

Substance Misuse Trends in Higher Education

Presenters:

Ahmed Hosni, MSW & Cindy Clouner, MPH

Higher Education Center

for Alcohol and Drug Misuse Prevention and Recovery

Powered by: The Ohio State University



Our Resources

Web-Based Training
Annual Conference
Weekly E-Newsletter
ScreenU
Learning Collaboratives
Recovery Ally Training
Water Cooler Chats
Safer Party Host and Guest
Online Modules

- Housed at The Ohio State University
- Collaborative of the College of Social Work, College of Pharmacy, and the Office of Student Life
- Supports professionals working to address collegiate substance misuse across the continuum

Which of the following best represents your department?

- University Counseling Services
- University Health Promotion/Wellness
- Student Health Services
- Student Affairs– Other
- Academic Affairs/Faculty
- Community Counseling Agency
- Community Prevention
- Other Community Organization
- Government

Learning Objectives

1. Participants will be able to describe current trends related to collegiate substance misuse, specifically related to alcohol, cannabis, prescription drugs, and fentanyl.
2. Participants will be able to define the continuum of care, from prevention through recovery, and identify strategies they can employ to fill existing gaps in service.
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Cis Men n = 10205
 Cis Women n = 21085
 Trans/GNC n = 1909

Ever Used

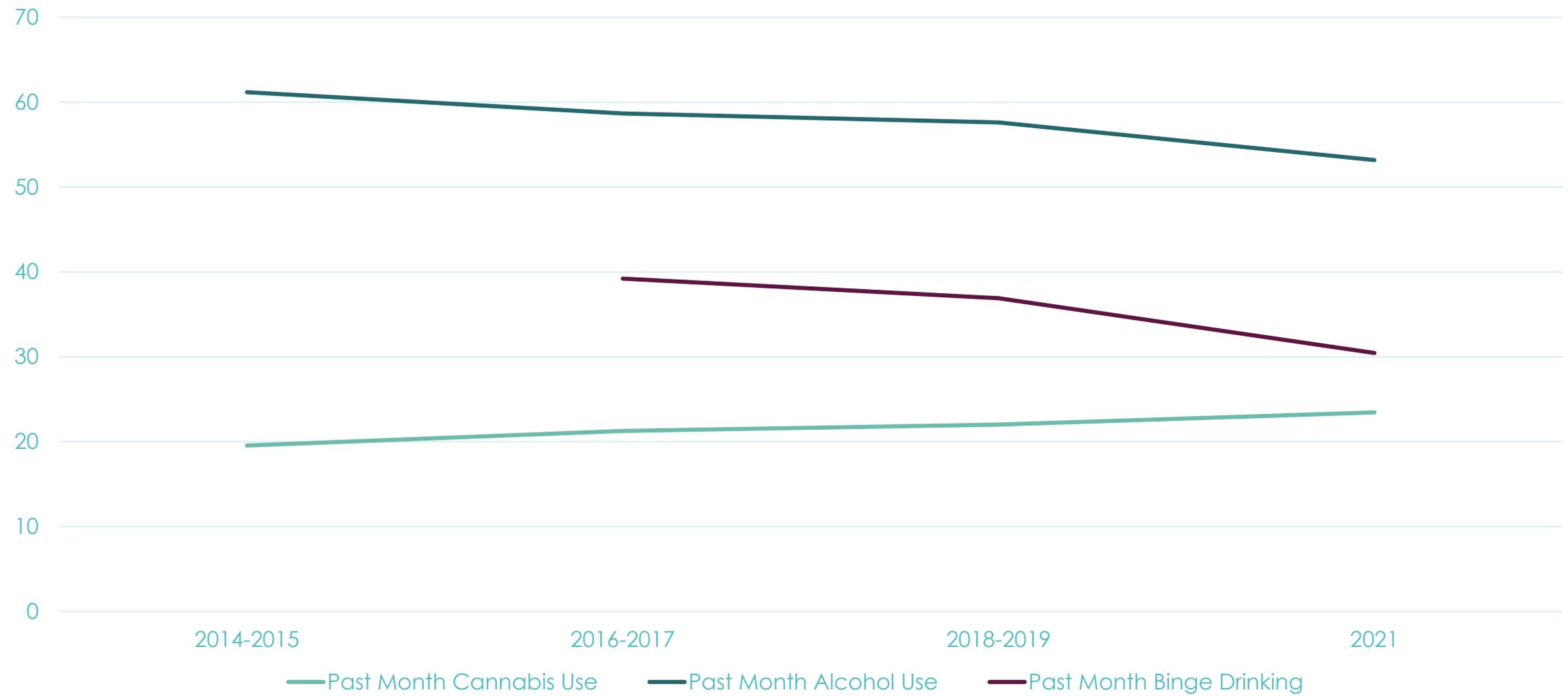
Percent (%)	Ever Used			
	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Tobacco or nicotine delivery products (cigarettes, e-cigarettes, Juul or other vape products, water pipe or hookah, chewing tobacco, cigars, etc.)	32.3	30.1	30.0	30.7
Alcoholic beverages (beer, wine, liquor, etc.)	66.3	71.5	67.2	69.5
Cannabis (marijuana, weed, hash, edibles, vaped cannabis, etc.) [Please report nonmedical use only.]	35.4	38.3	48.2	38.0
Cocaine (coke, crack, etc.)	5.7	4.8	6.4	5.2
Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.) [Please report nonmedical use only.]	7.0	6.4	8.0	6.7
Methamphetamine (speed, crystal meth, ice, etc.)	1.3	1.0	1.9	1.2
Inhalants (poppers, nitrous, glue, gas, paint thinner, etc.)	4.6	2.6	6.9	3.5
Sedatives or Sleeping Pills (Valium, Ativan, Xanax, Klonopin, Librium, Rohypnol, GHB, etc.) [Please report nonmedical use only.]	4.6	4.1	6.9	4.4
Hallucinogens (Ecstasy, MDMA, Molly, LSD, acid, mushrooms, PCP, Special K, etc.)	10.6	7.5	14.3	8.9
Heroin	0.6	0.5	1.0	0.6
Prescription opioids (morphine, codeine, fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine [Suboxone], etc.) [Please report nonmedical use only.]	3.8	2.8	5.3	3.3

*Used in the last 3 months

Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
21.5	19.0	19.3	19.7
60.4	66.4	59.2	63.6
23.2	24.2	37.3	24.5
1.8	1.2	1.9	1.4
2.1	2.0	2.6	2.1
0.2	0.1	0.6	0.2
1.5	0.7	2.8	1.1
1.3	1.4	2.3	1.4
3.8	2.4	6.1	3.0
0.1	0.1	0.4	0.1
0.7	0.5	1.3	0.6

*These figures use all students in the sample as the denominator, rather than just those students who reported lifetime use.

30 Day Prevalence of Alcohol and Cannabis Among 18-25 Year Olds in Ohio



What Alcohol related trends are you hearing about?

HOME > CULTURE

The University of Massachusetts is warning students about the viral TikTok 'borg' drink after 28 ambulances were called to parties

Kieran Press-Reynolds Mar 6, 2023, 6:10 PM



What on Earth Is a BORG?
- New York Times, 3/9/2023



TikTok
@kettlebellkel



TikTok
@kettlebellkel

What Cannabis related trends are
you hearing about?

- Hemp Farming Act of 2018 legalized hemp AND all cannabis derivatives and isomers with a delta-9 THC concentration of less than 0.3% by dry weight
- No clear regulators of these derivatives
- Safety concerns regarding the development of these isotopes



Image: Chemical and Engineering News

- SB9: Revise Medical Marijuana Law
 - Transition oversight to Department of Commerce
 - Expand the number of dispensaries
 - Allows those with out of state medical cards to purchase cannabis
 - Allows social media advertising without prior approval
 - Affirms the ability for dispensaries to offer drive thrus and curbside pickups
 - Expands eligible diagnoses

- Ballot Initiative: An Act to Control and Regulate Adult Use Cannabis
 - Would legalize cultivation, processing, sale, purchase, possession, home growth, and use of cannabis for adult use (over 21)
 - Adults could possess up to 2.5 ounces of cannabis and up to 15 grams of concentrates
 - Individuals could grow up to 6 cannabis plants; household max of 12
 - Establish a Division of Cannabis Control
- Enact a 10% cannabis tax rate:
 - Cannabis social equity and jobs program
 - Provide financial assistance and license application support to individuals most directly and adversely impacted by the enforcement of cannabis-related laws
 - Community Cannabis Fund
 - Substance Abuse and Addiction Fund

What Prescription Drug related trends are you hearing about?

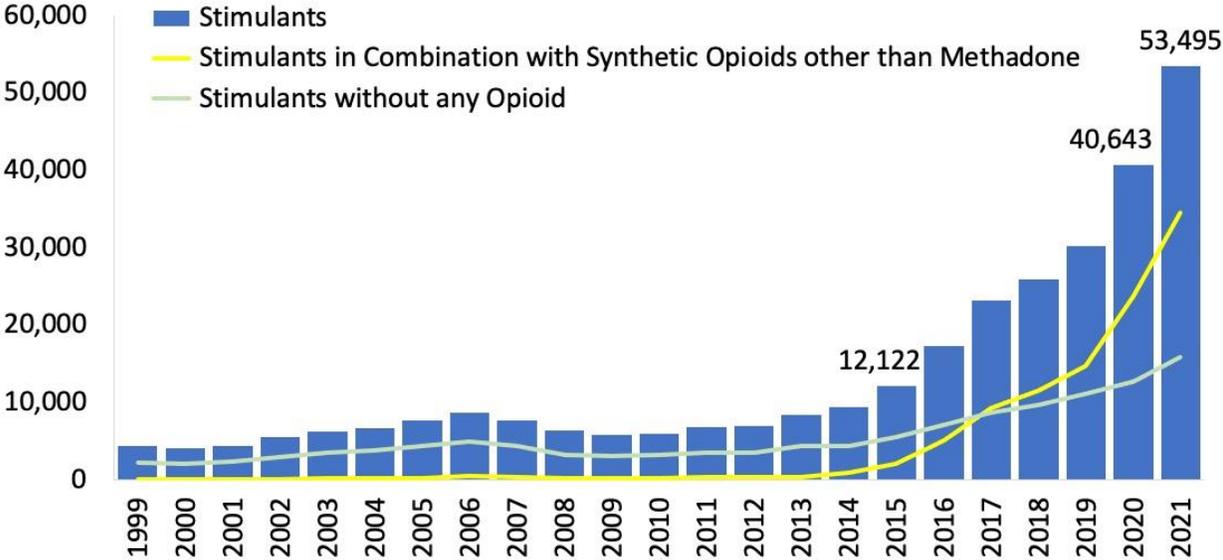


DEA, One Pill Can Kill

Xylazine is known as “tranq” or “tranq dope” in the illicit drug market. Xylazine can cause drowsiness, lethargy, and in rare instances, apnea and death. While xylazine is not an opioid, it is dangerous because it can depress breathing, blood pressure, heart rate and body temperature to critical levels. Additionally, people who inject drugs containing xylazine can develop severe skin wounds and patches of dead and rotting tissue that easily become infected and, if left untreated, may lead to amputation. These wounds can develop in areas of the body away from the injection site and may become life-threatening.



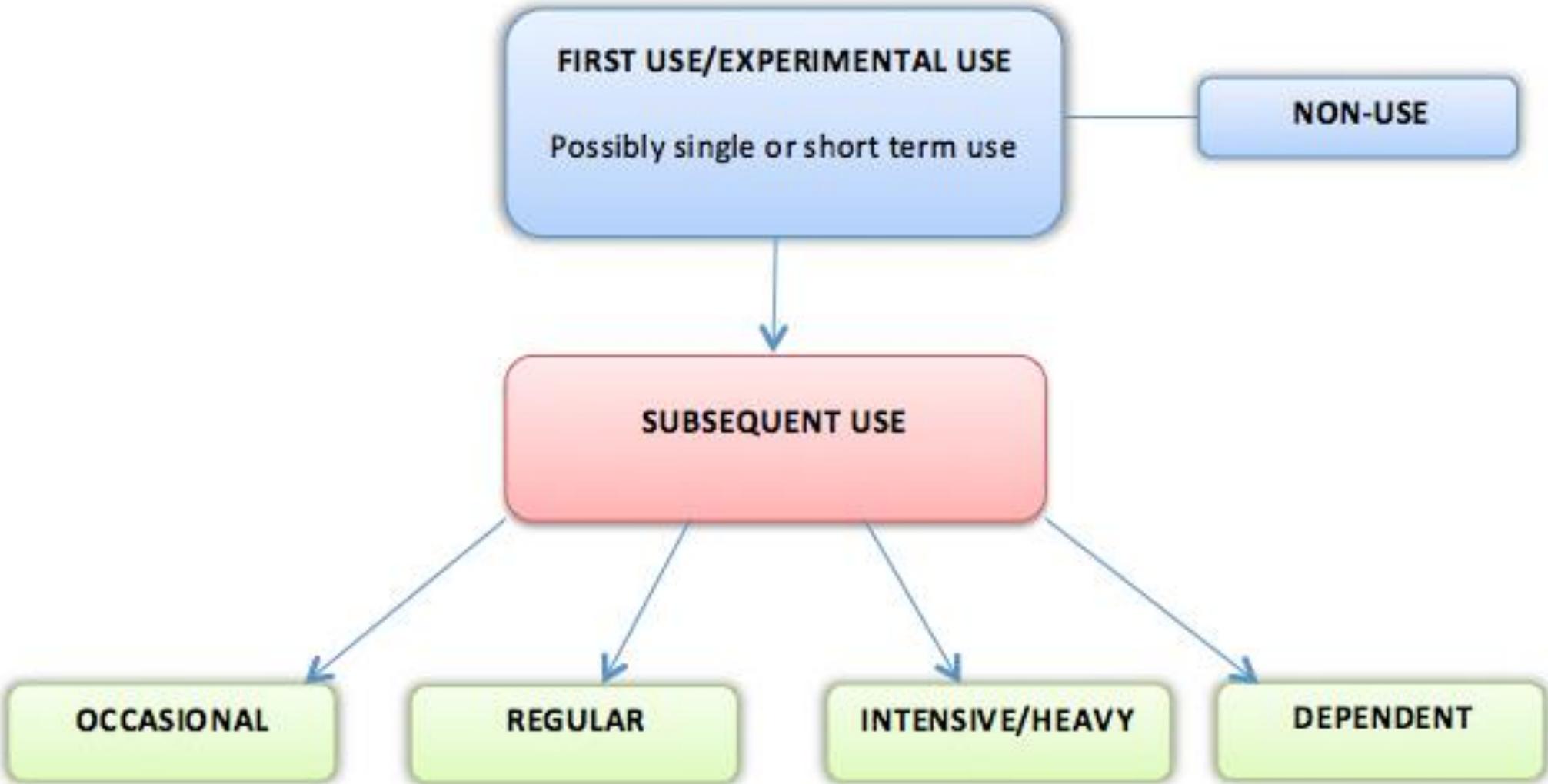
Figure 6. National Overdose Deaths Involving Stimulants (Cocaine and Psychostimulants*), by Opioid Involvement, Number Among All Ages, 1999-2021



*Among deaths with drug overdose as the underlying cause, the psychostimulants with abuse potential (primarily methamphetamine) category was determined by the T43.6 ICD-10 multiple cause-of-death code. Abbreviated to *psychostimulants* in the bar chart above. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2021 on CDC WONDER Online Database, released 1/2023.

Learning Objectives

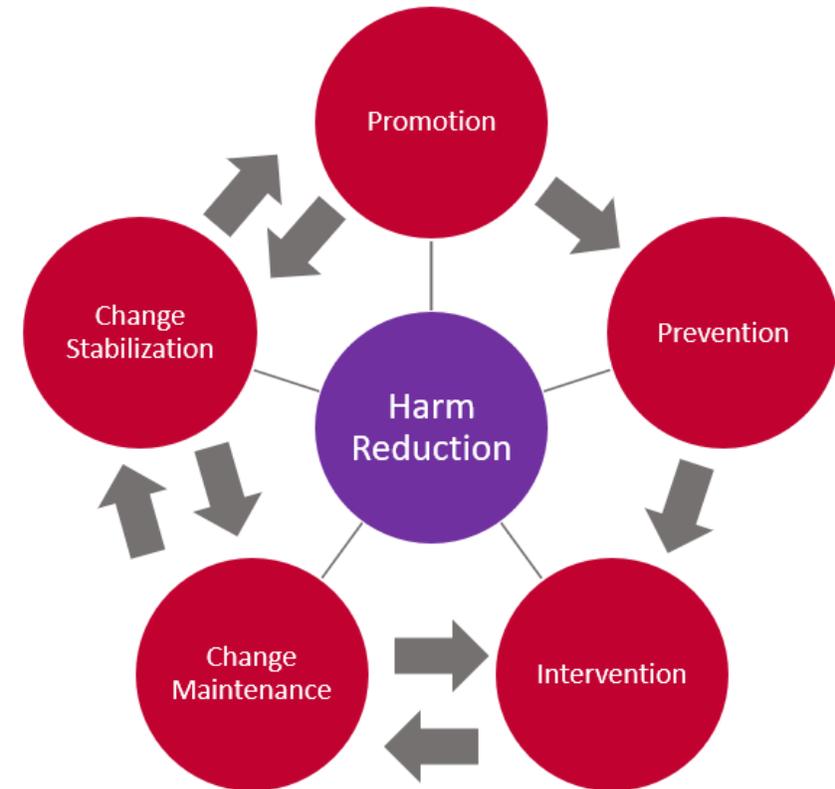
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Harm Reduction: Policies, programs and practices that aim to minimize negative health, social and academic impacts associated with problem behaviors and campus policies.

Promotion: Educational programs and workshops for student groups and organizations aimed at teaching skills to make healthy decisions.

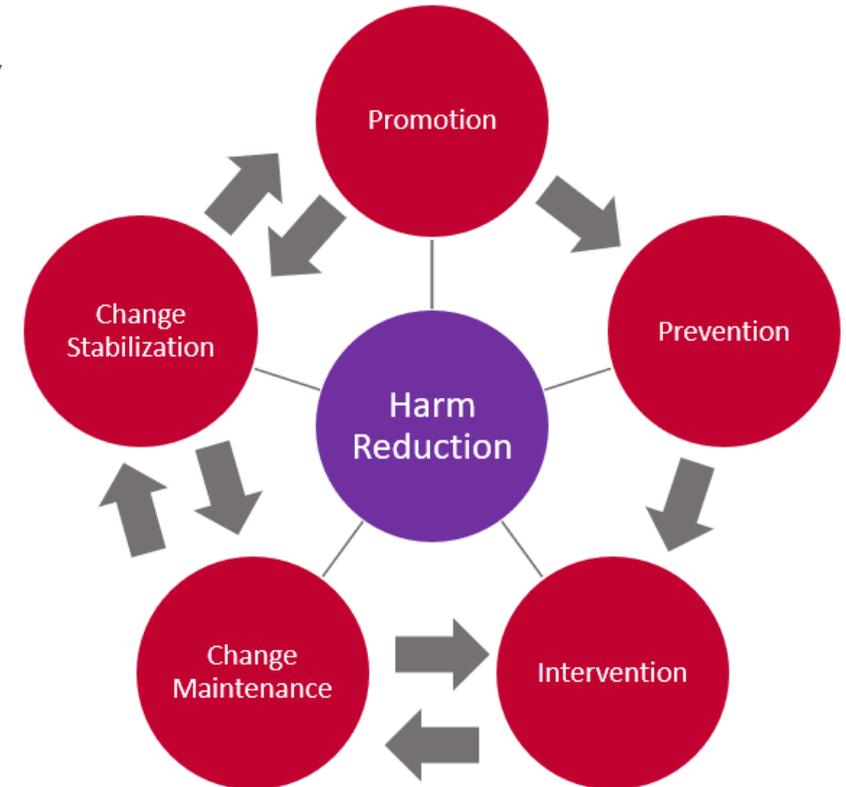
Prevention: Programming to reinforce positive decisions and lessen the negative decisions being made by students who are experiencing consequences related to choices around specific behaviors.



Intervention: Helping students who've identified risks associated with problem behaviors and connecting them with appropriate level of care to make necessary lifestyle changes.

Change Maintenance: Supporting students in maintaining new lifestyle changes as they navigate implementing them into various aspects of their lives as students.

Change Stabilization: Supporting students (recent alumni) in navigating next steps in their lives and continuing their journey towards optimal health and wellbeing





Respect the rights of people who use drugs

The most effective way to partner with a person for change is to respect their autonomy and humanity.



Utilize evidence-based practices

The evidence on how to support individuals with SUDs is plentiful and precise. Set aside your beliefs and opinions and use the evidence.



Ground your work in Social Justice

Center the voices of the marginalized and underserved. Recognize that the longer you live with an SUD, the further you are marginalized.



Avoid further stigmatization of drug users

Stigma creates guilt, shame, and remorse. They prevent help seeking. Stigma = Death.

What does Harm Reduction look like on campus?

1

Filling Gaps in Services

In order to support students, the supports students need must exist. This means creating a continuum of care which is accessible and developmentally appropriate.

2

Meeting Them Where They Are

In order to be effective helpers, we must work to understand a group or individual's values, needs, and willingness. Only then can we connect with them effectively.

3

Reducing Stigma

College students have the highest rate for SUDs of any group in the country but are least likely to receive help. By reducing stigma, we can increase help seeking behavior.

What gaps currently exist in ATOD services on campuses?

How can we close them?

Who are natural allies or identified champions of this idea?

- Students In Recovery or Alumni
- Faculty who study Substance Use Disorders, Public Health, other health focused fields
- Community stakeholders
- Identified donors

Use this chart to guide your brainstorming process for potential project team members:

Campus Departments/Resources		Community Resources
Division of Student Affairs	Disability Support Services	Association of Recovery in Higher Education
Health Promotion and Wellness	Student Conduct and Conflict Resolution	Local 12-Step Meetings, Recovery Dharma, SMART Recovery, or other community recovery meetings
Housing and Residence Life	Academic Advising	Local Mental Health Experts
Alcohol and Other Drug Task Force	Dean of Students Office	Parents & Families
Counseling Services	College of Public Health	Recovery Community Organizations
Veteran and Military Affairs	Social Work Department	Local Treatment Facilities
Multicultural Affairs	Psychology Department	Community Alcohol & Drug Task Force
Office of Public Affairs	Athletics	State and Local Coalitions
Student Health Services	Admissions	Local Law Enforcement/Judicial System
Mental health, serious mental illness, and substance abuse — inpatient		Local Recovery Housing

1. Is there any history of past efforts to build a CRP on your campus? What became of those efforts? What was learned during that process?
2. What stage of planning are you in? Is there already something established on campus or is this completely new? Have you identified students or alumni in recovery?
3. Have you put together a project planning team? If not, who would be a good fit for this project?
4. How familiar are you or your team with the local recovery community surrounding your campus? What is that culture like? What recovery supportive resources are available in the surrounding community?
5. How do you perceive the degree to which stakeholders and decision makers on your campus rate the importance of having a CRP on your campus?

6. Have you identified key stakeholders on campus that can be a champion for this project, especially when communicating with upper administration?
7. How many hours per week can you or the project planning team dedicate to this effort?
8. What are your perceived barriers? Understanding these can help you plan for overcoming them!
9. Who will your new CRP serve and where will it be housed within the current structure of your institution?
10. Considering these questions gives a look into where to begin, especially if this is a new effort on your campus. In order to receive personalized feedback on these questions, we encourage you to fill out the [Collegiate Recovery Readiness Survey!](#)

Ways to Identify Students In Recovery

- Create a Student Org with Recovery Mission
- Connect with local treatment providers
- Logical campus partners
 - Dean of Students
 - Ombudsman
 - Counseling
 - Advocacy
- Host recovery meetings on campus

What is your plan once you've identified students?

- What is the draw for students to engage with your office?
- How can you leverage a few students to help find more?
- Difference between students struggling with substance use and students in recovery

Recovery Housing

Dedicated Staff

Dedicated Space

Recovery Programming &
Resources



- Recovery housing is intended to create safe living spaces for individuals in recovery
- Living near students who choose to drink in residence halls or return inebriated can be challenging for SIR
- SIR vs Non-drinkers/users
- Residence Hall vs Roommate Matching



Dedicated Space

- Affinity space for students with recovery identity
- Reprieve from campus environment which may feel inundated with substance misuse
- Communicates the institutions belief in students who hold recovery identity

Dedicated Staff

- Full-time paid qualified, trained and dedicated professional employee
- Assesses the needs of the community and supports students
- 1:25 Staff to student ratio

- Peer-support groups/seminars for students in recovery
- Skills training/seminars (e.g., coping skills, time management, relapse prevention, financial management)
- Easily accessible mutual aid meetings (on or off campus)
- Clinical and/or case management for recovery support
- Academic support (i.e., formal or informal advising)
- Team and community building activities
- Admission assistance/support to navigate the admissions process and entry into the institution
- Financial assistance (e.g., scholarships)
- Recovery-based housing support

1. Clinical vs. Non-clinical
2. Residence-Based vs. Community Center-Based
3. How will you support co-morbid habitual processes?
4. How will your campus (system?) define recovery?

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REVISED AND UPDATED

Planning Alcohol Interventions Using NIAAA's

COLLEGE AIM ALCOHOL INTERVENTION MATRIX



ENVIRONMENTAL-LEVEL STRATEGIES: Revised and Updated*

Estimated Relative Effectiveness, Costs, and Barriers; Public Health Reach; and Research Amount/Quality¹

COSTS: Combined program and staff costs for adoption/implementation and maintenance				
	Lower costs \$	Mid-range costs \$\$	Higher costs \$\$\$	
EFFECTIVENESS: Success in achieving targeted outcomes ¹	Higher effectiveness ★★★	ENV-16 Restrict happy hours/price promotions [###, B, ●●●] ENV-24 Retain age-21 drinking age [##, B, ●●●●]	ENV-11 Enforce age-21 drinking age (e.g., compliance checks) [##, B, ●●●●] ENV-22^a Establish minimum unit pricing [###, B, ●●●●] ENV-25 Increase alcohol tax [###, B, ●●●●]	
	Moderate effectiveness ★★	ENV-17 Retain or enact restrictions on hours of alcohol sales [##, B, ●●●●] ENV-21^a Retain ban on Sunday sales (where applicable) [##, B, ●●●●] ENV-36 Enact social host provision laws [##, B, ●●●]	ENV-3 Prohibit alcohol use/sales at campus sporting events [##, F, ●●●●] ENV-23^a Conduct "reward & reminder" or "mystery shopping visit" [C/L = #, S = ##, B, ●●●] ENV-27 Enact dram shop liability laws: Sales to intoxicated [##, B, ●●●●] ENV-28 Enact dram shop liability laws: Sales to underage [##, B, ●●●] ENV-32 Limit number/density of alcohol establishments [###, B, ●●●●] ENV-37 Retain state-run alcohol retail stores (where applicable) [###, B, ●●●●] ENV-39^a Enact false/fake ID laws [##, B, ●●●]	ENV-12^b Restrict alcohol sponsorship and advertising [##, B, ●●●●] ENV-33 Enact responsible beverage service training laws [##, B, ●●●]
	Lower effectiveness ★		ENV-1 Establish an alcohol-free campus [###, B, ●●●] ENV-7 Conduct campus-wide social norms campaign ² [#, B, ●●●●]	ENV-14 Implement beverage service training programs: Sales to intoxicated [C = #, S/L = ##, B, ●●●●] ENV-15 Implement beverage service training programs: Sales to underage [C = #, S/L = ##, B, ●●●●] ENV-30 Enact keg registration laws [##, B, ●●●]
	Too few robust studies to rate effectiveness—or mixed results ?	ENV-4 Prohibit alcohol use/service at campus social events [##, B, 0] ENV-5 Establish amnesty policies ² [#, F, ●●●] ENV-8 Require Friday morning classes ² [#, B, ●●] ENV-9 Establish standards for alcohol service at campus social events [#, B, ●●●] ENV-10 Establish substance-free residence halls ² [#, F, ●●] ENV-13 Prohibit beer kegs [C = #, S/L = ###, B, ●●●] ENV-18^a Establish minimum age requirements to serve/sell alcohol [##, B, ●●] ENV-19 Implement party patrols [##, B, ●●●] ENV-26 Increase cost of alcohol license [##, B, ●] ENV-29 Prohibit home delivery of alcohol [##, B, ●●] ENV-31 Enact noisy assembly laws [##, B, 0]	ENV-6 Implement bystander interventions ² [#, F, ●]	ENV-2 Require alcohol-free programming ² [#, F, ●●] ENV-20 Implement safe-rides program ² [##, F, ●●] ENV-34 Conduct shoulder tap campaigns [##, B, ●●] ENV-35 Enact social host property laws [##, B, 0] ENV-38 Require unique design for state ID cards for age < 21 [##, B, ●●●]

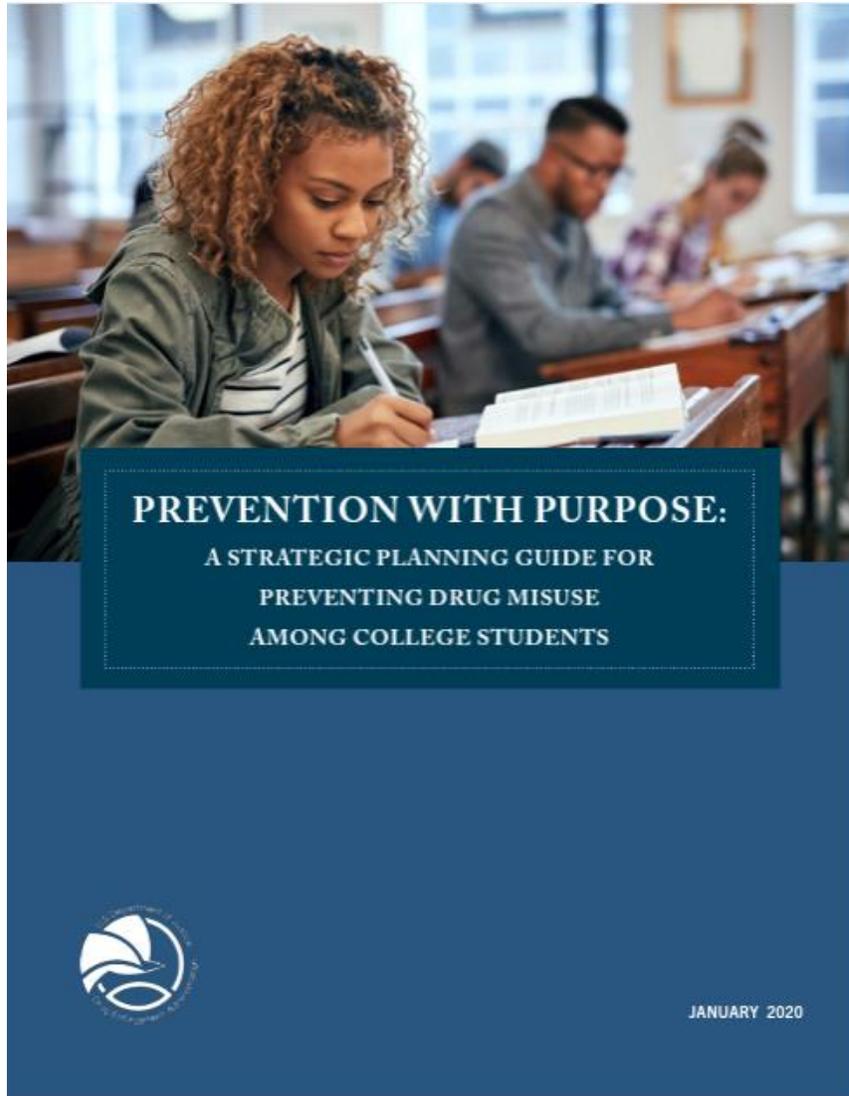
Legend

Effectiveness rating, based on estimated success in achieving targeted outcomes:
 ●●● = Higher
 ●● = Moderate
 ● = Lower
 ? = Too few robust studies to rate effectiveness—or mixed results

Barriers:
 ### = Higher
 ## = Moderate
 # = Lower
 C/S/L = Barriers at the college/state/local levels

Public health reach:
 B = Broad
 F = Focused

^a = New intervention (2019)
^b = Intervention changed position in the matrix



- Community and Technical Colleges
- Campus Safety and Law Enforcement
- Student Affairs Professionals
- Faculty
- Presidents and Sr. Administrators

THE GUIDE TO THE EIGHT PROFESSIONAL COMPETENCIES FOR HIGHER EDUCATION SUBSTANCE MISUSE PREVENTION



Designed to promote enhanced professional skills and ultimately significantly impact college students' decisions surrounding drugs and alcohol.



Developed with funding from the
Mid-America Prevention Technology Transfer Center

- Prevention Science
- Drugs and Alcohol
- Strategic Planning
- Needs Assessment, Evaluation, Research
- Program Management
- Policy & Environmental Strategies
- Leadership
- Communication & Advocacy

Resources for Campus Professionals

- ACHA- American College Health Association
- NASPA- Student Affairs Administrators in Higher Education
- ARHE- Association of Recovery in Higher Education
- ITGA- International Town Gown Association
- Healthy Minds
- Jed Foundation
- The Gordie Center

Ohio Resources

- Ohio Program for Campus Safety and Mental Health
- S.O.A.R. Ohio
- Harm Reduction Ohio
- Project Dawn Site Locator
- Ohio College Initiative
- RecoveryOhio
- Great Lakes PTTC, MHTTC, ATTC

Questions?

Ahmed Hosni –
hosni.2@osu.edu

Cindy Clouner-
clouner.2@osu.edu