity of interventions/sanctions for violations of WSU alcohol/other drug policies employing NIAAA Tier 1 evidence based approaches**

- Modify IMPACT program to incorporate increased use of one to one intervention and personalized feedback about alcohol/drug use patterns.
- Enact parental notification for first time alcohol/other drug violations for students under the age of 21.

#### *Background and Rationale*

Each year over 700 students are referred to the Dean of Students office for violations of alcohol or other drug policies. The IMPACT program, developed and implemented by the Alcohol and Drug Counseling, Assessment, and Prevention Services (ADCAPS) unit of Health and Wellness Services, uses NIAAA Tier 1 best practices (NIAAA, 2002, 2007; Dimeff, et al., 1999). IMPACT teaches students about the risks of drinking (for example, the value of avoiding excessive drinking to achieve their academic and career goals) and how to monitor their drinking, set limits, and reduce their risks of drinking too much. Studies have found that these interventions can be effective in reducing alcohol-related problems among mandated students

(Barnett, et al., 2004; Borsari & Carey, 2005; Fromme & Corbin, 2004; LaChance, 2004, NIAAA, 2007).

IMPACT is implemented in three steps:

- First, students mandated to attend IMPACT attend a group education session.
- Second, students take an online assessment specific to alcohol or marijuana with personalized feedback.
- Third, based on the assessment and personalized feedback results, students are routed to either an additional group or individual session.

IMPACT was implemented at WSU in 2000 and has been evaluated regularly over the past 12 years. Past program evaluation found that after participating in IMPACT, students indicated they would drink less and found the program useful. Students who used the online component increased their intentions to use harm prevention strategies, and at posttest and follow-up they reported more intentions to limit drinking, alternate alcoholic and non-alcoholic drinks, avoid drinking games, discourage a date/friend from driving drunk, and help a friend in trouble with alcohol.

The IMPACT program will continue in Fall 2013 with modifications that include the use of an online assessment for practitioners to route students to either group or one-to-one interventions. ADCAPS staff will also develop a group specific to marijuana use.

**8. Increase the utilization of peer/bystander programs that increase a sense of a responsibility and self-efficacy for WSU community members to effectively intervene in situations threatening the health and safety of others, i.e. "Cougs helping Cougs".**

- Expand the current Green Dot program to include mandatory initial training in bystander intervention at ALIVE with additional training to occur during the Week of Welcome and throughout the year.
- Implement the Red Watch program to train students and staff to recognize and intervene early with potentially dangerous situations involving alcohol and drugs.
- Establish consistent criteria for resident advisors, Red Watch volunteers and others for mobilizing medical assistance for alcohol/other drug related emergencies. Provide additional training in the safe management of intoxicated individuals and explore the development of additional facility capacity to care for such individuals.

*Background and Rationale*

In the spring 2012 NCHA survey, 22.3% of WSU College students who drank alcohol reported experiencing physically injuring themselves or others in the last 12 months when drinking alcohol. In the same survey 37.7% WSU college students also reported consuming five or more drinks in a sitting, 1 to 6 times, within the last two weeks. The rate of violence experienced among students who report binge drinking is 2.5 times greater than for those who do not, and that rate is 3.2 times greater for freshman females who binge drink. Excessive drinking puts students at risk for injury, violence, and alcohol toxicity.

Two peer bystander programs address problems related to overconsumption of alcohol. Bystander intervention training is uniquely suited to establishing a community sense of responsibility and skills sets because it shifts the frame from a potentially confrontational conversation (e.g., you shouldn't engage in these behaviors) to a more empowering framework (e.g., some people you know may engage in these behaviors, and here are some things for you to consider/do about their behaviors). This approach provides community members with the motivation and skills to be responsible for creating health in their own peer groups and community rather than waiting for someone else to do it for them. Additionally, peers are often the first to know when an unhealthy behavior is taking place. If they are prepared to address the behavior immediately in a safe and appropriate manner, harm reduction takes place much sooner in the process.

*Green Dot.* The Green Dot program helps participants identify when and how they would feel comfortable intervening in potential situations of violence or sexual assault. It also teaches participants three options for intervening: directly, through distraction, or by asking someone else to help, and provides opportunities for participants to practice intervening. Evaluation results from the WSU Green Dot implementation show that students are significantly more confident in their ability to take action and significantly more likely to feel that the campus supports violence prevention efforts. Thirty-seven percent of Green Dot participants say they have acted differently in a potentially violent situation because of their training. Green Dot has been implemented on campus for two years. In addition to ongoing trainings, this year information on violence prevention and Green Dot will also be presented at all ALIVE! sessions.

*Red Watchband.* The Red Watchband program provides students with the knowledge, awareness, and skills to prevent toxic drinking deaths and to promote a student culture of kindness, responsibility, compassion, and respect. Students are provided with accurate information about the dangers of alcohol use and learn to identify when, where and how to get help when every second counts. There are 2 parts to the 4-hour training:

Part 1 covers the American Heart Association Heart Saver CPR training by a certified instructor. Students will receive a 2-year CPR certification after complete skills testing and reviewing these major topics:

- Scene assessment
- Responding to an emergency
- Legal issues
- Adult/Child CPR
- AED use
- Choking care

Part 2 reviews alcohol emergency training and covers these major topics:

- Barriers to Intervention
- Alcohol Knowledge and Skills Training
- Review of High Risk Environments

- Facts vs. Myths about Alcohol First Aid
- Early Interventions to Prevent Death Due to Alcohol Overdose
- Brief overview of Student's Rights and Responsibilities, Campus Policy, State and Federal Laws in regards to alcohol

Over 60 universities have implemented the Red Watchband program, and preliminary evaluation results from Northwestern and Iowa state show increases in students' abilities to identify and respond to signs of alcohol-related health emergencies. This upcoming year, the goal of the Health Promotion Unit of HWS is to train 500 WSU students, focusing first on paraprofessional students in the Greek community and Residence Halls.

**8a. Pair bystander interventions with efforts to increase awareness of Good Samaritan policies and laws to remove perceived barriers to procuring help.**

A recently passed bill by the Washington legislature proposes to provide protection from prosecution for people under the age of 21 years who seek medical assistance for alcohol poisoning situations. This protection would apply to both individuals requiring medical assistance and individuals seeking assistance for intoxicated individuals. There is also already a Washington law providing immunity to individuals seeking medical assistance for drug overdoses (ESB 5516).

Since 2010, WSU has also had a "Good Samaritan Guideline" in place providing protection from disciplinary action for both individuals seeking help for an intoxicated person as well as for the person they are seeking help for. There is some limited evidence that "medical amnesty" or "good Samaritan" laws and policies of this type may result in an increase in timely help-seeking behaviors, although more research is needed to definitively characterize effects. For example, after Cornell University implemented a Medical Amnesty Policy, there were consecutive two year increases in alcohol-related calls for assistance to emergency medical services, and students were less likely to report fear of getting an intoxicated person in trouble as a barrier to seeking help (Lewis and Marchell, 2006). However, for such policies and laws to be effective, students and others in a position to help must be aware of and understand them, and they must be equipped with skills and knowledge to be able to effectively recognize and intervene in situations requiring medical assistance.

Students on the Task Force believed that there was limited awareness of Good Samaritan policies or laws and that they felt that many students were wary of seeking medical assistance. We are therefore recommending development and implementation of informational campaigns promoting greater awareness of Good Samaritan/medical amnesty laws and policies among students and other relevant individuals. We are also recommending that these informational campaigns be coupled with bystander intervention programs like Red Watch that provide training in how to recognize and intervene in situations that require medical assistance such as alcohol poisoning. This twofold strategy has been successfully applied at Dartmouth College with a program called "Green Watch" according to their Director of Counseling Services, Dr. Mark Reed.

## **PROTECTIVE STRATEGIES DESIGNED TO ENHANCE STUDENT DEVELOPMENT, ENGAGEMENT, AND PERSISTENCE**

### **9. Promote and enhance student development and retention initiatives: Employ strategies that systematically identify, support, and monitor students at risk for attrition.**

- Continue implementation of the Engage program.
- Systematically identify, support, and monitor students at risk for attrition.

Research consistently shows that numerous skills and psychosocial factors predict student success, above and beyond what is predicted by academic ability, high school GPA, test scores, and demographics (Lotevski et al., 2004; Robbins et al., 2004). The Engage program is a self-administered computerized assessment of many of those skills and psychosocial factors (such as commitment to academics, social connection, study skills, determination, communication skills, and self-confidence). It is designed to be taken by freshmen or by students at risk for attrition. Students receive a personalized report immediately after taking the assessment that provides them with feedback about where they are strong and where they might need support and improvement. Large-scale implementation of the Engage survey with incoming freshmen has been shown to decrease attrition rates (Robbins et al., 2009).

The WSU office of Student Development and Retention, in collaboration with Project Healthy Campus, Student Success and Transition, and Athletics, piloted the Engage survey with over 400 students at the beginning of the fall 2013 semester. Toward the end of the semester, academic advisers were encouraged to discuss the Engage reports with their students and to direct them to relevant resources in areas where students needed support. Over 79% of students felt the survey was useful, and 60% of academic advisors said they would like to have the report for all their advisees.

The Task Force therefore recommends continued and expanded implementation of the Engage Program as a protective strategy for students at risk for a variety of reasons.

### **10. Promote academic practices and programs that increase students' level of academic and community engagement:**

- Consider expansion of programs like Freshman Focus and Human Development 205 that encourage students to both engage with each other and the academic curriculum.
- Promote routine scheduling of Friday classes with substantive academic activities occurring during Friday classes (e.g. exams or quizzes scheduled, exam review sessions, project due dates on Fridays).
- Encourage policies that require class attendance.

#### *Background and Rationale*

*Protective Programming for Freshman and At-Risk Students.* Research consistently shows that students who feel engaged and connected to their university are significantly more likely to succeed academically and to persist to degree completion (Kuh et al., 2008) and less likely to

misuse alcohol (Wodak et al., 2000). WSU has numerous programs devoted in part to promoting students' academic and community engagement, including, for example, the Center for Civic Engagement, Wellbeing programs at URec, and Multicultural Student Services. Two programs for which we have recent evaluation data include the Freshman Focus program and the Human Development 205 course (Communication in Human Relations). Both serve large numbers of freshmen.

*Freshman Focus.* Data from the 2011 Educational Benchmark Survey showed that students in Freshman Focus were significantly more likely to appreciate and respect students from religions, races, and sexual orientations different from their own; found it easier to meet other people; studied and managed their time more effectively; and wanted to continue at WSU.

*HD205.* In the Fall 2012 semester, freshmen taking HD205 showed significantly more growth in leadership skills, positive mental health, and resilience and flexibility than control students.

*Protective Academic Strategies.* In a February 2013 survey of student drinking, 19% of WSU students reported that they had had alcoholic drinks on Thursday of the previous week. Research shows that Thursday-night drinking among college students is associated with lower academic engagement and higher-risk drinking (Hoeppner et al. 2012) as well as greater likelihood of heavy alcohol use and harmful consequences (Cleveland et al. 2012). Research also shows that students who were enrolled in Friday morning classes were less likely to drink on Thursdays (Ward et al., 2013). NIAAA recommends that universities schedule classes on Fridays. Policies that require class attendance and that encourage faculty to include substantive academic content or exams and quizzes on Fridays should decrease the likelihood of Thursday night drinking. In implementing such practices, however, caution should be exercised such that substantive activities should not occur to such an extent on Fridays such that students are burdened with too many exams on one day, for example, or so that students do not simply shift risky behaviors to another day of the week (i.e., "Monday becomes the new Thursday").

Overall, there is evidence that good academic and school connectedness can have a protective effect against substance abuse (e.g. Bond, et al., 2007 Journal of Adolescence Health). The Task Force therefore recommends enhanced support and development of programs and practices that facilitate academic engagement as a protective factor against alcohol/drug misuse.

## ENVIRONMENTAL, COMMUNITY, AND INSTITUTIONAL STRATEGIES

**11. Reinstate an effective Campus Community Coalition consisting of key WSU personnel, students, city government officials, WSU and Pullman law enforcement personnel, the Washington State Liquor Control Board agent, and business owners including property owners and tavern owners. The aims of the coalition (among others) would be to increase responsible hosting and housing practices, enhance coordination between WSU and the city, enhance community enforcement activities, and promote the development of community protective factors (e.g. increased recreational opportunities).**

### *Background and Rationale*

Universities do not exist in isolation from the larger communities in which they are located, and the alcohol-harm prevention strategies implemented by universities are less effective when there are unaddressed risk factors present in the surrounding communities. There is extensive evidence in the literature to suggest that a college-community coalition can be an effective strategy to address alcohol-related problems of college students, and one randomized trial has demonstrated that the intervention group with campus community coalition had lower rates of severe consequences resulting from the students' own drinking including alcohol-related injuries. Furthermore, by joining a coalition with community leaders, a university can not only help maximize prevention efforts but also demonstrate that it shares concerns about the consequences of student drinking beyond its campus boundaries. Frequent alcohol promotions, including large volume alcohol sales and low sales prices at bars, density of liquor stores and other retail outlets surrounding college campuses, and happy hour promotions are all strongly associated with heavy drinking on college campuses. Campus-community coalitions may also be more effective in addressing these environmental risk factors.

The National Institute on Alcohol Abuse and Alcoholism's (NIAAA) Task Force on College Student Drinking have listed college-community coalition as a Tier 2 prevention strategy, i.e., strategies shown to be effective with the general population that could be applied to a college population.

**11a. Promote responsible hosting practices within venues where alcohol is served, e.g. taverns, Greek community functions, etc.**

- Promote hosting practices that decrease the use of hard alcohol, energy drinks, common containers and the combination of alcohol and energy drinks.

### *Background and Rationale*

This is a NIAAA Tier 2 strategy. Research indicates that, in general, bartenders, waiters, and others in the hospitality industry welcome clear policies about responsible service of alcoholic beverages and training in how to implement these policies. Examples of helpful policies include serving alcohol in standard sizes, limiting sales of pitchers, cutting off service to intoxicated customers, routinely offering alcohol free drinks and food, eliminating last call announcements, and extensive ID verification of age. Servers should receive training in how to slow alcohol

service, how to refuse service to an intoxicated patron, checking age identification, and detecting false identification. The state of Washington requires mandatory alcohol server training (MAST) for all managers, bartenders, and other servers who serve alcohol or supervise the sale of alcohol for on-premises consumption at liquor licensed establishments.

Responsible beverage service training programs have been demonstrated to have some effectiveness (Community Prevention Services Task Force) in terms of promoting the development of responsible serving policies, the implementation of responsible serving practices, decreased alcohol consumption, and decreased alcohol related harm (e.g. driving while drinking). These beneficial effects were not seen, however, in establishments where there was a perceived lax regulatory environment. Despite state of Washington requirements for responsible beverage service training, there is evidence suggesting that irresponsible serving practices may not be uncommon locally. In a recent study by Dr. Erica Austin's Public Relations 412 course, commissioned by Project Healthy Campus to study energy drink service and usage in Pullman, there were frequent reports of perceived over service in some establishments. This study also indicated that local establishments frequently served energy drinks mixed with hard liquor like vodka or Jagermeister. Moreover, some local businesses have been repeatedly sanctioned by the Liquor Control Board for selling alcohol to minors.

Nationally, other studies indicate that individuals acting intoxicated continue to be served in taverns and bars 62-90% of the time. Accordingly it seems reasonable to develop strategies that further promote training for, and implementation of, responsible alcohol serving practices. Perhaps the most promising venue for doing this is through the development of an effective campus community coalition (CCC) with a significant focus upon promotion of responsible hosting practices throughout the community. Some university communities (e.g., Western Washington University and the city of Bellingham) have developed a Hospitality Resource Alliance as a CCC sub-committee, composed of local hospitality owners/managers, local law enforcement personnel, liquor control board officials, university officials, and hospitality industry consumers, to engage in an ongoing collaborative manner to promote such practices. Overall, as summarized above, there is evidence that CCCs can be effective in promoting responsible hosting practices within communities.

**12. Re-establish a systematic routine for WSU Police Department Safety patrols within the residence halls in the "community policing mode" to serve as a proactive deterrent to problem behaviors and to facilitate quicker recognition of, and response to, incidents requiring their assistance. Provide training in motivational interviewing techniques to WSU law enforcement personnel to enhance their ability to engage constructively with students and facilitate health behavior change.**

#### *Background and Rationale*

In keeping with the success of community policing initiatives nationally, university police departments have increasingly adapted community policing strategies to university environments including residence halls. As a philosophy, community policing promotes the systematic use of partnerships and problem solving techniques to proactively address the immediate conditions that give rise to public safety issues. A key component of this approach involves police officers

engaging with the communities that they serve in a pro-active, **non-incident triggered** fashion. This entails police officers having a routine, predictable, proactive presence within the communities that they serve and interacting on a regular basis with community members in non-confrontational ways that build relationships. In keeping with this philosophy, many universities (e.g. the University of Washington, Ohio State University, Colorado State University), have implemented routine, non-incident triggered safety patrols within their residence halls and many universities assign a regular beat officer to a particular residence hall to facilitate relationship building. Among other objectives, this practice allows for proactive identification of problems before they become larger incidents, serves to deter unsafe behavior, facilitates acquisition of help when needed, and enhances the overall sense of safety of community members. It should be noted also that there was considerable support for this recommendation by students on the Task Force who in particular emphasized the enhanced sense of safety associated with this approach.

**13. Develop routine coordinated interventions targeting higher risk events over the calendar year incorporating strategies that reduce risk factors (e.g. enhanced law enforcement presence) and enhance protective factors (e.g. Up All Night program, Student Entertainment Board activities).**

*Background and Rationale*

Research (e.g., Neighbors et. al, 2011, Mallett et. al, 2013), as well as WSU- and Pullman-specific data, indicate that student drinking trajectories and alcohol and drug-related incidents vary significantly over the academic year in association with factors such as academic requirements, 21st birthdays, holidays, major campus events like rivalry games, and the beginning of fall semester. Coordinated strategies, addressing both risk and protective factors, targeting these predictably higher risk periods, may be efficient and effective in reducing alcohol and drug related problems (e.g. Spring Weekend activities at U Conn, Neighbors et. al., 2007).

In a 2008 survey of 1400 two-and-four-year institutions, 90% of the institutions reported sponsoring substance-free events. According to the results of Alcohol Prevention Coalition's in-depth analysis of alcohol prevention strategies, providing college students with alcohol-free options scored relatively high on impact. The researchers concluded that well-implemented alcohol-free programming can reduce student alcohol use in higher education. Furthermore, it is also important to note that substance-free options support and reinforce the behavior of abstainers and light drinkers by letting them know that the university is willing to invest in these healthy behaviors. These alcohol free events provide a forum for abstainers and light drinkers to interact with each other thereby helping to counteract the perception of unhealthy drinking norms in college campus. NIAAA has listed as a Tier 3 prevention strategy, i.e., strategies for which there is evidence of logic and theoretical promise, but require more comprehensive evaluation.

NIAAA has listed increasing enforcement at campus-based events that promote excessive drinking and implementing alcohol-free, expanded late-night student activities as Tier 3 prevention strategies, i.e., strategies for which there is evidence of logic and theoretical promise but require more comprehensive evaluation.

Our strategies should include enhanced and coordinated enforcement activities as well as provision of attractive alcohol-free alternative activities. Ideally, many of these activities could be scheduled on Friday or Saturday nights when consumption of alcohol and other drugs is higher. These strategies should target not only students, but also parents, alumni, and individuals not affiliated with the university likely to be coming to campus during these periods. Current examples of such programming at WSU include the Up All Night program through UREC, SEB concerts, Club 21, and programming occurring during the Week of Welcome, as well as community-wide coordination of law enforcement activities. More efforts are needed in this area as well as improved coordination of such efforts. Oversight and coordination of such strategies could be ongoing functions of the Alcohol and Drug Free Steering Committee (see recommendation #14) and the Campus Community Coalition proposed above.

**14. Emanating from the Task Force, create a smaller ongoing Alcohol and Drug Free Schools standing steering committee to consistently review and monitor WSU policies, programs, and interventions related to alcohol/other drug use, facilitate risk management in this arena, and respond effectively to new challenges, developments and trends. This steering committee will also be responsible for ensuring compliance with the federal Alcohol and Drug Free Schools Act.**

#### *Background and Rationale*

Alcohol/other drug misuse on campus is a pernicious, culturally entrenched, complex problem with multiple determinants and a changing landscape over time. Successful efforts to combat this problem must occur simultaneously on multiple fronts, be collaborative and well-coordinated, channel resources effectively, and be persistent and sustained. It is also critical to have a process for ongoing monitoring and evaluation of efforts in this area to ensure that interventions are implemented with fidelity and are evaluated for their impact.

A sustained committee providing oversight is also necessary to ensure compliance with federal requirements, including requirements imposed by the Drug Free Schools and Campus Act. This steering committee should be optimally positioned so that it has access to and influence with the highest levels of university leadership so that accountability, commitment, and fidelity of implementation of policies, programs, interventions, and recommendations can be optimized. As such, it would be ideal if this were a presidentially appointed committee with the chair providing direct reports to the president. This steering committee should be composed of personnel in the areas of the Deans Office, Greek Life, Residence Life, Public Safety, Counseling and Testing Services, Health and Wellness Services and other student service areas, in addition to student leaders and influential faculty.

**14a. Educational, preventive, and interventional programs across the board will need to address emerging trends, including combining alcohol with other substances like energy drinks and stimulants, increased use of marijuana and the advent of WA Initiative 502, increased high risk drinking in women, and increased use of hard liquor vs. beer and wine, contributing to alarmingly high blood alcohol levels in some high risk drinkers.**

## *Background and Rationale*

Data from Pullman Regional Hospital (PRH) do not indicate that there are overall increases in numbers of students presenting for detoxification at PRH in recent years, nor do they indicate that **average** blood alcohol levels (BALs) are increasing for students presenting for detoxification. However, data does indicate that there are a small number of high risk drinkers who present with extremely high and dangerous BALs, including BALs of up to 5-6 times the legal limit; these are situations where tragedies are most likely to occur. There is also a trend toward higher BALs among students actually admitted as an inpatient at PRH for detoxification; in this subgroup extreme BALs are frequent. Another alarming trend is the increase in numbers of women presenting for detoxification, increasingly with extreme BALs. Furthermore, PRH data indicate that Greek affiliated students are 33 % more likely to present to PRH for detoxification.

Recent research suggests that there is an increasing significant shift in preference for hard alcohol vs. wine or beer among youth (e.g., Siegel et al., 2011). Anecdotal impressions from students on the Task Force, local law enforcement, and hospital personnel suggest that this shift is also occurring locally and is a significant factor contributing to alarmingly high BALs. There is also greater availability of, and access to, hard liquor for students in Washington state as a result of Initiative 1183, potentially further driving the consumption of hard liquor and associated extreme BALs.

While over-consumption of alcohol remains the most significant factor underlying alcohol poisoning and other alcohol related problems, the practice of combining alcohol with other drugs, including energy drinks, stimulants, and cannabis also contributes to alcohol related harm; it is believed that energy drinks may have contributed to the recent tragic death from alcohol poisoning of WSU freshman Kenny Hummel in the fall of 2012. Recent research also increasingly indicates that combining alcohol with energy drinks is associated with a range of negative alcohol-related consequences (e.g., Mallett et al. 2013, Marczinski, 2011) including alcohol poisoning and driving while drinking.

Finally, both national and local data (SAMHSA and NCHA data) indicate that there is increased use of cannabis among college students commensurate with a perception that there is little or no "down side" to cannabis usage. The recent passage of Washington state Initiative 502 legalizing possession of marijuana for adults aged 21 or older is likely to further augment this trend. Given the significance and potential impact of these trends, they will need to be addressed across the board by educational, preventive, and interventional strategies contained within Task Force recommendations and other initiatives to combat alcohol/other drug related problems.

It is therefore recommended that the Alcohol and Drug Free Steering Committee provide ongoing monitoring of emerging trends and ensure that ongoing efforts effectively address these trends.

**14b. In general, more effectively coordinate and channel resources across campus into programs that have evidence or significant promise for efficacy vs. programs that have been determined to be ineffective (e.g. interventions within smaller groups that encourage engagement and discussion vs. large auditorium lectures with one shot speakers).**

*Background and Rationale*

Traditionally, interventions that involve stand-alone educational messages, often to large groups, have been employed in campus efforts to reduce misuse of alcohol/other drugs. This, to some extent, remains true across campus for WSU as well as campuses across the country. While often convenient to implement, not only have such programs been determined to be ineffective by themselves, they also are often quite resource intensive in terms of honoraria for speakers and other costs, and potentially divert resources away from interventions that are more empirically promising. Overall, there is a need for more effective coordination and appropriate channeling of resources into evidence based or promising practices.