

# AOD Annual Report 2013-2014

## Committee Charge

The AOD Task Force committee was formed under the following charge:

*Convene a cross-divisional task force to review, assess, and implement additional support for programs addressing the negative academic and personal consequences of abuse of alcohol and other drugs.*

## Rationale

SDSU recognizes that student alcohol and other drug use can pose a significant impediment to academic success, may lead to life threatening and other serious consequences and negatively impacts our community. At SDSU, 30%, or over 8,000 undergraduate students, engage in binge drinking during a typical 2-week period. While this is below the national average, alcohol consumption like this is predictive of significant problems, which are experienced by many of our students, including: black outs (26.6%), missed work or class (16.3%), or driving impaired (11%).

Nationally, over 1,800 students die each year in alcohol related incidents<sup>i</sup> and an additional 600,000 assaults and 500,000 injuries are experienced<sup>ii</sup>. Other drugs, such as marijuana<sup>iii</sup> and prescription pain<sup>iv</sup>, ADHD<sup>v</sup> and anxiety<sup>vi</sup> medications are also recognized as an increasingly common campus problem.

SDSU has experienced its share of these tragic consequences, and substantial resources are devoted to enforcing policies and intervening in alcohol and drug related events. Indeed, in the 7 weeks of the Fall 2013 semester—while the committee was working—41 students were transported to the hospital or the detox facility and another 18 went to jail in AOD related incidents.

## Current Campus Response

To address and prevent these issues, SDSU follows NIAAA and US Department of Education recommendations to implement a comprehensive strategy. The SDSU model for comprehensive AOD strategies includes elements from five interacting domains (see Figure 1). This model puts into place a system whereby (1) student attitudes and motivations to use or abuse AODs are changed through Motivational Focus programs, (2) Behavioral Alternative opportunities are provided for students to act responsibly while fulfilling developmental and social needs, and (3) access to AODs or risky ancillary behaviors are reduced to limit excessive consumption or harm through Enforcement and Access Limiting programs. These domains act both within the campus and at the broader community level thereby often requiring Community Action and involvement. Finally, all programmatic activity should be developed and evaluated within an environment of rigorous Research using scientific methods that enable

**Figure 1 Comprehensive Strategy for AOD Prevention**



measurement of improvements in individual and public health outcomes, cost-efficiencies, program sustainability, and program improvement.

Within each of these domains, SDSU offers unique and often groundbreaking programs, including: e-Check-Up-To-Go, Aztec Nights, the ASPIRE intervention, interagency coordinated enforcement, and the RADD California Coalition.

Recent steps have been taken to strengthen this approach. For instance, Student Affairs has reorganized the Health Promotion department to clarify its campus-wide focus on prevention and increase its staff to allow for greater programmatic reach.

### **Objectives**

The AOD Task Force used data to best determine the scope and origins of the AOD related negative consequences for students, the campus and the community and to identify gaps in our current prevention strategies. With gaps identified, the task force sought to develop specific proposals for using evidence-based and best-practice programs to fill in those gaps.

### **Activities**

Through a planning process that occurred prior to convening the committee, the following steps were created in order to identify campus needs and develop recommendations for new initiatives:

1. Identify Membership of AOD Committee
2. Review relevant data: Provide rationale for any additional support for programs
3. Conceptualize program and policy changes that will be needed
4. Facilitate a resource need analysis
5. Construct a timeline for phase-in of program and policy changes
6. Propose assessment methods
7. Write and submit plan to the Vice President of Student Affairs

Data reviewed included random-sample, self-report student surveys, Residential Education surveys, SDSU Police incident reports, community generated data, key informant accounts, and ASPIRE utilization records. The Task Force also reviewed extant published literature for both epidemiologic and program efficacy information. CAS standards and national normative data were also reviewed.

By following these steps, the AOD Task Force has identified two new programmatic needs and one policy domain to be addressed: (1) Recovery Support Programs for Students, and (2) Voluntary Screening and Brief Interventions and Referral for Treatment. Policy change needs are seen in the area of student-organization hosted alcohol parties that occur off the SDSU campus property.

A report was submitted to the Vice President of Student Affairs with a specific timeline, staffing and budget implications for the 2014-15 and 2015-16 fiscal years describing these two programmatic needs. That report is attached to this annual report.

### **Impact**

The Task Force has recommended a set of programmatic initiatives that if supported will begin in the Fall 2014 semester. However, some activities have already begun as the task force identified specific needs that could be addressed within departments, the Division of Student Affairs or through external support. These include:

1. Reconstructing the health education AOD curriculum offered by the Health Promotion Department to make it more closely adhere to evidence-based practices.
2. Approval was given by the Division of Student Affairs for increasing the staff of Health Promotion to fill two vacant Health Educator positions in order to expand the reach of AOD education events and programs.
3. Initial development of a Recovery Support program and the submission of a grant application to the Stacy Mathewson Foundation to support the new program.

### **Next Steps**

The task force will, upon approval of the proposed new program initiatives, work collaboratively to launch and evaluate the programs as proposed. It will also continue to monitor the AOD related events, and determine if additional programmatic efforts are needed.

The Task Force will spearhead a subcommittee discussion that includes relevant campus resources to develop a proposal for student-organization event oversight policies that is more inclusive of the types of events that these organizations have that include alcohol.

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<sup>i</sup> Ralph Hingson et al., "Magnitude of Alcohol-Related Mortality and Morbidity among U.S. College Students Ages 18-24: Changes from 1998 to 2001," *Annual Review of Public Health* 26 (2005): 259-79.

<sup>ii</sup> Ralph W Hingson, Wenxing Zha, and Elissa R Weitzman, "Magnitude of and Trends in Alcohol-Related Mortality and Morbidity among U.S. College Students Ages 18-24, 1998-2005.," *Journal of Studies on Alcohol and Drugs. Supplement* 16 (July 2009): 12-20.

<sup>iii</sup> L.D. Johnston et al., *Monitoring the Future National Survey Results on Drug Use, 1975-2011. Volume II: College Students and Adults Ages 19-50* (Ann Arbor, MI: Institute for Social Research, The University of Michigan, 2012).

<sup>iv</sup> Sean Esteban McCabe, Christian J. Teter, and Carol J. Boyd, "Illicit Use of Prescription Pain Medication among College Students.," *Drug and Alcohol Dependence* 77, no. 1 (January 2005): 37-47.

<sup>v</sup> A.M. Shillington et al., "College Undergraduate Ritalin Abusers in Southwestern California: Protective and Risk Factors," *Journal of Drug Issues* 36, no. 4 (2006): 999.

<sup>vi</sup> Sean Esteban McCabe, "Correlates of Nonmedical Use of Prescription Benzodiazepine Anxiolytics: Results from a National Survey of U.S. College Students.," *Drug and Alcohol Dependence* 79, no. 1 (July 2005): 53-62.