

January 19, 2016

To: President Michael Roth

From: Illegal Drug Task Force

Re: Recommendations for Improving Wesleyan's Prevention of and Response to Illegal Drug Use

Introduction:

Alcohol and other drug use is often viewed as being part and parcel of the college experience. National data shows that approximately 80% of college students drink alcohol, and approximately 1,800 college students die each year from alcohol related injuries (Hingson, Heeren, Winter, & Wechsler, 2005).

Marijuana use has become a growing concern nationally and specifically at Wesleyan with survey data indicating 45% of the student body using Marijuana between once a month and daily. While drugs, besides alcohol and marijuana are used less frequently, it is still a serious concern with 7% of our students abusing or misusing prescription drugs not prescribed to them, 5% abusing cocaine, and 2% abusing ecstasy. Substance use on college campuses plays a direct role in several other harms, such as overdose, academic problems, physical assault, sexual assault, and unsafe sex. See Appendix A for relevant data.

The Illegal Drug Task Force (IDTF):

The Illegal Drug Task Force was convened by Tanya Purdy and Rick Culliton, and charged with reviewing Wesleyan's current policies, educational efforts, resources and support systems related to illegal drug use at Wesleyan. We first convened during the spring 2015 semester and completed our work during the Fall semester.

IDTF Membership:

Isabel Bartholomew '18	Peer Health Advocate Rep
Vincent Benevento '05	Director, Causeway Collaborative
Meg Chaplin P'17	ABAM Certified Psychiatrist
Rick Culliton	Wesleyan Dean of Students
Richard Davis	Middletown Police Department
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Joe Greenfield	Causeway Collaborative
Chando Mapoma '16	SJB & Res Life Rep
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Task Force Recommendations:

The task force organized its thinking and recommendations using the Social Ecological Framework (Appendix B). The framework looks at the environment and breaks down the problem of drug abuse on four different levels which can be imagined as four concentric circles of influence. In the innermost circle are individual issues as they relate to drug use and abuse. The next ring widens to the interpersonal issues related to drug use followed by a ring that looks at the community impacts and lastly a ring which includes the overarching policy and enforcement related to drug use and abuse. Throughout the meetings of the task force, this framework was used to strategically identifying recommendations that would address each of the bands within the framework. Each strategy was intentionally selected by the task force after reviewing research on best practices in the field of collegiate alcohol and other drug education (Appendix B).

1. Individual: The innermost band in the Social Ecological Model represents the individual who might be affected by alcohol and other drug use. The aim in concentrating in this area is to increase the individual's knowledge, influence attitudes and beliefs, and modify behavior. Below are the recommendations that correspond with this band.

Recommendations:

The task force examined the research (Larimer, Kilmer, & Lee, 2005) around effecting change on an individual level which has shown that programs that simply provide information about drugs and the harms they cause are ineffective at reducing use of drugs. What has shown promise on college campuses is providing one-on-one counseling and brief motivational interventions as well as support for students who are in recovery and those choosing not to use. (Palmer, McMahon, Moreggi, Rounsaville, & Ball, 2012). Wesleyan's director of health education does some of this work currently but capacity is limited as she is the only person in her office. The task force discussed the need to look at our existing staff, the staff in the counseling office and community resources to shore up the resources needed to support students. Receiving care for substance abuse is difficult whether it is by personal choice, or being recommended / required by the University. The first step in establishing a treatment plan for a substance abuse issue is an unbiased level of care assessment. The assessment typically includes a complete evaluation of the person's current use, previous substance abuse and treatment history, physical history, social situation, and identification of treatment goals. After this evaluation, a substance abuse

professional will recommend a type of treatment based on individual safety concerns and medical necessity. The recommended treatment could include detox, inpatient or outpatient rehabilitation, and individual or group therapy. The fewer barriers to receiving the assessment and thus the care necessary, the more likely our students will be to participate and get the help they need.

- Increase the availability of Brief Motivational Intervention (BMI) sessions for Marijuana through WesWell.
- Increase the presence and awareness of the Recovery@ network.
- Remove barriers to receiving an unbiased level of care assessment by streamlining the process of receiving the assessment.
- On campus or locally contracted therapists available to provide individual and group level treatment for substance abuse.
- Improve the process for referral of students to outside treatment options.

2. *Interpersonal*: The second band of the Social Ecological Model surrounds the individual and represents alcohol and drug education and prevention activities implemented at the interpersonal level. These activities are intended to facilitate individual behavior change by affecting social and cultural norms and overcoming individual-level barriers. Friends, family, faculty, health care providers, and formal and informal social groups represent potential sources of interpersonal messages and support. Below are the recommendations that correspond with this band.

Recommendations:

The research around interpersonal level interventions calls for the need to correct misperceptions about students use and abuse of drugs. Established methods of correcting these misperceptions include social norms campaigns or bystander intervention programs. With the evidence of success with Wesleyan's bystander intervention program it makes sense to expand these efforts and add efforts to target unique high-risk populations such as athletes, greek letter organizations, and specific program housing that attracts experimental students (Larimer, Kilmer, & Lee, 2005). A strengths based social marketing campaign will lend itself to the unique nature of our students extra and co-curricular activities while utilizing a recommended strategy of creating a normative environment (Larimer, Kilmer, & Lee, 2005). Additionally, the task force has discussed how difficult it is for students who are in recovery or choose to be sober to feel like they belong in a typical college environment, so finding ways to create support for these students is important.

- Expand We Speak We Stand Bystander Intervention program to include other drugs.
- Create, implement, and evaluate a social norms marketing campaign to correct misperceptions of drug use at Wesleyan and focus on our strengths in an effort to highlight natural highs and alternatives to substance use.
- Expand the content of the Peer Alcohol Health Education Coach program to include information on other drugs and recovery and to have a wider reach.
- Implement a formal collegiate recovery program.

3. *Organizational/Community*: The third band of the Social Ecological Model surrounds the interpersonal band and represents alcohol and other drug education and prevention activities implemented at the organizational and community level. These activities are intended to facilitate individual behavior change by influencing organizational systems and policies and leveraging resources and participation of community level groups who represent sources of community communication and support. Below are the recommendations that correspond with this band.

Recommendations:

These recommendations illustrate the need for Wesleyan to examine the intentional and unintentional messages that our community receives about drug use with an eye towards removing inconsistencies and ensuring that accurate information about drug use and associated risks is being conveyed through methodology that is proven effective. The Screening, Brief Intervention, and Referral to Treatment (SBIRT) recommendation is likely to be effective at Wesleyan because it is a community-based screening for health risk behaviors, including substance use. SBIRT is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs that can be utilized by any professional trained across the entire campus. These recommendations also illustrate the need for our community to be proactive in reducing the risk of death from overdose, by having easy access to Narcan, a drug that reverses the effects of opioids in case of an overdose emergency. The recommendations also highlight the need to provide a support network for those who have chosen recovery by having formal recovery housing. Students in recovery entering the high-risk environment of college too often quickly relapse because of the housing environment where some peers support substance use and abuse. Recovery housing helps stop the cycle of addiction-rehab-relapse and increases the chance for sustained recovery. Based on expert guidance, the task force does not recommend the University providing or endorsing the use of drug checking kits as a harm reduction strategy (Appendix B).

- Conduct an audit of messaging about substance use at Wes in an effort to create greater consistency and alignment of messaging and to reduce messages that encourage misuse.
- Create an ongoing lunch and learn series about alcohol and other drug use so faculty, staff, and students better understand the problems and strategies to solve them.
- Conduct Screening Brief Intervention and Referral to Treatment (SBIRT) training and coordinate implementation in all three health departments & other select University staff, including class deans, academic advisors, coaches, and other well liked and trusted University faculty and staff.
- Provide clear communication to families about substance use expectations at Wesleyan before matriculation.
- Create a comfort level among faculty to speak and ask about substance use when they are concerned about a student's academic performance or overall wellbeing.
- Create the opportunity for formal recovery housing on campus.
- Make Narcan available on campus through the University's first responders.

4. Policy and Enforcement: The fourth and outermost band of the Social Ecological Model surrounds the organizational and community band and represents alcohol and drug education and prevention at the policy level. These activities involve interpreting and implementing existing policy. Federal, state, local and University agencies and departments may support policies that promote healthy behavior. Below are the recommendations that correspond with this band.

Recommendations:

The task force reviewed the University's policy and found the policy to be clearly written and not in need of significant change. Students with whom we spoke identified the inconsistency that lies in students' perception that they won't get caught and or face serious judicial and or legal consequences. These recommendations focus on correcting these misperceptions and better educating students about the judicial and legal risks.

- Increase student's understanding that policy will be enforced.
- Make clear that sale and distribution of illegal drugs will result in a dismissal from Wesleyan.
- Review and clarify judicial points system in regards to drug violations.
- Convey targeted messaging about policy and enforcement to students and community through high-risk events that typically garner more attention.
- Increase education and communication about university judicial and legal outcomes related to alcohol and drug use. Help students understand the implications for medical and other graduate school applications.
- Determine whether amnesty policy for those who call for help when a student is drinking or drugging is actually resulting in calls that otherwise wouldn't be made.

Resources:

The task force believes that the work of WesWell, the health education office, is limited by having one person whose responsibility is to provide education on all health topics including alcohol and other drug use. While the task force believes that Wesleyan would benefit from additional staff resources, we understand the limited funding available to add new staff and are committed to finding ways to supplement the work that already takes place. Working within student affairs, we will look to identify other staff and outside resources who can assist with outreach and prevention responsibilities, and to ensure efficacy and fidelity of the screening programs, as well as take on individual health education sessions that are sanctioned as a result of a student judicial finding. Prioritizing which recommendations will be achievable given Wesleyan's limited staffing and resources will be an important and difficult next step.

Below you will see a comparison of Wesleyan to peer institutions in terms of the staffing in the Health Education/Alcohol and Other Drug prevention work:

University	FTEs	Population	Student to Staff Ratio
University 1	2.8	1800	643 : 1
University 2	2	1900	950 : 1
University 3	2.04	2200	1078 : 1
University 4	1.75	2045	1169 : 1
University 5	1	1800	1800 : 1
University 6	1	1800	1800 : 1
University 7	1	2500	2500 : 1
Wesleyan	1	2900	2900 : 1
Univeristy 9	1.75	6500	3714 : 1
University 10	.5	1900	3800 : 1

Appendix A

AlcoholEDU

Administered to all first year students

Past two weeks prior to survey

(Pre= survey prior to matriculation; 45 Day = survey given after on campus 45 days)

	2014 Pre	2014 45 Day	2015 Pre	2015 45 Day
Marijuana	28.25%	34.02%	21.96%	24%
Cocaine (in some form)	1.26%	1.64%	0.80%	0.75%
MDMA ("Ecstasy," "XTC," "Adam")	1.64%	1.84%	0.06%	0.25%
Medications used to treat Attention-Deficit/Hyperactivity Disorder. (Ritalin®, Adderall®)	2.14%	2.83%	1.88%	1.5%
Total Respondents	793	488	742	400

2015 NESAC Alcohol Survey

Administered to all class years—random sample

During the last 30 days, on how many OCCASIONS did you use the following substances?

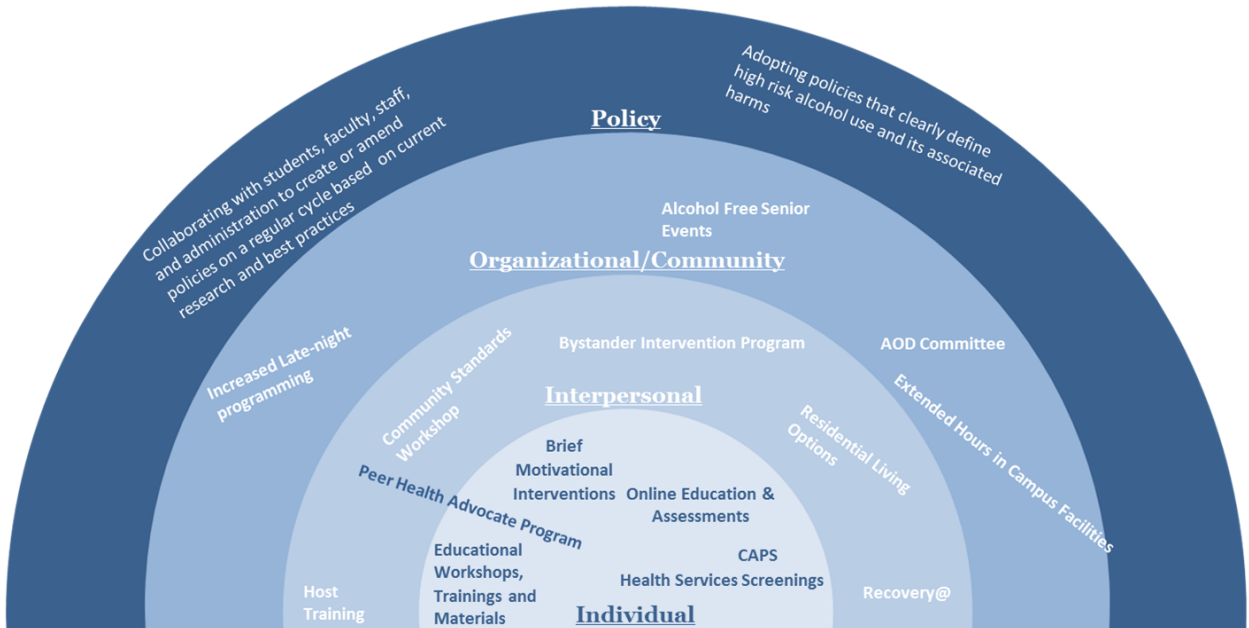
Tobacco N 1170	Never	76.0%	83.6%
	A few times a month	14.5%	9.4%
	Once a week	2.3%	1.7%
	A few times a week	3.8%	2.8%
	Everyday	1.3%	1.1%
	More than once a day	2.1%	1.3%
Marijuana N 1172	Never	55.4%	68.3%
	A few times a month	24.0%	18.0%
	Once a week	5.8%	4.3%
	A few times a week	10.7%	6.3%
	Everyday	2.5%	1.9%
	More than once a day	1.7%	1.2%
Ecstasy N 1164	Never	97.9%	99.1%
	A few times a month	1.8%	0.7%
	Once a week	0.0%	0.0%
	A few times a week	.1%	0.1%
	Everyday	0.0%	0.0%
	More than once a day	.2%	0.1%
Psychedelic drugs N 1167	Never	96.7%	98.1%
	A few times a month	2.8%	1.6%
	Once a week	0.0%	0.1%
	A few times a week	0.0%	0.1%
	Everyday	0.0%	0.0%
	More than once a day	.2%	0.1%
Cocaine/crack N 1167	Never	95.0%	97.1%
	A few times a month	4.3%	2.4%
	Once a week	.3%	0.2%
	A few times a week	.3%	0.1%
	Everyday	0.0%	0.0%

	More than once a day	.2%	0.1%
Heroin N 1155	Never	99.7%	99.8%
	A few times a month	.1%	0.1%
	Once a week	0.0%	0.0%
	A few times a week	0.0%	0.0%
	Everyday	0.0%	0.0%
	More than once a day	.2%	.1%
Prescription drugs prescribed to someone else N 1167	Never	93.3%	94.9%
	A few times a month	5.1%	4.1%
	Once a week	.8%	0.5%
	A few times a week	.5%	0.3%
	Everyday	0.0%	0.0%
	More than once a day	.3%	0.1%

Appendix B

**Wesleyan University
Alcohol and Other Drug Committee
Social Ecological Framework**

The Alcohol and Other Drug Committee (AOD Committee) adapted the Social Ecological Model (SEM) of health promotion to represent the multilevel approach to AOD work at Wesleyan. The SEM is a system model with multiple bands of influence. The AOD Committee implements activities at each of the levels to maximize synergies of intervention for the greatest impact.



Appendix C

Drug testing kits:

We are a progressive campus, not a permissive one. This means that we must have honest and sometimes difficult conversations about the realities of drug use and provide evidence informed information to students who choose to use drugs. This also means that we will adhere to state and federal laws and do our best to reduce and eliminate the use of drugs that are known to cause harm. Harm reduction methods for illicit drugs are not about enabling use but about creating a caring environment through which drug use can be reduced, in order to ensure overall wellbeing.

Drug testing kits may be effective in terms of indicating whether or not MDMA (or an analog) is present in the "Molly" being tested, but the kits will not tell you what other substances are also present. The other unknown substances, even in trace amounts, can cause several harms, as severe as overdose and death. We understand that overdose from pure MDMA is quite rare, and that most of the poisonings that occur as a result of taking "Molly" are caused by other compounds dealers use to cut the MDMA, increasing the risk to the person taking the drug. The MDMA market is highly adulterated and a simple at-home drug checking kit will not ensure the health or safety of a person ingesting the substance. The task force does not recommend that the University provide drug testing kits and instead, recommends several other evidence-informed best practices in harm reduction. We have further outlined the reasoning below.

- Most kits do not test for what is actually in the drug, only that the substance has MDMA in it (which could be trace amounts as "Molly" is highly adulterated in most cases). This provides a false sense of safety and security.
- Research in the kits' effectiveness of reducing actual harm (overdose, poisoning, death) is extremely limited with varying and unreliable results. This is in part because federal funding cannot be made available to do such a study and because "Molly" is not standardized, so the results could not be generalizable.
- A volunteer for Dance Safe who works for the Drug Policy Alliance, made it abundantly clear that while the kits are what brings people to the testing booths at music festivals, the far more helpful thing is the conversation they have with the person before checking the drug in the kit. They provide education and harm reduction strategies, should the person decide to take any drugs. The recommendations clearly outline that the University will focus on these efforts.
- Wesleyan can not continue to receive federal funding if the University provides the drug-checking kits.

Works Cited

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- Lipari, R. N. (2015). Monthly Variation in Substance Use Initiation Among Full - Time College Students. *SAMHSA The CBHSQ Report, 1-14*.
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