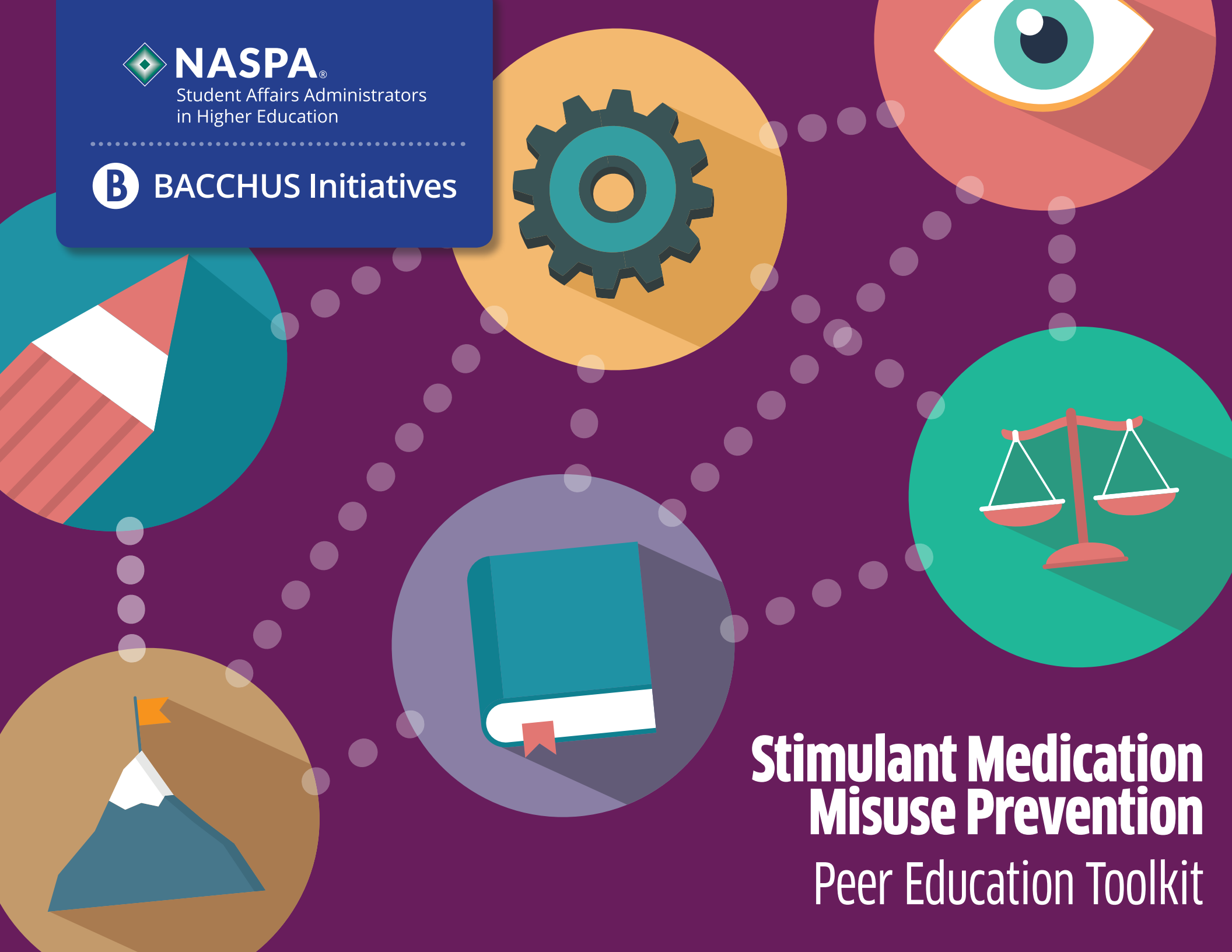
NASPA
Student Affairs Administrators in Higher Education

BACCHUS Initiatives



Stimulant Medication Misuse Prevention

Peer Education Toolkit

Section I

Introduction to the Prescription Stimulant Medication Misuse Prevention Toolkit

Thank you for making the Prescription Stimulant Medication Misuse Prevention Toolkit part of the quality programming and innovative health and safety work you do on campus.

The misuse of prescription medications continues to affect communities across the United States, creative severe problems associated the misuse. In many ways, college and universities have served as a protective factor for individual misuse for prescription medications, with college attending students reporting lower overall prescription medication misuse than non-college attending peers. However, for medications traditionally used to treat an ADHD diagnosis, college student misuse is higher than for non-college attending peers. When data like this presents, it is our responsibility as college and university administrators and prevention practitioners to create and sustain prevention programs on individual, indicated group level, and the campus environment in order to make our campuses healthier and safer.

This toolkit was created as part of the BACCHUS Initiatives of NASPA's work with the Coalition for the Prevention of ADHD Medication Misuse (CPAMM). CPAMM is a collective of associations representing medical providers, individuals with an ADHD diagnosis, mental health providers, student affairs professionals, and peer educators and advisors.

Just as the CPAMM has brought together different disciplines to collectively examine and reduce the misuse of prescription stimulant medication, so must our campuses work together within and between many different departments. The BACCHUS Initiatives of NASPA staff, volunteers, and student leaders all know that peer educator excel at making connections, forming partnerships, and delivering exceptional programming across campus groups to improve student health and safety.

Stimulant medication misuse rates among college students are higher than misuse rates among non-college attending peers, making this issue one which requires solutions on the individual, group, and environmental levels. Peer educators are uniquely situated to create change across these focus levels on campus. Whether through correcting misperceptions using a bystander model, sharing resources in presentations, or impacting a campus community through an awareness campaign, we know that peer educators can help to address the misuse of prescription stimulant medications.

On behalf of the network of peer educators and advisors, it is our hope that this Prescription Stimulant Medication Misuse Prevention Toolkit will help guide your efforts to provide a healthy and safe campus environment.

What's in the Stimulant Medication Misuse Prevention Toolkit

Section II

Peer Educators in Prevention: Effective Strategies in Collegiate Health and Safety

The BACCHUS Initiatives of NASPA recognizes that peer education is a useful and effective tool in addressing health and safety issues on college campuses. Peer education programs have beneficial effects on our campuses, communities, student populations, and peer educators themselves. Peer education programs have continued to grow because colleges recognize that peers are effective communicators of positive and healthy messages. Additionally, peer education provides a quality leadership experience and, when implemented to fidelity, shows strong return on investment.

Alexander Astin (1993), a notable higher education scholar, has conducted research on the importance of the collegiate experience on campus. He posited that peers themselves are the strongest source of influence on cognitive and affective development in college.

The National Peer Education Study (NPES) is a partnership with NASPA and Michigan State University. Since 2004, a research team at Michigan State University has been collecting and analyzing peer educator self-report data. Student peer educators participating in the NPES are asked about their perceptions of items associated with one of six learning domains that align with national reports and standards. For more information, see the Council for the Advancement of Standards in Higher Education's (2015) Learning and Development Outcomes, Learning Reconsidered (Keeling, 2004), and Learning Reconsidered 2 (Keeling, 2006).

The six learning domains included in the NPES are:

(a) cognitive complexity

(b) intrapersonal development

(c) interpersonal development

(d) practical competence

(e) humanitarianism and civic engagement

(f) knowledge acquisition, construction, integration, and application.

Why Peer Education?

Peer-to-peer influence and access play a significant role in students' growth and development, including affective and cognitive growth and development.

Peer interactions on college campuses have a positive association with college student persistence.

Peers are trusted by classmates to provide reliable answers and accurate information, and peer educators serve as a link between administrators and the student body.

For more than 10 years of collecting data, peer educators have consistently reported statistically significant gains in each of the six learning domains as a result of their peer education experience. For more information, see Trends in Peer Education National Report (Wawrzynski, 2015).

Models of Peer Education Groups

Consultancy

In a consultancy model, peer educators focus their work on individual students. This may include one-on-one conversations, screenings, or a drop-in office for individual health education. Peer educators are trained to have dialogue with students to help assess, provide information, and refer students to resources on campus and in the community.

Educational and Skill Development

In an educational and skill development model (also known as a "programming" model), peer educators provide workshops, presentations, and passive programming to impact change on campus. This may include experiential activities, tabling, or presenting to classrooms. Peer educators are trained to facilitate topical based education, develop skills within groups, and answer questions as a result of presentations.

Environmental Change and Advocacy

In an environmental change and advocacy model, peer educators focus their work on the campus and community. This may include policy change, serving on committees, and making connections between campus and the community. Peer educators are trained to develop actionable policies, participate as a student voice stakeholder, and network with resources relevant to student health and safety.

Hybrid Models

Most peer education groups represent a hybrid model, combining the consultancy, educational and skill development, and environmental change and advocacy models. Hybrid models of peer education groups allow for a diverse set of peer educator skills to be utilized.

Using this Toolkit with Peer Educator Groups

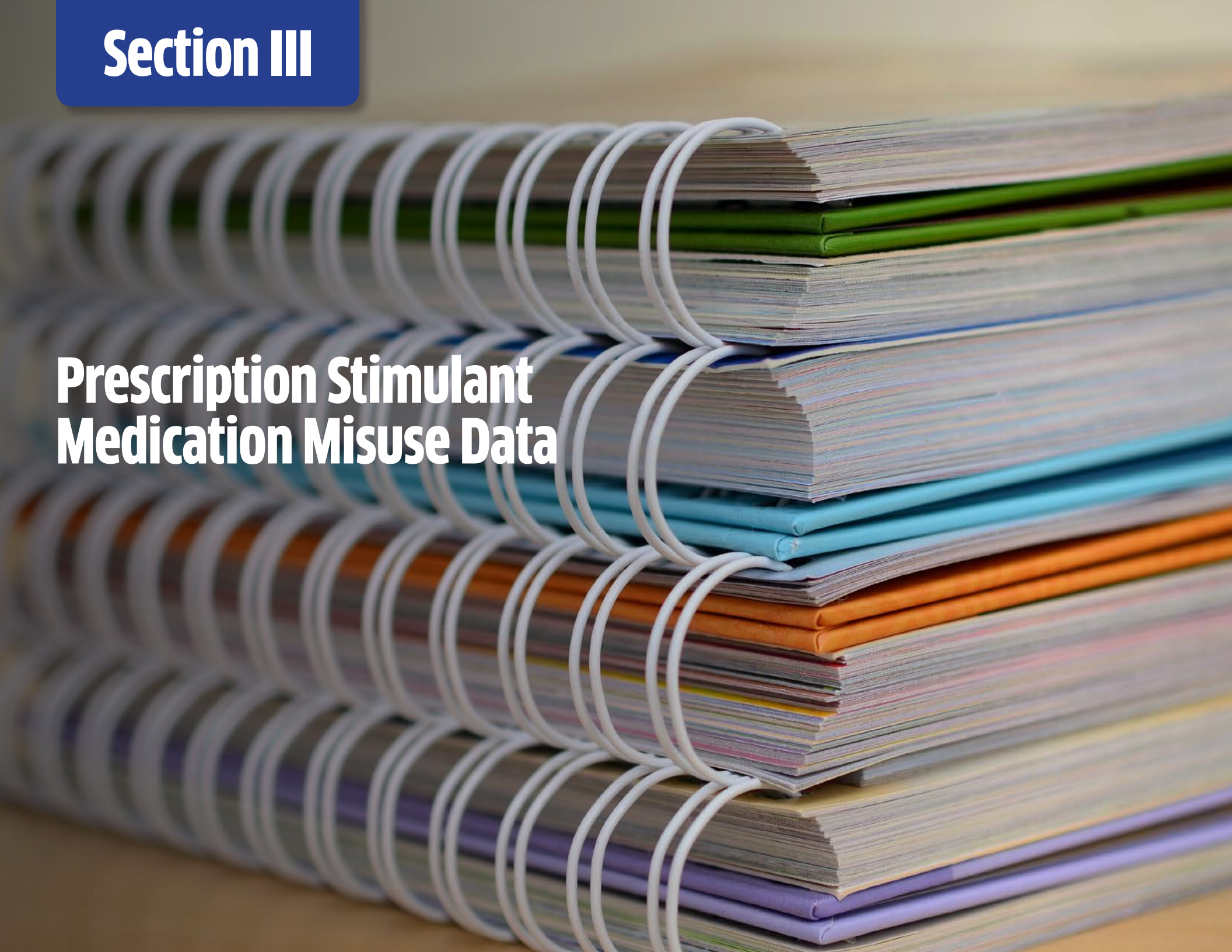
This toolkit is designed for reference and support throughout the academic year by both professional prevention practitioners and peer educators. Effective peer educators can integrate the data, messages, and strategies into their educational efforts during any time of the year and in their daily peer-to-peer interactions. While you may use this toolkit as part of a prevention week or single event, the issue of prescription stimulant medication misuse deserves attention throughout the academic year.

Whether you are a student leader for your peer education group, a sub-group of peer educators focused on alcohol and other drug prevention, or a prevention practitioner looking to create or augment an existing peer education group, there are many ways to use this toolkit. Here are some suggestions to get started:

- Use the up-to-date data in this toolkit to create interactive and experiential learning opportunities (often called programs) for students in residence halls, academic classes, or in common spaces on campus.
- Locate campus, local, or statewide data similar to what exists in this toolkit, making presentations and campaigns more relevant to your campus and students.

- Review the list of promising practices, effective strategies, and prevention approaches listed in this toolkit.
- Ask members of your peer education group to present on an aspect of this toolkit they find intriguing or particularly relevant.
- Use the program planning and task worksheets to plan at least one prescription stimulant medication misuse prevention program.
- Evaluate current efforts in the prevention of stimulant medication misuse.
- Identify risk and protective factors in your campus environment which peer educators can help change.

Section III



Prescription Stimulant Medication Misuse Data

Campus Specific Data

This toolkit provides an overview of national data on prevalence, attitudes, and beliefs on prescription stimulant medication misuse. This data can give your peer education group an overview of the trends in these fields. However, possessing data from your own students will provide a much more relevant picture of the use, attitudes, perceptions, and trends for your campus. There are multiple options for collecting this information from various paper-and-pencil and online surveys to online educational and sanctioning tools that also can collect assessment data. Assessment data can also include interviews or focus groups with students, faculty, and staff.

Harris Poll Survey Data

Harris Poll conducted the survey on behalf of the Coalition to Prevent ADHD Medication Misuse (CPAMM). The survey was administered online within the United States between May 15 and June 11, 2014, among 2,056 US college students (full-time, 91%, part-time, 9%), defined as adults aged 18 to 24 who were enrolled and seeking a degree at a 4-year college or university and had attended at least some in-person classes. Among that group, 164 were diagnosed with ADHD. Data are weighted where necessary by age within gender, race/ethnicity, region, and propensity to be online to bring them in line with their actual proportions in the population.

Involving Student Peer Educators in Data Collection

1. Utilize peer educator experiences to create survey questions relevant to your student body.

2. Assign peer educators to help create spreadsheets and enter collected data.

3. Create ownership in the process of collecting data—review trends and reflect on next steps with the peer educators.

4. Train peer educators to effectively hand out and collect brief questionnaires at all events and peer education programs.

5. Work with peer educators to advocate for data collection in the classroom.

6. Encourage peer educators to connect with residence hall assistants for residence hall-specific data collection.

7. Utilize students to create and manage webpage/online survey pages.

8. Include students in discussions about the data collection and analysis processes.

9. Train students to co-facilitate focus groups.

10. Include peer educators in the process of creating presentations and sharing data.

Key Takeaways

Most college students are familiar with ADHD and agree it is a serious medical condition.

- 88% of college students have heard of and are familiar with ADHD.
- 72% of college students agree ADHD is a serious medical condition.

A majority of college students have some familiarity with ADHD prescription stimulant misuse and most consider misuse to be harmful, unethical and a "big deal."

- 67% of college students have heard about and are at least somewhat familiar with ADHD prescription stimulant misuse.
- Most say that prescription stimulants used to treat ADHD are not safe for everyone to use (88%) and that it's extremely or very harmful for people their age to use ADHD prescription stimulants that are not their own (73%), but 42% also say that using ADHD stimulants that are not prescribed to them is no more harmful than an energy drink or a strong cup of coffee.
- 59% of college students feel that misusing ADHD prescription stimulants in order to do schoolwork is a form of cheating and 75% say it is unethical to take ADHD prescription stimulants that were not prescribed to them.
- 80% say that it's a big deal if someone who doesn't have ADHD uses prescription stimulants.

For the purpose of this survey, misuse refers to any time the medicine is used in a way that is different from the doctor's instructions and could include people who do not have a prescription for the medication but obtain it and use it, and people who have a prescription but do not use it as directed by their health care provider.

Statistical significance testing was conducted at the 95% level of confidence.

Prevalence:

Fifteen percent of college students say that they have used prescription medication that was not prescribed to them during the past school year.

- Male members of fraternities are particularly likely to have used a prescription that was not prescribed for them by a doctor or other health care professional during the past school year (28% vs. 15% of students overall).

Nearly 3 in 4 college students (73%) believe that using ADHD prescription stimulants that are not their own is extremely or very harmful for other people their age and an even greater proportion (88%) believe that ADHD prescription stimulants are not safe for everyone.

- In comparison, fewer students consider using marijuana (39%), drinking alcohol (39%) and drinking large amounts of caffeine (33%) to be extremely/very harmful, but more say

that smoking cigarettes (83%) and using prescription painkillers that are not their own (84%) is extremely/very harmful for people their age.

However, more than 1 in 4 college students (26%) say they are at least somewhat likely to use ADHD prescription stimulants in a way that is different from a doctor's instructions.

- Members of Greek organizations (fraternities and sororities) (40%) and athletes (members of varsity, junior varsity, intramural and/or club teams) (36%) are more likely than their counterparts (23% non-Greeks and 21% non-athletes) to say they are at least somewhat likely to use ADHD prescription stimulants in a way that is different from a doctor's instructions.

Awareness and Knowledge:

The majority of college students (88%) are not only familiar with ADHD, but also aware that it is a serious medical condition (72%).

- Women are more likely than men to be familiar with ADHD (90% vs. 85%) and are more likely to perceive it as a serious medical condition (75% vs. 68%).

Though not met with the same level of familiarity as the condition, about 2 in 3 college students (67%) are at least somewhat familiar with ADHD prescription stimulant misuse.

- Again, women seem to be more aware of the issue than men (70% vs. 63%). Sophomores (69%) and juniors (70%) are more likely than freshmen (62%) to say they are at least somewhat familiar with misuse.

About 4 in 5 college students recognize that misusing ADHD prescription stimulants can result in severe side effects (82%) or addiction (77%). Moreover, almost 3 in 4 agree that misuse by someone undiagnosed takes the medicine away from someone who really needs it (74%).

That said, 7 in 10 college students (71%) say it is relatively easy to get access to ADHD prescription stimulants without a prescription, primarily through friends with a prescription (87%).

College students don't agree misuse is rare—75% agree that at least some college students (and 17% say most college students) have in fact used ADHD prescription stimulants that have not been prescribed to them.

- Members of Greek organizations (fraternities and sororities) and women are more likely than their counterparts to think access is easy (78% Greeks vs. 70% non-Greeks; 76% women vs. 66% men) and are also more likely to think most college students have misused at some point (26% Greeks vs. 16% non-Greeks; 19% women vs. 15% men).

Attitudes and Beliefs:

Most college students (75%) agree that it is unethical to take ADHD prescription stimulants that were not prescribed to them, regardless of the situation. However, a proportion of students (20%) do not seem to appreciate the dangers and agree that it is not a big deal if someone who doesn't have ADHD uses prescription stimulants.

- Compared to their respective counterparts, men (29% vs. 21% women), members of Greek organizations (37% vs. 23% non-Greeks), and athletes (members of varsity, junior varsity, intramural and/or club teams) (33% vs. 22% non-athletes) are more likely to agree there are certain situations where it's OK to take ADHD prescription stimulants not prescribed to them.

College students believe the main drivers for college students to start misusing ADHD prescription stimulants are related to academic pressures, such as a desire to get good grades (70%) and pressure to succeed (68%), rather than the desire to stay out longer to party (31%) or to lose weight or stay thin (25%).

College students who misuse ADHD prescription stimulants are most commonly viewed by their peers as being stressed (58%) and poor decision-makers (56%),

and about half (48%) agree that these students are just doing what they have to do to keep up with the pressures of college.

The large majority of college students find sharing (83%) or selling (86%) of ADHD prescription stimulants by college students with ADHD to other college students to be unacceptable, but in line with other findings, men, members of Greek organizations (fraternities and sororities) and athletes (members of varsity, junior varsity, intramural and/or club teams) are more likely than others to find this behavior acceptable:

- Men are more likely than women to believe it is acceptable to share (21% vs. 14%) or sell (18% vs. 10%) ADHD prescription stimulants.
- Members of Greek organizations are more likely than non-Greeks to believe it is acceptable to share (30% vs. 15%) or sell (21% vs. 12%) ADHD prescription stimulants.
- Athletes are more likely than non-athletes to believe it is acceptable to share (24% vs. 15%) or sell (20% vs. 11%) ADHD prescription stimulants.

Perception of School Policy:

Despite recognition of the consequences of misuse and a belief by 2 in 5 college students (40%) that misuse is a problem at their school, nearly 3 in 5 students (57%) believe that their school administration and professors are unaware of the misuse of ADHD prescription stimulants on campus.

- Some of the students who are most likely to misuse—members of Greek organizations (fraternities and sororities) and athletes (members of varsity, junior varsity, intramural and/ or club teams)—are also the students who are more likely to agree that misuse is a problem at their school (53% Greeks vs. 38% non-Greeks; 49% athletes vs. 36% nonathletes).
- Students attending east coast schools are also more likely than those on the west coast to agree that misuse is a problem at their school (45% vs. 37%). The same is true of students at larger schools (10,000+) compared to smaller schools (less than 5,000) (45% vs. 36%).

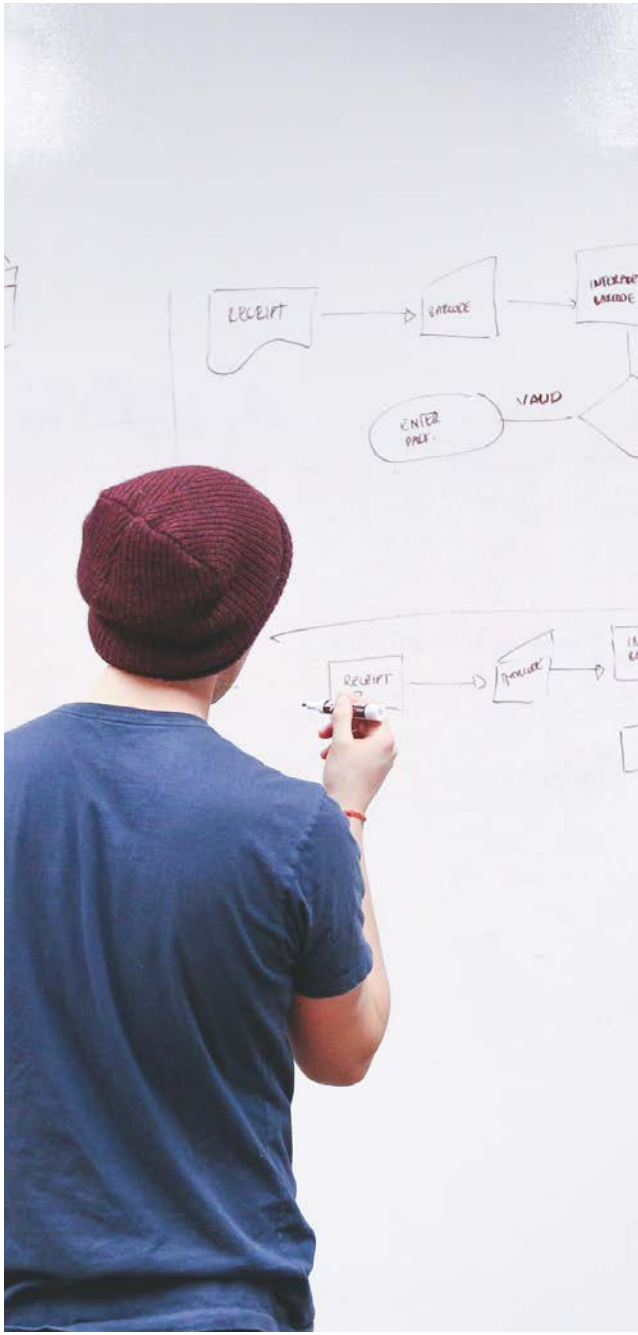
Moreover, about 3 in 5 college students do not feel that their school administration and professors have made prevention of ADHD prescription stimulant misuse a priority (63%) or have made it clear that they do not approve of misuse (58%).

Prescription Stimulant Medication Misuse, Abuse and Diversion: A Survey of College Students' Behaviors, Attitudes, and Perceptions

Dr. Jason Kilmer, an Associate Professor of Psychiatry & Behavioral Sciences and Assistant Director of Health & Wellness for Alcohol and Other Drug Education in the Division of Student Life at the University of Washington, led research to better identify student behaviors, attitudes and perceptions toward prescription stimulant medication misuse, abuse and diversion. This research was conducted by the University of Washington on behalf of NASPA – Student Affairs Administrators in Higher Education for The Coalition to Prevent ADHD Medication Misuse (CPAMM).

The preliminary analysis of the research data revealed that for students, perception is not reality when it comes to misuse of prescription stimulant medication.

- Most college students (83%) report not having used ADHD prescription stimulant medication nonmedically in the past 12 months. However, students estimated that nearly 30% of their peers were misusing when the actual rate of misuse was 17%.
- This research included 217 students with ADHD diagnoses and valid prescriptions for stimulant medications. Of that population, 63% reported that they take medication/treatment as prescribed by a medical professional. This statistic supports that more than half of all students with ADHD surveyed are not using prescription stimulant medication in a way other than prescribed, further evidence of a gap in perception when it comes to stimulant misuse on college campuses.



Students recognize the risks in misuse of prescription stimulants.

- In particular, students reported believing that regular use of prescription stimulants outside of how they are prescribed or without a prescription can result in harm to a person's psychological, emotional, or cognitive health. Students believe that people who regularly use prescription stimulant medication outside of how it was prescribed or without a prescription are at great risk of harming themselves physically (42%) and even more psychologically-emotionally (55%).

Students' motives for misuse are primarily for academic reasons.

- Students who reported using prescription stimulant medication without a prescription or in a way other than prescribed by a medical professional identified a variety of reasons for doing so.

  The most common reported motives were related to academics:

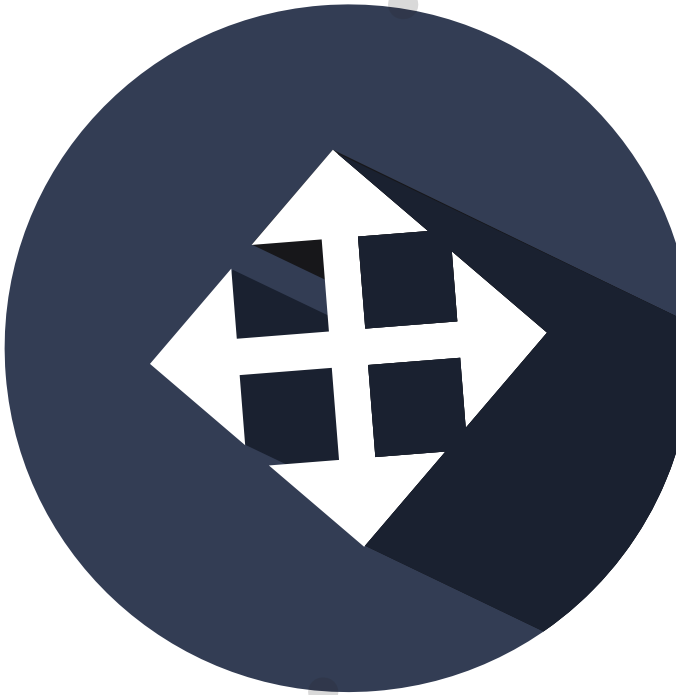
  - To concentrate better while studying (54%)
  - To be able to study longer (53%)
  - To feel less restless while studying (35%)
  - Because it helps increase alertness (29%)
  - To concentrate better in class (19%)
  - To keep better track of assignments (14%)
  - To feel less restless in class (11%)

There is little or no academic benefit associated with non-medical use of prescription stimulants.

- A separate study from the University of Maryland, led by Amelia Arria, Ph.D., Director, Center on Young Adult Health and Development, School of Public Health and Principal Investigator on the College Life Study, further examined the non-medical use of prescription stimulant medication and its impact on student grade point averages (GPAs). The research tracked the GPAs of 898 college students longitudinally between academic year two and academic year three to determine whether or not non-medical use of prescription stimulants had an impact on academic performance.
- The University of Washington research confirmed the primary reasons for using prescription stimulant medications either without a prescription or in a way not prescribed are related to academics; however, separate research from the University of Maryland found that students who abstained from non-medical use of prescription stimulants had significant improvement in GPA, while students who engaged in non-medical use showed no increases in their GPAs and gained no advantage over both groups of their peers tracked in the study – those who abstained from nonmedical use and those who desisted non-medical use between academic year two and three.

Students with ADHD and a valid prescription feel pressured to share.

- More than half (60%) of the 192 students surveyed with a valid prescription for stimulants have been approached by their peers to divert their medication. Of those students who have been approached, 65% felt pressure to divert their medication even though they did not want to.
- 63% of students with a valid prescription for stimulants always take it as prescribed.



- Of the students with a current prescription who were approached by someone in the past year to share their medication, 71% said they want their friends to get help and see a doctor for evaluation and possible treatment. Students who reported non-medical use of prescription stimulants also reported higher rates of marijuana use and heavy episodic drinking.
- The University of Washington research also suggests that non-medical use of prescription stimulants could be associated with use of marijuana and heavy episodic drinking. Specifically, among students with past year non-medical use of prescription stimulants, 86% also reported past year marijuana use, 66% within the past 30 days.
- Among students who reported non-medical use of stimulants in the past year, most (88% of females, 86% males) also reported heavy episodic drinking (defined as 4+ drinks for women and 5+ drinks for men at least once in the past 30 days) in the past 30 days. In students who had no past year non-medical use of prescription stimulants, the prevalence of heavy episodic drinking was nearly half that rate at 47% for women and 47% for men.

Section IV

Health Promotion and Prevention Theories and Models

Theoretical Prevention Framework from Alcohol Prevention

In 2002, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) released a report titled A Call to Action: Changing the Culture of Drinking at U.S. Colleges. A task force comprised of college presidents, alcohol researchers, and students developed this report by seeking out the current trends in alcohol use in higher education and analyzing the resources currently combating alcohol abuse on college and university campuses. This report focused on three main issues:

1. Summarize the scope of the problem
2. Identify effective programs used by schools and communities
3. Recommend strategies to improve prevention efforts

In November 2007, the NIAAA released an update to the 2002 document. The 2007 update began to report on progress and emphasized the importance of collaboration between the campus and its surrounding communities.

Most recently, the NIAAA created an new paradigm for considering college alcohol prevention efforts, the CollegeAIM. The CollegeAIM provides the evidence-based information campus prevention professionals need to compare a broad range of alcohol interventions. As a matrix-based tool, the CollegeAIM is designed to help prevention practitioners assess problems on campus, select strategies by exploring evidence in the field, plan how strategies will be implemented, and take action in implementation.

You can find more information about the CollegeAIM at http://www.collegedrinkingprevention.org

Peer Education and the NIAAA

The National Institute of Alcohol Abuse and Alcoholism Call to Action report states that peer educators are trusted by classmates to provide reliable answers and accurate information, are an important link between the administration and student body, and can assist college presidents in reducing underage and excessive drinking.

One common and timeless strategies coming from the past 15 years of guidance from the NIAAA is delineating existing interventions (or newly interventions) into tiers of effectiveness.

Tier 1: Effective Among College Students

Strategies which have been researched specifically within the collegiate population. These strategies have the most support of successfully addressing prevention concerns with college students. Strategies include:

- Combining cognitive-behavioral skills with norms clarification and motivation enhancement interventions.
- Offering brief motivational enhancement interventions in student health centers and emergency rooms.
- Challenging alcohol expectancies.

Tier 2: Effective with General Population

Strategies which have been researched, but not specifically within the collegiate population. These strategies have support and may have been replicated in many environments (e.g. K-12 education environment, community environment), and/or may have been replicated with the traditional age of college attending students. Replication at a college or university has not been shown to be ineffective, but there is no research supporting the specific implementation at colleges and universities. Strategies include:

- Increase enforcement of minimum drinking age laws.
- Effectively implement and increase publicity and enforcement of other laws to reduce alcohol-impaired driving.
- Restrict alcohol retail density.
- Increase price and excise taxes on alcoholic beverages.
- Promote responsible beverage service policies in social and commercial settings.
- Form a campus-community coalition.

Tier 3: Promising Practices

Strategies which have not yet been researched, but are grounded in theory. These strategies have not been shown to be effective or ineffective in the general population or with the specific population of college students. Strategies include:

- Adopt campus-based policies to reduce high-risk use (e.g., reinstate Friday classes, eliminate keg parties, establish alcohol-free activities in residence halls).
- Increase enforcement at campus-based events that promote high-risk drinking.
- Increase publicity about enforcement of underage drinking laws and eliminate mixed messages.
- Consistently enforce campus disciplinary actions associated with policy violations.
- Conduct marketing campaign to correct student misperceptions about alcohol use on campus.
- Provide “safe ride” programs.
- Regulate happy hours and sales.
- Enhance awareness of personal liability.
- Inform new students and parents about alcohol policies and penalties.

Tier 4: Ineffective

Strategies which have been researched and shown to not increase protective factors, reduce risk factors, or positively impact prevention goals. Some ineffective strategies have also been documented to increase risk factors or decrease protective factors. These strategies should be avoided. Strategies include:

- Scare tactics (e.g. alcohol “crash cars” or “dead days”).
- Informational, knowledge-based, or values clarification when used alone, without a comprehensive prevention strategy.

Adaptation

Because college alcohol prevention represents a tremendous source of research base for college other drug prevention, this toolkit advocates an understanding of the background and context outlined above. While the strategies listed in the NIAAA tiered structure all focus on alcohol prevention, peer educators and prevention practitioners can be informed in selecting prevention programs for prescription stimulant medication misuse with the same strategy. What works with college students, what works in the general community, what is promising, and what is ineffective?

Part of working on substance abuse prevention with more novel substances is adaptation, where prevention practitioners and peer educators use evidence-based programs from other substances (such as alcohol) and attempt to replicate to fidelity with a different substance.

For example, we know that a strategy for alcohol abuse prevention includes norms clarification. A norms clarification strategy for alcohol might include a social norms campaign to communicate the difference between perceived binge drinking prevalence and actual prevalence to help align norms and shift behaviors. An adapted strategy for prescription stimulant medication misuse would focus instead on perceived versus actual misuse of prescription stimulant medications.

Starting with adaptation is a sound strategy for preventing the misuse of prescription stimulant medication, as well as other novel prevention needs.

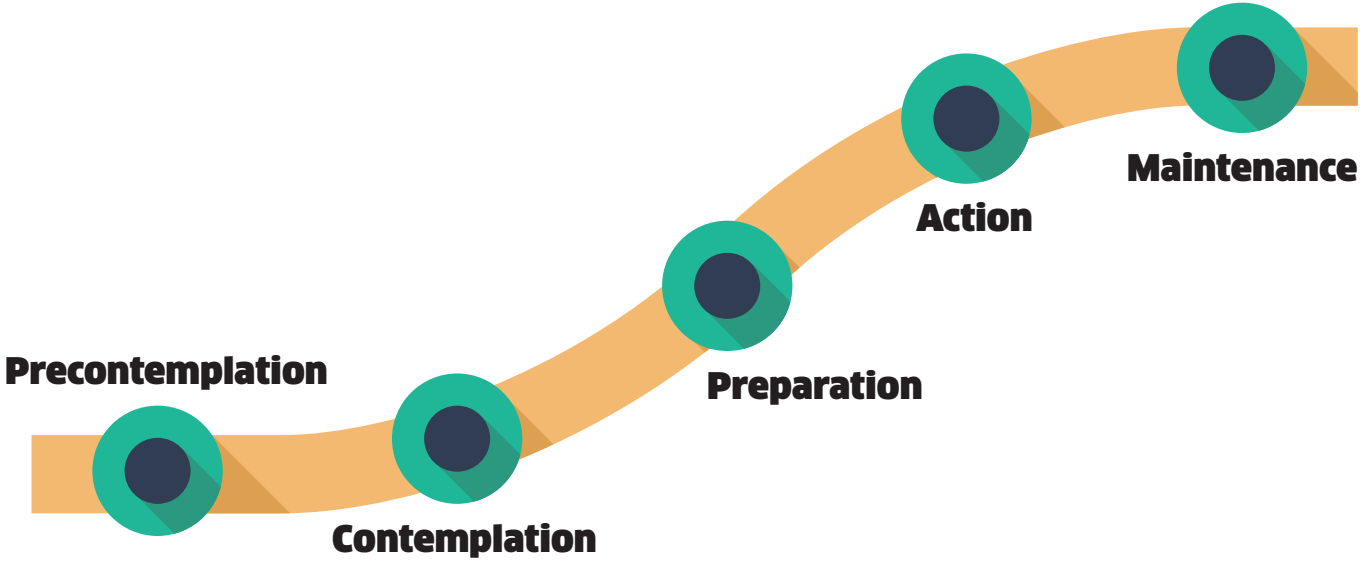
After Adaptation

If an adapted program is reaching the prevention outcomes your peer education group is anticipating, the next step is to be part of the contribution to the field. Presenting your successful program at a regional or national peer education conference is a great start. Successful peer education groups can also work with a faculty member to create a research study with your adapted program.

Stages of Change

Published by Prochaska and DiClemente in 1979, Stages of Change is a concept, or model, to explain the process people move through when changing behaviors. A key premise is that changes in behavior are neither random actions nor are they static events. In other words, change does not happen automatically and how change occurs and reasons for change vary by individual. The stages of change include:

- **Precontemplation:** In this stage, a person can either be unaware that the particular behavior is dangerous or unhealthy or be uninterested in changing the behavior. The person is not thinking about any kind of change and may not start any time soon. They may admit that the behavior has negative aspects, but they do not believe the negatives outweigh the positive aspects.
- **Contemplation:** This stage marks a significant turning point for the individual. For whatever reason, they have decided that the particular behavior is causing some distress. This may be because of negative health effects, damaged relationships, and the like. The person begins to gather information and contemplate making a change, seeing how it would affect their life. A person in this stage is often ambivalent or feels two ways about the change. They may see the reasons to change as well as the reasons not to change.
- **Preparation:** In this stage, the person has decided to make the change and is now preparing for it. The individual may collect more resources and make specific plans for a new lifestyle. Sometimes, a doctor or health provider is involved in this stage in order to suggest strategies for being a healthier person.
- **Action:** This is the stage in which the person is making the change. They are practicing healthier living by adopting smaller changes and learning from mistakes and occasional slips.
- **Maintenance:** In this stage, the person has successfully made the change to a healthier behavior, though they continue to work at maintaining it. There may be temptations to slide back into the previous behavior, so the person will need tools to help keep living the change.



Effective prevention strategies should facilitate positive movement forward within the stages of change. In addition, this model encourages specifying interventions to the specific issues students experience within each stage. For example a student in the Precontemplation stage will respond better to education around prescription stimulant medication expectancies, while a student in the Action stage will benefit from concrete skill building exercises that support behavior change from misuse.

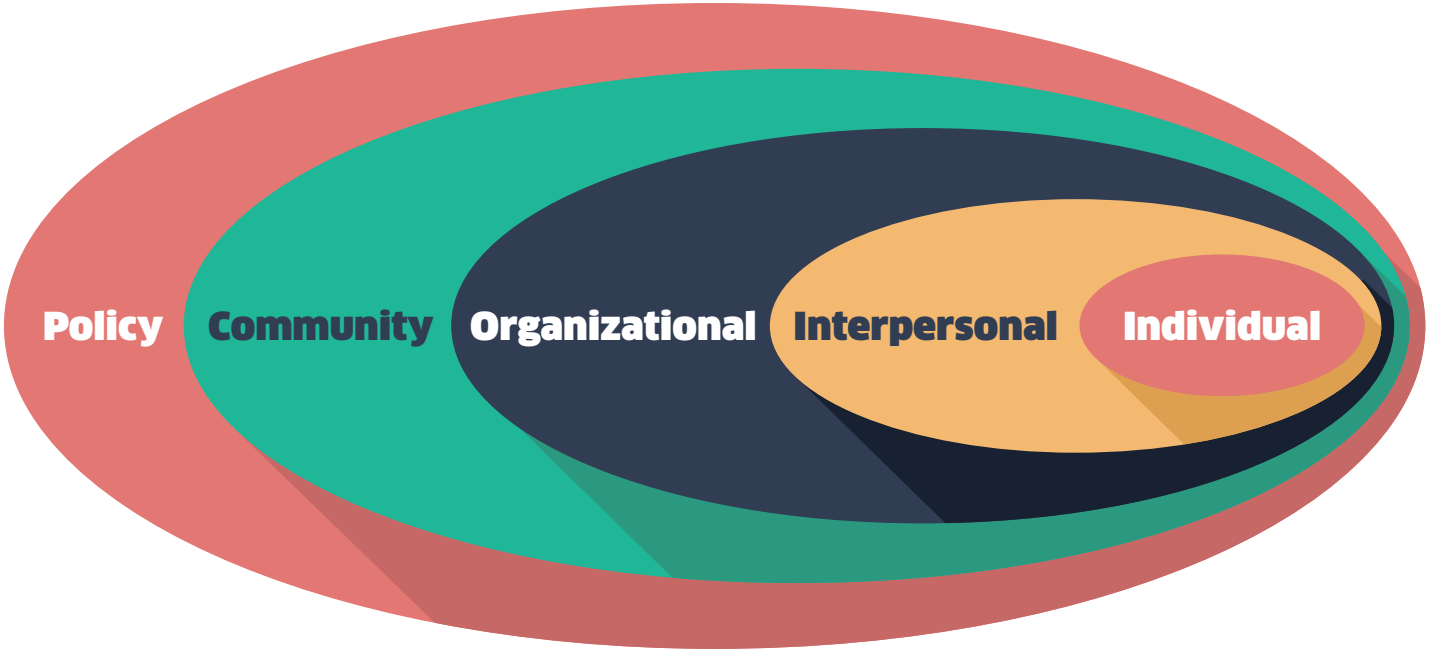
Harm Reduction

Harm reduction represents a practice of encouraging safer or healthier behaviors, rather than only advocating for the safest or healthiest alternative. Due to the nature and novelty of prescription stimulant medication misuse, this toolkit does not advocate peer education groups take a harm reduction approach the the prevention of prescription stimulant medication misuse.

Social Ecological Model

The Social Ecological Model (SEM) is a framework for understanding the ways in which an individual and their environment share and determine an individual's behaviors, and how to approach prevention for an individual by looking at the ways in which that individual is connected within their environment. There are five nested levels of the SEM:

- **Individual:** characteristics of an individual that influence their behavior (e.g. gender, age, race/ethnicity, sexual orientation, economic status, values, expectancies, etc.).
- **Interpersonal:** formal and informal social networks that influence an individual's behavior (e.g. family, friends, peers, co-workers, etc.).
- **Community:** organizations or institutions (including colleges and universities) with defined service or defined geographical space which influence individuals and the interpersonal groups within the community.
- **Organizational:** inter-community organizations or social institutions which share values and affect the delivery of services and attitudes of served constituents (e.g. an academic discipline, higher education in the United States, etc.).
- **Policy:** the local, state, regional, and national laws, policies, procedures and their enforcements which may influence individual's behaviors (e.g. national policies about health care access, regional support for drug take-back efforts).



Since individuals exist in a social ecological system, changing individual behaviors and creating new social norms requires working across that system. For collegaie prevention, the research strongly supports the use of comprehensive, integrated programs with multiple complementary components that address:

1. Individuals, including at-risk students
2. Student population as a whole
3. College and surrounding community

This framework focuses on each of the three primary audiences, and the framework is a useful introduction to encourage presidents, administrators, college prevention specialists, students, and community members to think in a broad and comprehensive fashion about college prescription stimulant medication misuse. It is designed to encourage consideration of multiple audiences on and off campus.

SAMHSA Strategic Prevention Framework

The SAMHSA Strategic Prevention Framework (SPF) is a 5-step planning process that guides the selection, implementation, and evaluation of evidence-based, culturally appropriate, sustainable prevention activities. The five steps of the SAMHSA SPF are underlined and continually benefited from the strategies of sustainability and cultural competency.

1. Needs Assessment
2. Capacity Building
3. Planning
4. Implementation
5. Evaluation

The SAMHSA SPF can be a helpful model for peer education groups creating and implementing a prevention plan for prescription stimulant medication misuse. For more information, visit http://www.samhsa.gov/spf.

Motivational Interviewing

According to the authors of the motivational interviewing (MI) approach to behavior change, MI is a "directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence." MI is a way to have a more intentional conversation with someone and focus on an end goal (e.g. discontinue the misuse of prescription stimulant medications). The components and techniques of MI describe a style of conversing with a student that places the student at the center of the conversation and not as a person to be acted upon. Using MI strategies can help you guide students with reflection statements, open-ended questions, affirmations, and support to help them realize what they want and are willing to do.

Using motivational interviewing skills can be helpful for peer educators, but to fully use MI as a technique requires extensive training. Motivational interviewing skills are included in the foundational skills covered in the Certified Peer Educator program.

Screening, Brief Intervention, and Referral to Treatment

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a structured set of questions with a brief follow-up discussion between a student and a professional staff member or trained peer educator. It utilizes motivational interviewing and cognitive behavioral strategies. The SBIRT strategy is most commonly used with alcohol-related conversations.

No screening tool is currently available for prescription stimulant medication misuse, however, the tenants of brief discussion and referral would be beneficial for prevention teams to consider. Peer education groups can identify what campus and community resources are appropriate for referral and discuss how to include these resources in the prevention programming for prescription stimulant medication misuse.

Environmental Management

Environmental management strives to change the environment in which students make decisions about prescription stimulant medication misuse to better lower risks and improve protective behaviors. Prevention and intervention approaches under this umbrella recognize the need to address the many environmental factors that influence student choices, such as accessibility, visibility, peer approval, policy, and enforcement. College prescription stimulant medication misuse is affected not only by peer-to-peer influence, but also by factors that include campus, community, state and federal issues, such as:

- Existence and enforcement of policies prohibiting the misuse of prescription stimulant medications.
- Inconsistent messaging from campus administrators and faculty regarding prescription stimulant medication misuse.
- Misperceptions of norms surrounding the misuse of prescription stimulant medications.
- Diversion of prescription stimulant medications by prescribed students.
- Media attention to prescription stimulant medication misuse.

Environmental management is an approach that can energize a campus prevention coalition because it requires active support from multiple stakeholders. In addition, environmental change efforts offer campuses a way to reach the broader campus community, one of three groups discussed in the 3-in-1 Framework, in its efforts to decrease prescription stimulant medication misuse.

Social Norms

College students receive persistent messaging as part of higher education lore: "everyone is misusing prescription stimulant medications." The unfortunate result of this messaging is that students believe more misuse of prescription stimulant medications is happening than is accurate. Social norms campaigns are designed to correct misperceptions about a behavior. For the purposes of this toolkit, the sample social norms campaign will address prescription stimulant medication misuse.

Perception surveys are used to gauge where the student population is at in relation to actual participation in prescription stimulant medication misuse and the beliefs that surrounding misuse. Surveys are performed at the onset of the campaign to identify misperceptions, develop messages, and establish baseline data. Multi-modal media campaigns are then developed to market the accurate campus norms. Follow-up surveys are performed to measure progress toward a reduction in the misperceived norms and a resulting decline in self-reported risk behavior.

As stated in the beginning of Section IV, data is more relevant when it is more local. While this toolkit provides campuses with national data, collecting campus specific data will be more valuable to utilize in a social norms campaign.

Bystander Intervention

Many of the misperceptions associated with the misuse of prescription stimulant medications are shared in public forums, including social groups, the classroom, and residence halls. However, students may not feel empowered to challenge misperceptions openly. This feeds from the bystander effect, wherein individuals who witness a problematic event or inaccurate statement are less likely to intervene because of social influence, an apprehension of being judged by peers, or a diffusion of responsibility.

Motivating students to become empowered bystanders who intervene, whether by voicing concern or dissent or by calling for help, is an important skill. By providing skills to students on how to intervene, the students become more aware of why they sometimes do not help, and as a result, they become more likely to help in the future.

Many bystander intervention programs address bystander behavior, particularly in focus of a particular issue (e.g. alcohol intoxication), but no specific bystander intervention program for the prevention of the misuse of prescription stimulant medications is available. Instead, peer educators should work with an existing bystander intervention campaign and discuss the applicability of the skills to intervene when confronted by misperceptions surrounding prescription stimulant medication misuse.

Peer Educators' Roles in Social Norms Campaigns

Peer educators can be involved in many aspects of social norms campaigns.

- Design and administer survey tools on perceptions, behaviors, and beliefs about prescription stimulant medication misuse.
- Design creative posters, web content, and non-traditional media to communicate accurate norms.
- Create dialogue among peers and challenge peers' misperceptions in informal environments.
- Partner with other student organizations and with faculty to reinforce the campaign messages in and outside the classroom.

Section V

Planning and Collaboration

Identifying Stakeholders and Creating Partnerships

Much of the effort for the prevention of prescription stimulant medication misuse will, no doubt, come from the work of dedicated prevention professionals and peer educators. However, the more support you generate and the more allies you find, the better chance you have of creating a real, sustainable campus and community change.

A simple but necessary step needed for many of our stakeholders is a brief, but comprehensive, look at the issue. Many people are not aware of the cost–physically, financially and emotionally–that prescription stimulant medication misuse causes on campus. Send a brief update to all of your stakeholders, perhaps highlighting materials included in this toolkit.

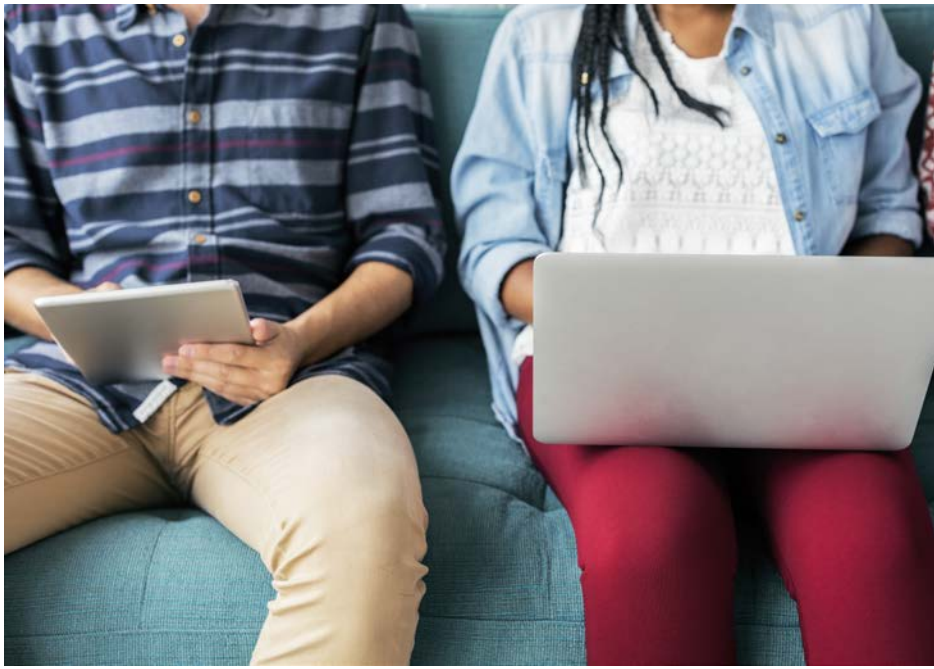
Our goal to raise awareness that prescription stimulant medication misuse is a real issue on campus must work together with communication that the majority of students are not engaging in misuse behaviors. One of the goals of this toolkit is to reinforce the social norm that most students are making healthy decisions. Use your own campus data to inform your stakeholders about the positive norms on your campus. By promoting the healthy norms of the majority of students, your group can avoid planning scare tactic programs that might get attention but have no effect on behavior change.

It is especially important that you take the time to inform the following allies:

- Student Government/Class Officers
- Athletic Coaches/Captains/Intramural and Club Teams
- Faculty
- Parent Groups
- Campus Activities Offices
- Campus Judicial Offices
- Fraternities and Sororities
- Residence Life Staff
- Campus Police and Security
- Health Education, Health Centers and Counseling Centers
- Greek Life Office

Recruiting Student Stakeholders to Prevention Efforts

It is encouraged to involve students in the prevention program planning process from the beginning. Not only can students be valuable as committee members, they are also closest to your audience, providing creativity and programming insights that administrators might be less likely to develop on their own. Remember, peer to-peer influence is the most effective education tool! Generating student ownership in the planning of your prescription stimulant medication misuse prevention program will help guarantee acceptance and participation. The more visible a role students play, the greater the likelihood that other students will want to become involved. Make sure all of your targeted groups are represented on your committee or task force. Programs like prescription stimulant medication misuse prevention are an opportunity to gain interest and respect for campus-based prevention programs, including the recruitment of peer educators.



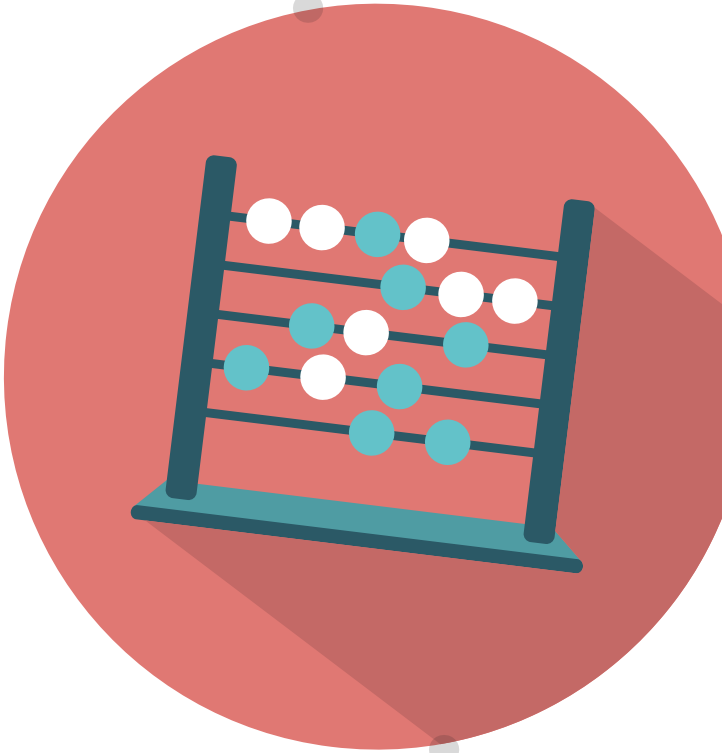
Identifying and recruiting key players serves several purposes. It is human nature for people to take ownership in things they help create. If you want to build participation and support for prescription stimulant medication misuse prevention, then it is important that you find allies across campus. Although the players will vary depending on the size and type of campus, planning committees often consist of student and/or staff representatives from multiple offices on campus.

Operational Considerations of Program Planning

Budget and Fundraising

Fundraising is an issue every peer education group faces. To secure the programs you want, purchase awareness table giveaways and advertise and sponsor events, there has to be adequate money. Funding can come from a variety of sources including local campus resources and grants. This section is dedicated to helping you gain the funding you need for successful current and future programming!

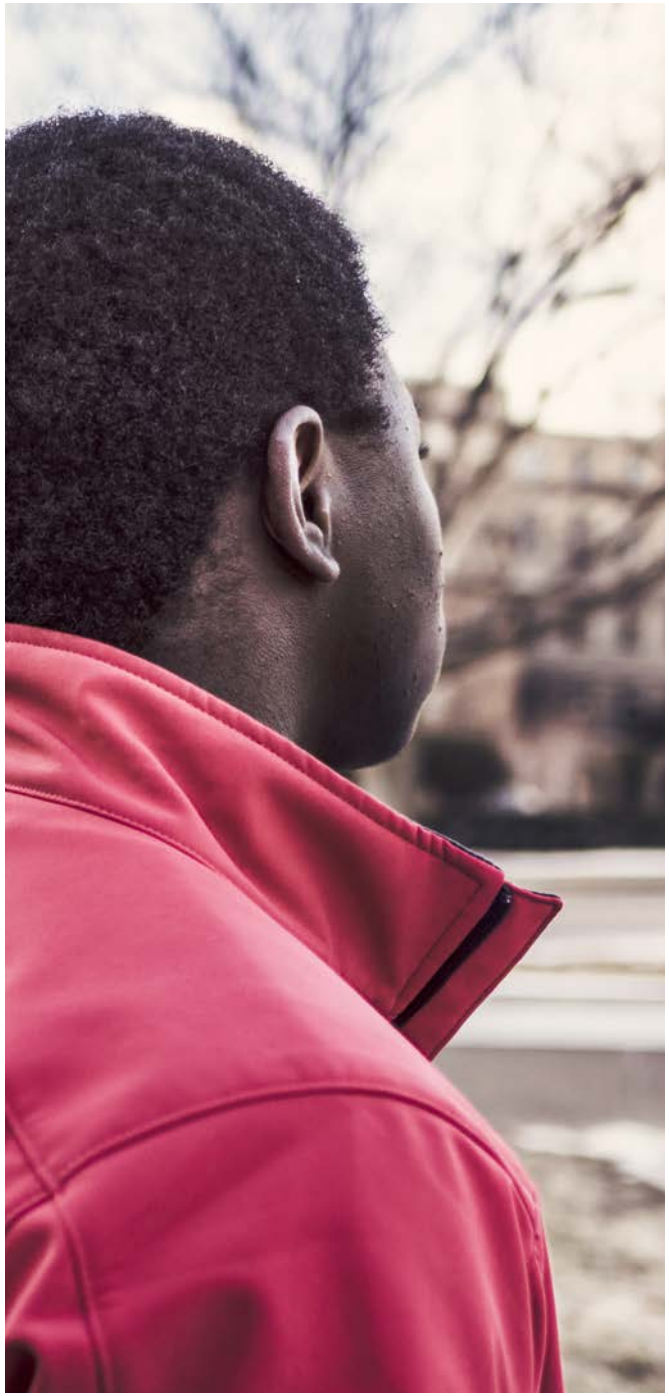
Raising funds for your prescription stimulant medication misuse prevention programs is not the insurmountable task it may at first appear. It takes planning, organization, and follow-through with deadlines. Preventing prescription stimulant medication misuse is a top priority and a great cause for campuses and communities. Your role is to identify like-minded partners, come up with a great plan and budget, and identify potential funding sources both on campus and in the community. Be sure you understand your campus' rules about fundraising before you start.



Before you can go out and find funds for your programs, you must determine how much you will need. Generally, it is more effective and easier to raise money for a concrete, rather than an abstract, idea. If you have clearly identified what you want to accomplish, how you intend to do it, and what it will cost, potential donors and sponsors will be more receptive.

Write out your events and price them by project. Some items will have a fairly simple price tag: if you want to bring in a speaker, find out their fee. If you want to have a dance, know how much the band or DJ will cost. But, do not forget to add up the "little things" as well. What will your printing budget be? Do you want to place ads in the campus or community newspaper? Once you have your master list, you can go out and begin soliciting funds.

The keys to fundraising success are many and varied, but the key to fundraising failure is pretty simple: not being prepared. You cannot go to an



organization or business and say “can we have some money?” without having some items in writing and having what you want to say rehearsed and ready. Here are some things to keep in mind:

- Identify who at each business or organization makes funding decisions and secure the phone number and email address of this individual.
- Have in writing a short one-or two-page document that explains who your group is, what prescription stimulant medication misuse prevention is, and what you have done in the past. This demonstrates that your organization has a history and makes good use of any money it is given.
- Ask for a specific dollar amount. You can ask for a general figure such as $500 (of course, be willing to take any donations) or a more definitive amount to fund a specific event or project. It is wise to have this in writing as well.
- Be able to leave a document that has your contact information. It is likely that people who are in a position to contribute financially will need some time to think about their decision. Leave them with a packet. If they do not get back to you in a week, follow up with a polite phone call.

Thank them for their time, regardless of the outcome.

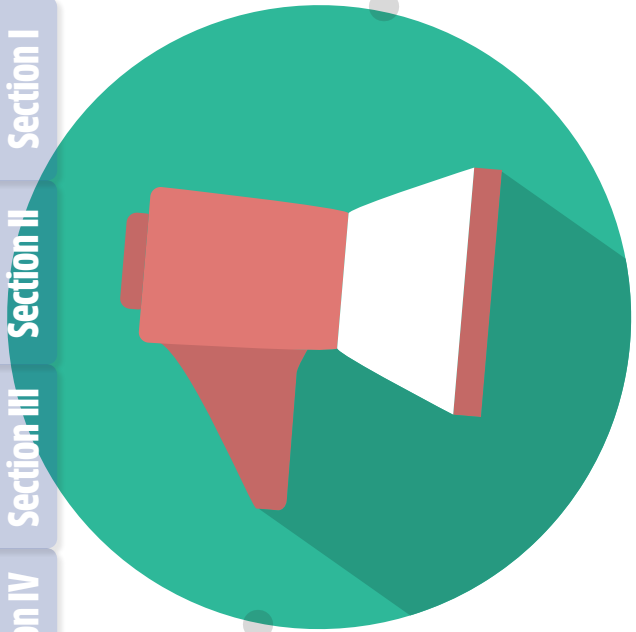
Long before you start writing grant proposals or approaching local businesses, you should begin on your own campus. Remember prevention of prescription stimulant medication misuse and education are core parts of your college or university’s mission: almost every aspect of your campus has a vested interest in reducing the harm caused by stimulant medication misuse. Start with the campus health departments, such as your Counseling Center or Health and Wellness Office. Ask if they will contribute to your prevention programs. They may not be able to directly contribute finances, but may be able to furnish supplies, facilitate an information table, or even obtain guest speakers.

Then, go to campus departments such as Residence Life, Public Safety, and Greek Affairs. These organizations directly interact with the student body on a daily basis and have a strong interest in your goals and message. Approach some of the campus organizations who support events in the best interest of your college or university.

Possible Sources of Campus Funding or In-Kind Donations:

- President's, Vice-President's, Chancellor's or Dean's contingency funds
- Student Government
- Community Relations Office
- Alumni Foundation Programming Board
- Athletic Department
- Athletic Boosters (Alumni Club)
- Parents' Council
- Residence Life
- Residence Hall Associations
- Inter-fraternity and Pan-Hellenic Councils
- Individual Fraternities and Sororities
- Professional Fraternities and Sororities
- Graduate Student Organizations
- Religious Student Organizations
- Minority or Multicultural Affairs Offices
- Office of Disability Accommodations
- Counseling Services
- Student Union Discretionary Funds
- Campus Dining Services
- Unrestricted Contributions Funds
- Speakers Bureau or Special Events Funds

With all of the potential on-campus organizations at your disposal, you should be able to raise a considerable amount of money for your prevention of prescription stimulant medication misuse efforts. If campus funds are not enough, it is time to start looking off campus.

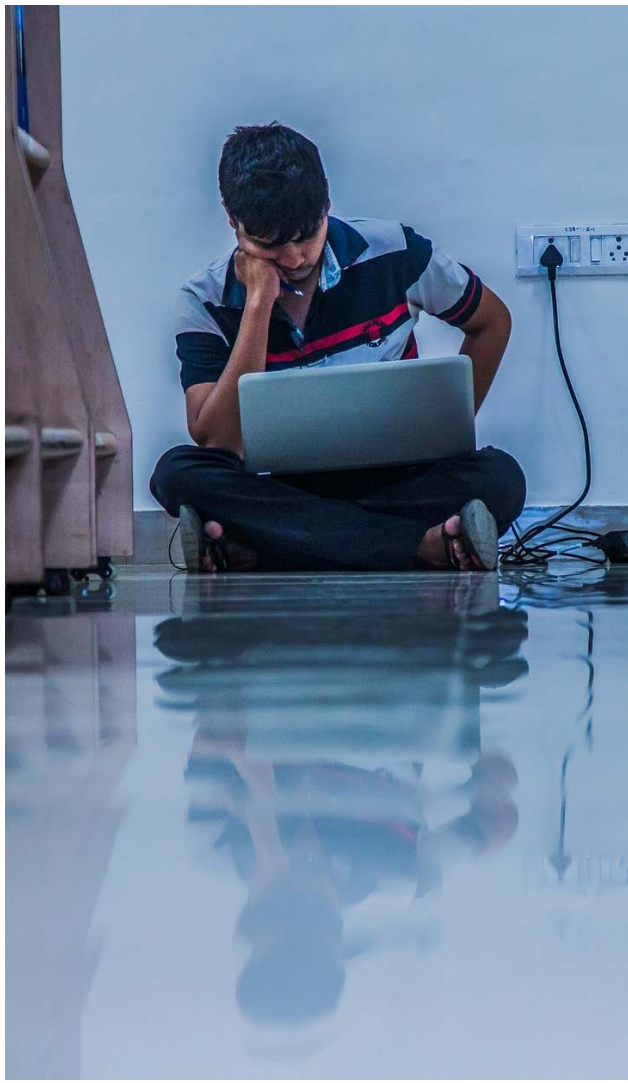


Marketing Prescription Stimulant Medication Misuse Prevention

Your marketing plan is your map for how, when, and where you are going to let the campus and community know about your prevention of prescription stimulant medication misuse programs. It is crucial to inform your potential audience about activities as far in advance as possible. Your marketing plan must be well thought out.

- Target your potential audience. Identify your target population and brainstorm what type of advertising might capture the attention of those students. Be aware it is most effective to get the information out by using a mix of traditional and non-traditional advertising methods. Consistent themes, colors, and logos will help show the far-reaching impact of your week's events.
- Identify all the media that will be valuable to get the word out. Find out about deadlines and costs. For example, how much lead-time does the campus or local newspaper need to run an ad or press release, and how much does advertising space and printing cost? Create a calendar with your committee so you will not miss any deadlines. Be sure your promotion activities are in line with your available budget. Make an appointment with the campus graphics and public relations department and integrate your committee's ideas with their expertise.
- Determine a schedule and assign specific tasks. Make sure the deadlines and tasks you have assigned are reasonable and reachable. Use a backward planning method of setting up your promotional campaign. In other words, start with the opening date of your week and work your way backward on the calendar. If you are ordering educational or promotional materials to distribute, be sure that you do so in plenty of time. Record on your calendar the expected arrival date. By doing this, even if the atmosphere gets very hectic, the details will not be forgotten. Assign one individual to monitor the calendar on a daily basis.

- Make sure your sponsors are well publicized on your materials. Be generous in sharing credit for the week's activities. Consider getting an inexpensive banner featuring your program theme and list the sponsors of your activities. Make sure to have this banner at all of your events.
- Stay on schedule. Assign one individual to oversee each step and make certain everyone follows through with assigned responsibilities.
- Keep careful records of all publicity ordered. Be meticulous in approving any artwork before it is printed.



Program Evaluation

If evaluation scares or intimidates you, try thinking about it as a guide. Evaluation can assist you in understanding the issues, perceptions, and attitudes of your students and campus, as well as impact, outcomes, and the overall difference prevention is making on your campus. The process and information gained from evaluations will guide you to the success of your efforts, outline the next steps, and ultimately strengthen your strategies.

Since there are several different ways to compose evaluations, you will want to chose an evaluation format to target what you want to know. Some campuses collect and use, attitude and perception data using surveys and focus groups. Other campuses use environmental scans to learn more about the campus' policies, enforcement work, and general support for prevention. Peer education groups can implement program evaluations after each educational event they host–to gauge learning, intent to change behavior, and questions that still need to be answered.

If you are new to evaluations, it can be helpful to start small. Simply using a program evaluation can give you information about the usefulness of the program, what messages students are learning, and what they would like to

know in the future. For stronger results, conduct a brief, 5–10 question pre-test, as well as the follow up post-test and evaluation. To make this evaluation a stronger guide for you, you may want to ask perception and intent questions, such as "how often do you think students at this campus misuse prescription stimulant medications" or "If you currently misuse prescription stimulant medications, how likely are you to decrease your misuse in the future?"

Other groups will partner with an evaluator or faculty member on campus to collect the names and emails of students who attend a program. The group and evaluator can then follow up with the students three to six months after the program to assess any longer term retention of knowledge and behavior change.

With evaluation, your most valuable approach is to make progress in small steps. Your most valuable resource can be in finding a campus faculty or staff member with a background in evaluation. This person can help you create, conduct, build upon, and understand your evaluation efforts and response. With evaluations as your guide, you will be able to track the growth of your program and the true difference it is making with students on campus.

Section VI

Programming for Prescription Stimulant Medication Misuse Prevention

Programming Planning Worksheet

EVENT PLANNING ACTION GUIDE

Use the following worksheet to assist your group in planning an event. As you discuss each item, write down short notes about the event.

<table>
<tr><td colspan="3">Event Name:</td></tr>
<tr><td colspan="3">Goal:</td></tr>
<tr><td colspan="3">Sponsors & Contributors:
1.
2.
3.
4.</td></tr>
<tr><td colspan="3">Budget:</td></tr>
<tr><td>Date:</td><td>Time:</td><td>Location:

Reservation & Cost:</td></tr>
<tr><td colspan="3">Audiovisual Equipment & Costs:
1.
2.
3.</td></tr>
</table>

Programming Planning Worksheet

Food Needs & Costs: 1. 2. 3.	
1. Speaker/Presenter Contact Information & Cost:	2. Speaker/Presenter Contact Information & Cost:
Information Needed for Media, Marketing, and Promotions:	

Publicity/Marketing Contacts:			
Contact Name	Contact Phone/Fax	Contact E-mail	Advertising Cost
1.			
2.			
3.			

How Attendees Will Evaluate the Event:	How We Will Evaluate the Event:
1.	1.
2.	2.
3.	3.
4.	4.

Sample Programs

Educational Campaign

Purpose:

Raise awareness surrounding academic success to prevent prescription stimulant medication misuse.

Objectives:

1) decrease the number of students misusing prescription stimulant medications

2) increase protective behaviors to avoid academic stress

Target Audience:

All students, with particular focus on 1st year students.

Proposed Budget:

$5,000 total. Includes designing stadium cups for distribution at sporting events, t-shirts branded with awareness messaging, printing posters, coffee/hot chocolate and bagels, incentive for surveys.

Program Design:

Events will be held three weeks prior to mid-term exams. Campus data suggests this time is when students need to employ protective academic behaviors to prevent stress. A team of peer educators create a theme surrounding academic success and brand the theme to stadium cups and t-shirts. The group then hosts the following activities:

- **Bagel breakfast kickoff.** A free bagel breakfast held with campus administrators and representatives of academic success units. Students can learn about campus resources and sign a pledge to receive a free t-shirt. Students are encouraged to wear their shirts to spread awareness on campus.

- **Poster series.** A series of educational posters, advocating academic success strategies, will be placed on campus. Posters will provide information on how to access campus resources.
- **E-mails to first year students.** Peer educators will work with the student success offices to e-mail all first year students with academic success strategies and campus resources.

By focusing on positive academic skills, this awareness program is designed to prepare students to succeed without turning to the misuse of prescription stimulant medications.

Social Norms Campaign

Purpose:

Change perceptions of stimulant medication misuse by sharing data about what actual behaviors are on campus.

Objectives:

1) decrease the number of students misusing prescription stimulant medications

2) improve perceptions of student misuse of prescription stimulant medications

Target Audience:

Students in campus residence halls.

Proposed Budget:

$500 total. Includes designing and printing posters and hosting a no-cost training for student leaders in residence halls and residence hall staff.

Breakout: Scale to Budget

Social norms campaigns can be scaled up if more resources are available. Consider including messaging in other ways besides posters, such as branded pens or other give-a-ways.

Program Design:

After collecting campus specific data, a campaign designed to highlight the actual misuse of prescription medications will begin on campus. The campaign will have multiple messages designed to occur throughout the semester.

- Training for student leaders and staff in residence halls. A one-hour training to introduce the campaign messages and encourage students leaders and staff to help share and reinforce messages, and most importantly to not be dismissive of messaging.
- Poster series. A series of posters, changed weekly, will appear in the common areas of the residence halls, sharing the reality that most college students are not misusing prescription stimulant medications.

By correcting misperceptions about misuse, this program is designed to communicate that most college students are making healthy decisions. This program benefits from local data, but can also be used with the national data featured in this toolkit.

Active Bystander Training

Purpose:

Empower students to speak up when friends are considering misusing prescription stimulant medications or sharing misinformation.

Objectives:

1) decrease the number of students misusing prescription stimulant medications

2) increase protective environment by training students to help promote healthy behaviors

Target Audience:

All students.

Proposed Budget:

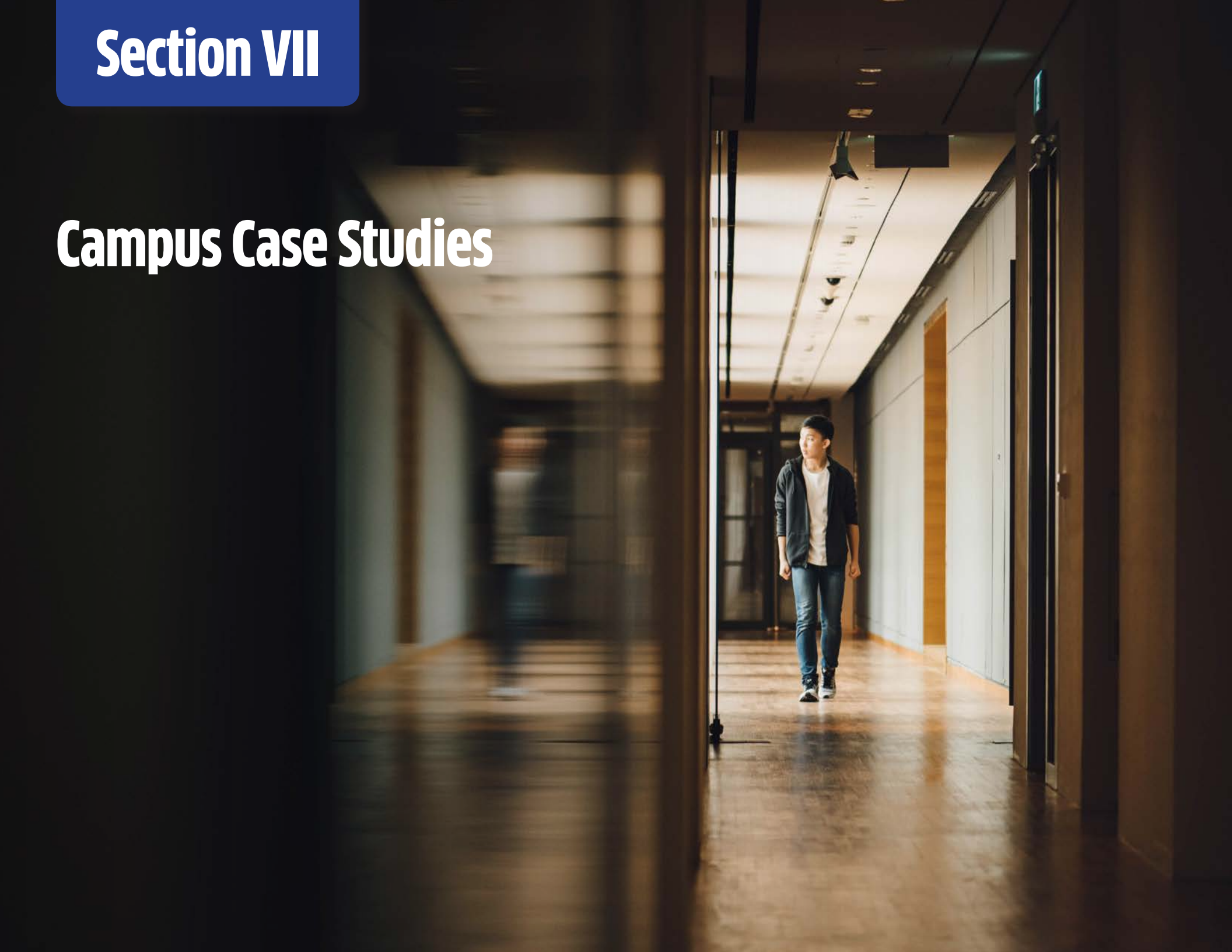
$2,000 total. Includes meals for training programs, t-shirt incentives for completing training.

Program Design:

Bystander training programs will be offered for two weeks. Students will be trained to respond to situations in which a friend considers using prescription stimulant medications. Students will be trained to listen, respond to resistance, and offer campus solutions. The training will also cover responding to misperceptions associated with misuse and is ideal to run alongside a broader social norms campaign.

Section VII

Campus Case Studies



In December 2017, ten institutions of higher education were selected by NASPA to pilot a stimulant medication misuse program on their campus. Peer education groups at the ten institutions of higher education received a $1,000 mini grant to support programmatic efforts addressing prescription stimulant medication misuse. Campus peer education groups were directed to pilot a program in one of three methodologies:

- An educational campaign with an indicated or universal campus population
- Creating a social norms marketing campaign
- Building active bystander skills for student leaders

Methodologies:

Educational Campaigns

Educational campaigns work to increase awareness of stimulant use and misuse, challenge existing misperceptions surrounding risk, and provide relevant resources. Successful educational campaigns enhance protective factors or reduce risk factors.

Social Norming

Utilizing social norms is an evidenced based intervention to correct misperceptions about drug use or consumption. Sharing data about healthy data points (e.g. the percentage of students who chose not to abuse stimulant medication) can work to change perceptions that all students engage in unhealthy behavior.

Bystander Intervention

A successful bystander intervention program prepares students to intervene in a potentially hazardous or unsafe situation by providing knowledge, skills, and resources to their peers at risk of harm. Effectively trained students are able to respond to situations with the capacity to help create a safer environment for their peers.

Campus Case Studies:

Campus A

Methodology Targeted:

Educational Campaigns

Project Design

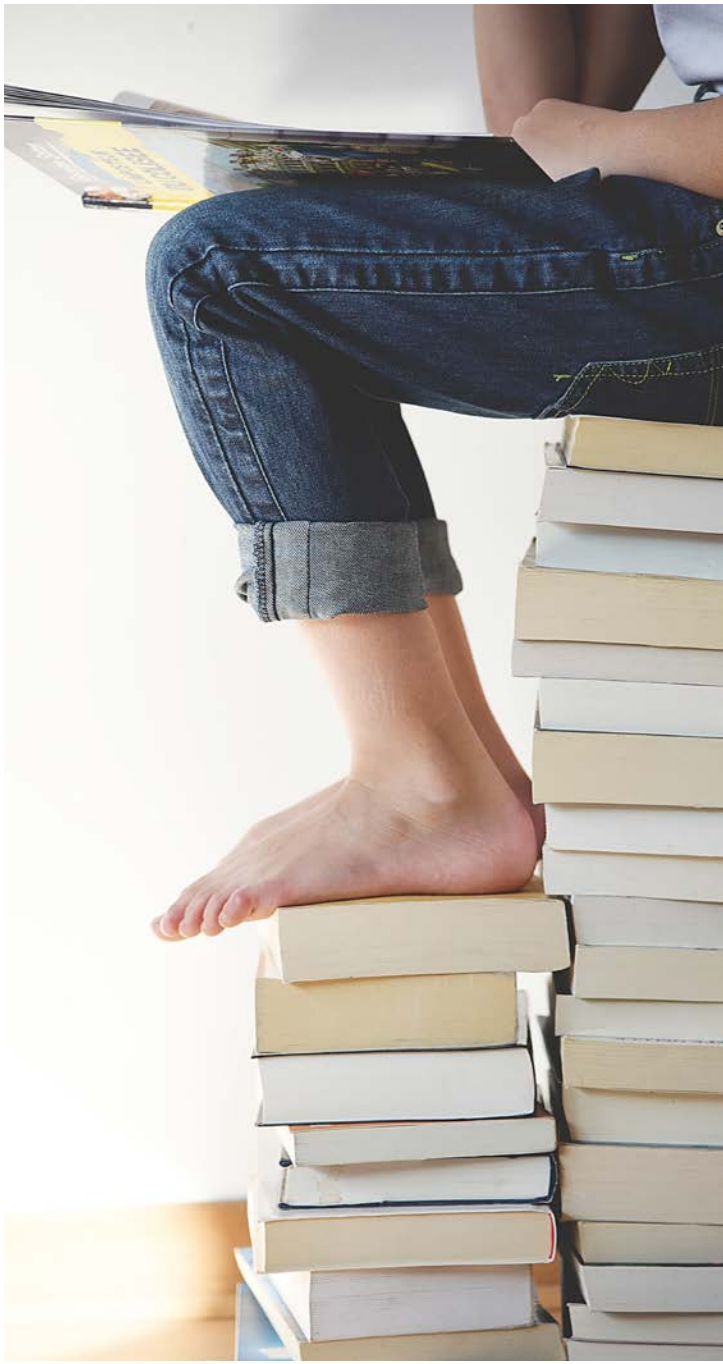
The peer educators at Campus A developed plans to increase awareness related to prescription stimulant medication misuse through passive programing of a branded poster campaign. Posters highlighted the effects of combining alcohol and stimulant medication, legal implications of sharing or selling prescriptions, and symptoms of dependency. Peer educators designed a social media campaign to complement the physical posters. In addition, the peer educators at Campus A designed an active programing intervention, including a tabling effort with a stimulant trivia game, and a 30 minute presentation to build the skills of resident assistants to recognize and intervene with concerning student behavior.

Intended Audience

The intended audience for the designed project was the undergraduate student population (universal), with a focus on first year residence halls (selective).

Results

During the design phase, the team reached out to related faculty to gain institutional support for the project. As a result of this outreach, peer educators were informed that a faculty member was in the process of a three year longitudinal study similar to the design of the peer education project. There were concerns that the simultaneous efforts would influence the reliability of the data connected with the longitudinal study.



The peer education group agreed to delay any implementation of residence assistants training, tabling, posters, and social media campaigns until the completion of the study.

To complete the pilot project, the peer education group changed focus and looked at building peer educator capacity through training programs, and continued to develop relationships across campus for future collaboration and to avoid duplicative efforts in health promotion activities. All materials and designs have been retained for future campus prevention efforts.

Campus B

Methodologies Targeted:

Educational Campaigns

Bystander Intervention

Project Design

The peer education group at Campus B design a multimodal project including both an educational campaign and a bystander intervention program. Peer educators at Campus B worked with their campus graphic design team to create a poster series educating students on the effects of stimulant misuse, as well as healthy alternatives to the misuse of prescription stimulant medications. The graphic design team created six posters based on the peer education group's selection of topics: hypertension, mood swings, panic attacks, sexual dysfunction, and exercise. Posters were displayed throughout the month of February in residence halls and student buildings. To complement the passive program of psychoeducational posters on related health topics, a tabling effort was held to reinforce messaging of the impacts of the misuse of prescription stimulant medication.

Intended Audience

The intended audience for the designed project was the undergraduate student body (universal).

The peer educators also added components of stimulant drug abuse warning signs in their bystander intervention training. The bystander intervention training occurs each year to a variety of groups on campus (athletics, student union staff).

Results

The program was successful in changing misperceptions that prescription stimulant medication cannot be abused because it is a "smart" drug and promotes academic achievement. In addition, the implemented programs successfully opened a campus dialogue with a framework to address prescription stimulant misuse. To continue to build on this success, the peer education group is working to create an active educational program to present in residence halls each fall, highlighting prescription stimulant medication misuse warning signs, action steps, and resources.

Campus C

Methodology Targeted:

Educational Campaigns

Project Design

Campus C created a peer theatre program to increase student knowledge about safe medication disposal, educate students on the appropriate and inappropriate uses of prescription stimulant medications, and increase student knowledge of campus and community resources. Peer theatre was utilized in first-year residence halls to model scenarios first-year students

may find themselves in, highlighting techniques to navigate situations in which the misuse of prescription stimulant medication may occur.

Also included in the intervention strategy, was a take home drug disposal kit as well as modeling on how to correctly utilize the kit. Campus C partnered with Housing and Residence Life on campus, as well as community resources such as the local Health Department to provide resource for students living off campus or commuter students.

Intended Audience

The primary intended audience for the designed project was first year students in residence halls (selective).

Results

Following the event, the peer educator group received feedback regarding having future scenarios more accurately represent the student body, as well as having more realistic substance use/abuse scenarios. Through program evaluation, the peer educators were able to identify that participating students reported increased knowledge of proper prescription medication disposal, increased awareness of on and off campus resources, and increased capacity to turn down an invitation to misuse prescription medication.

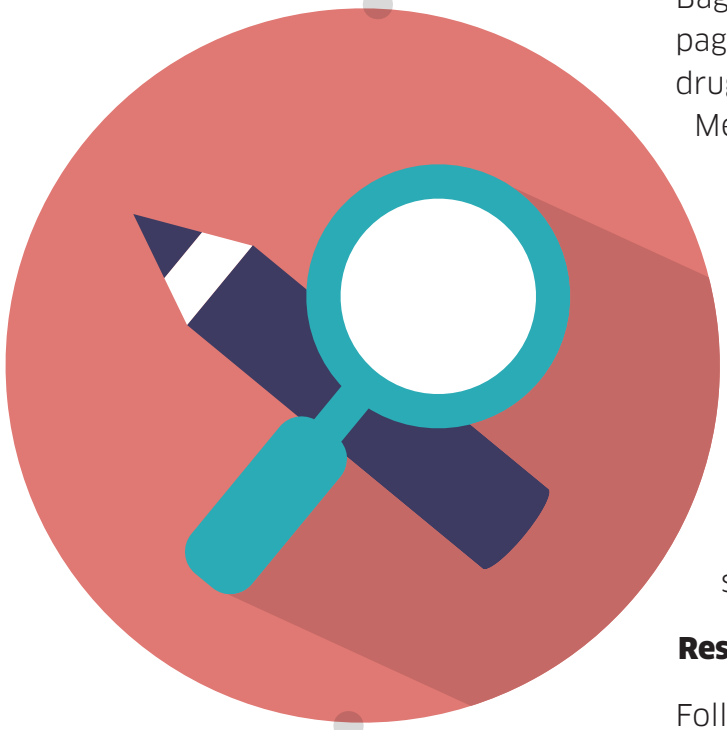
Campus D

Methodology Targeted:

Educational Campaigns

Project Design

The peer education group at Campus D collaborated with student health services to increase student awareness and knowledge about prescription medication storage, use and, disposal. The main implementation effort was the distribution of 100 Deterra Medication Disposal Bags to students across campus. The intended impact was for students to report higher perceived levels of harm associated with non-medical use of



prescription medication, as well as the capacity to differentiate between the perceived short-term benefits and actual long-term effects of using prescription stimulants for non-medical use.

Campus D peer educators hosted two tabling events to survey students regarding their knowledge about prescription storage and disposal, as well as their behavior intention for their Deterra Medication Disposal Bag. The peer education group also posted information to their Facebook page (e.g. strategies to succeed academically, rather than taking a "study drug," reasons to not take another person's prescription, promoting Deterra Medication Disposal Bags) with a reach of 920 students.

In addition to increasing student awareness of community resources, a Lunch and Learn was held for sixteen faculty and staff. Community addiction specialists, local government representatives, and campus health services spoke to attendees about current state-wide initiatives to address prescription stimulant medication misuse.

Intended Audience

The intended audiences for the designed project were undergraduate students (universal), as well as trusted adults on campus such as student facing staff and faculty.

Results

Following the Lunch and Learn, all attendees reported increased confidence in how to dispose of unwanted or expired medication. Thirty students engaged in a survey with peer educators at two tabling events, indicating that participants were able to differentiate between perceived short-term benefits versus long term effects of using prescription stimulants for non-medical use. Fifty Deterra Medication Disposal Bags were disseminated to students and faculty, and the remaining 50 bags were provided to Student Health Services to distribute.

Campus E

Methodology Targeted:

Educational Campaigns

Project Design

Fifteen peer educators at Campus E were intentionally trained on prescription stimulant medication misuse myths, as well as frequently asked questions around prescription stimulant medication misuse. Following the trainings, the peer educators disseminated information through tabling events to inform the entire student body. The peer educators utilized a blend of in-person, as well as virtual efforts, to disseminate information.

The first week in February was selected to implement a series of daily events, titled the "Self-Medicating Series." Events focused on identifying symptoms of addiction, resiliency, campus and community resources, and risk reduction strategies.

In addition to educational dissemination efforts, the peer educators partnered with Campus Public Safety to offer a Drug Take Back Day at the end of the semester, so students did not leave campus for the summer with prescriptions that no longer served them.

Intended Audience

The intended audience for the designed project was to educate two populations; their peer educators (indicated), as well as the larger campus population (universal).

Results

Two-hundred and fifty students engaged in on-campus programming efforts. Through social media efforts on Facebook, an average of 375 people were reached per post.

Through awareness raised by these efforts, an alumni foundation is working to create a scholarship for future Campus E students to continue to address prescription medication misuse and abuse through ongoing programmatic efforts.

Campus F

Methodologies Targeted:

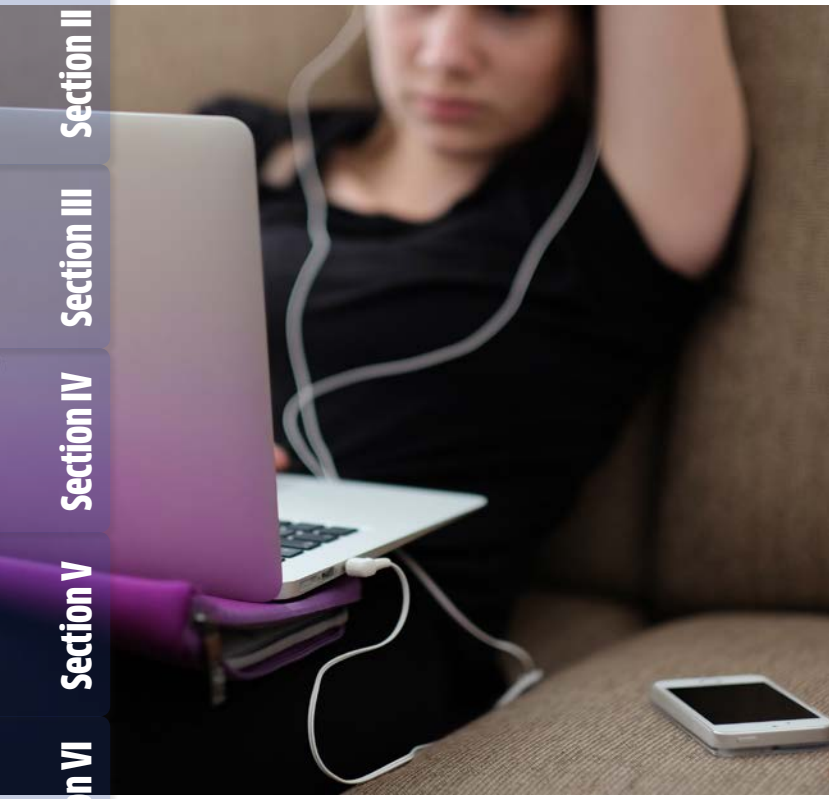
Educational Campaign

Social Norming

Project Design

Peer educators at Campus F worked to implement the first step of a multi-year campus effort. To establish a baseline, the peer education group selected a random sample of 50 students to assess their attitudes and beliefs around prescription stimulant medication misuse on campus and their knowledge of proper disposal. Eight-two percent of students surveyed indicated they did not know how to properly dispose of unused/unwanted medication. Over 80% of students surveyed indicated it was moderately or extremely easy to obtain ADHD medication from another student.

The team created a social norms poster campaign using data from the 2017 Harris Poll. Three different posters were created and disseminated across campus, posted in residences halls, and in the campus center. The posters also indicated where to dispose of unwanted or leftover medication, as well as student reported attitude and behavior data. One poster highlighted that 65% of students who are prescribed ADHD medication feel pressured to divert their medication, even if they do not want to. Peer educators partnered with Accessibility Resources on campus to create language about asking friends for prescriptions. This collaboration included educational messaging comparing the request to taking someone else's antibiotics. The team also created a tabling effort to be implemented later in the year, to highlight impacts of



combing substances on the brain and body. The peer education group also hopes to implement a Prescription Drug Take-back Day for staff, students and faculty to dispose of unused medication, as well as establish a series of lectures focusing on the impact of substances on the brain and body.

Intended Audience

The intended audience for the designed project was students living in residence halls on campus (selective).

Results

As a result of the programmatic efforts, the student honor council is examining policies around using prescription stimulants in an academic setting.

Campus G

Methodologies Targeted:

Educational Campaign

Social Norming

Project Design

Campus G implemented a social norms campaign addressing misperceptions around stimulant drug misuse among undergraduate students, as well as highlighting research demonstrating that non-medical use of prescription stimulant medications does not yield better academic outcomes. Data from a 2017 NCHA survey indicated that 91% of undergraduate students at Campus G were studying drug free (without the use of stimulant medication not prescribed to them). The poster campaign worked to decrease the percentage of undergraduate students who perceived the typical Campus G

student misused stimulant medication in the pursuit of academic success. The campaign also worked to increase utilization of healthy habits, including sleep hygiene, stress management and balanced nutrition. The campaign ran in residence halls, undergraduate academic buildings, and the student center, as well as on social media.

Intended Audience

The intended audience for the designed project was undergraduate students (universal).

Results

An evaluation was completed with undergraduate students in academic buildings on Campus G. Of the students taking an intercept interview model survey, 82% reported remembering seeing the poster campaign. The majority of students engaging in the survey (85%, lower than the NCHA data set) reported they had not taken a stimulant medication not prescribed to them in the last 12 months.

Campus H

Methodologies Targeted:

Educational Campaign

Social Norming

Project Design

Campus H partnered with their local National Alliance on Mental Illness (NAMI) chapter to host an educational tabling event during National Drug and Alcohol Facts Week, celebrated annually the third week in January. The three-hour event addressed risks associated with the misuse of prescription stimulant medications, and provided resources to those concerned about their substance use. Campus data from the Healthy Minds study (2016) and Core survey (2013) were utilized to highlight that the majority of Campus H students (94%) refrained from using prescription stimulant medication for non-medical reasons in the past month despite 70% of students believing that their peers have used these drugs at least once in the past year. One-hundred and two students participated in the tabling event.

In addition to tabling efforts, workshops were provided to student leaders, a fraternity, and student athletes utilizing real-time social norming to highlight misperceptions around misuse of prescription stimulants and offer psychoeducation

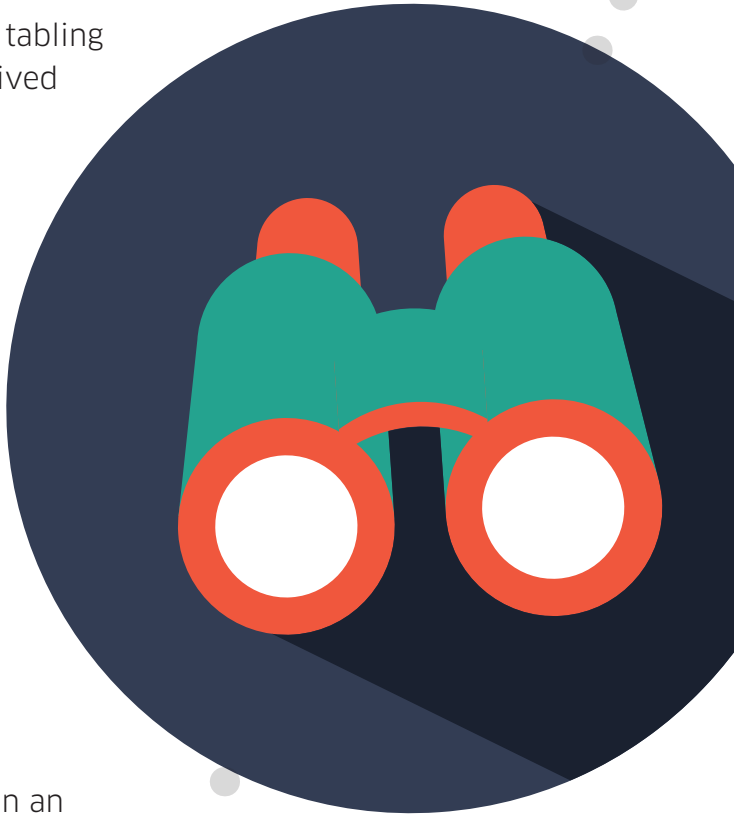
and campus resources (e.g. safe and free disposal of unused/unwanted medications at the Counseling, Health & Wellness Services, 12-step campus meeting, drop-in/screening hours at the Counseling, Health & Wellness Services, etc.). There were 242 student attendees across four trainings.

Intended Audience

The intended audience for the designed project was to educate two populations; their student leaders, fraternity life and student athletes (indicated), as well as the larger campus population (universal).

Results

As a result of increased presence and visibility on campus through educational tabling efforts and workshops, requests for additional training have already been received through Counseling, Health & Wellness Services, including creating an annual event to support National Drug and Alcohol Facts Week.



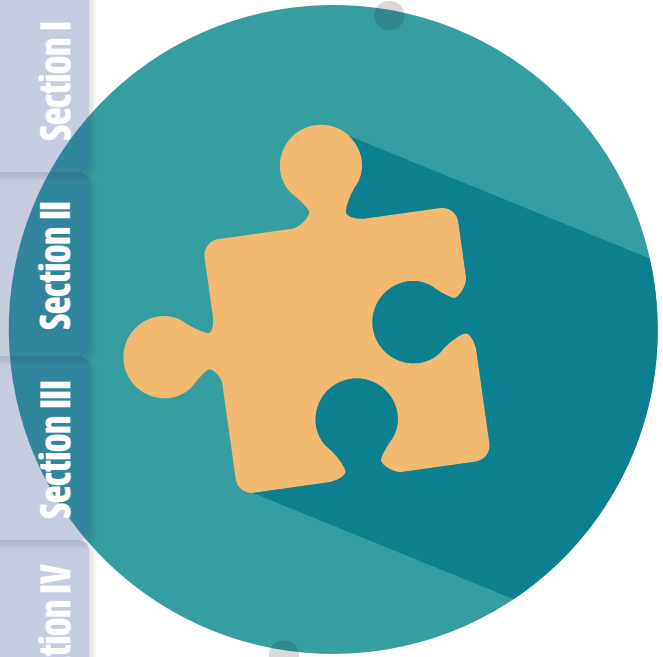
Campus I

Methodologies Targeted:

Social Norming

Project Design

The prevention team at Campus I aimed to address concerns that 50% of students with an ADHD prescription have felt pressured to share their medication with peers. A student-led effort created a support group for those with ADHD stimulant medication prescriptions. Due to a short time frame for implementation, the support group effort was expanded to increase general education and awareness of undergraduate students. Student leaders enrolled in an academic course about substance use and young people at Campus I created a survey to assess prescription stimulant medication use and misuse behaviors and attitudes.



A physical survey was disseminated in an undergraduate class, with 114 responses. Sixty-nine percent of respondents indicated it was very or somewhat easy to obtain prescription stimulant medication without a prescription. Data collected from the survey will ultimately inform the creation of a student group to address prescription stimulant medication misuse on campus.

Intended Audience

The intended audience for the designed project was Campus I undergraduate students who were prescribed ADHD medication (indicated).

Results

Following evaluation of the survey data, the campus team intends to focus on why students willingly give away medications and how to prevent that behavior, as well as how students obtain medications that are not prescribed to them. Preliminary data suggests that successful programming efforts in the future would target consensual peer to peer sharing of medication, and that many students who gained medication illicitly did so through friends.

Campus J

Methodologies Targeted:

Social Norming

Bystander Intervention

Project Design

Campus J partnered with on-campus housing to survey students, promote a social norming campaign, and adapt their Bystander Intervention Program to focus on preventing prescription stimulant medication misuse. Five-hundred and twenty-two undergraduate students took the five question pre-test survey to establish baseline data on student awareness of the prescription drug issue, awareness of their own and others

prescription drug use (for social norms data), and their comfort with intervening in situations where they may become aware of prescription drug use.

Each of the 50 Resident Assistants in housing received a set of five posters with social norming information to disseminate on their floor. In conjunction with the social norms campaign, an adaptation of their bystander intervention program is being offered to undergraduate students to increase their awareness of, and confidence to, intervene in situations with concerning prescription medication use.

Intended Audience

The intended audience for the designed project were Resident Assistants (indicated) and students living in a specific housing community on campus (selective).

Results

Both a training program and a poster campaign were created by the peer education team, with intent to replicate in two additional housing communities throughout the spring.

Lessons Learned

Project Successes

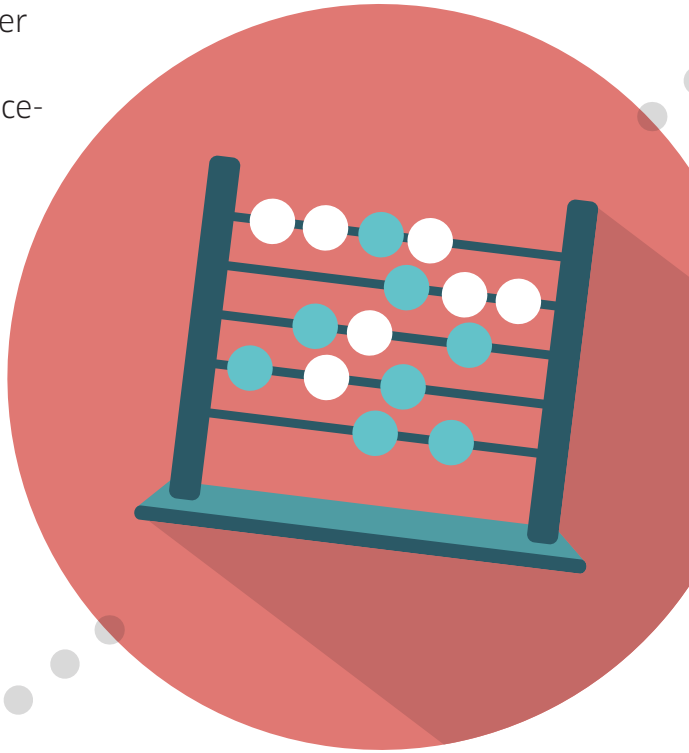
- While the design of the projects was directed at college students through peer education efforts, multiple campuses expanded prescription stimulant medication misuse and abuse efforts to include staff and faculty. Prescription Drug Take-Back Day as well as educational dissemination programs, had promising results with both students and professional staff.
- Most institutions were successful blending strategies of social norming campaigns and educational dissemination efforts. Several institutions also included components of bystander intervention training with their peer educators.
- Several institutions utilized the SAMSHA Strategic Prevention Framework, allocating funding to conduct a needs assessment to collect baseline data before creating interventions that would best meet student needs.
- The presence of funding and the priority to implement an intervention in an identified timeframe created spaces for prevention teams and peer educators to have conversations and host programming they may not have otherwise.

Project Challenges

- Administrative backing varied by institution. Some institutions of higher education had additional support (e.g. from alumni) to create pathways for ongoing efforts addressing substance abuse.
- Some institutions already had existing efforts addressing prescription stimulant medication misuse. Lack of communication between departments on campus hindered implementation efforts for a few campuses.

Summary

The ten pilot institutions of higher education addressed the prevention of prescription stimulant medication misuse through a multiple methodologies, including: peer theatre, poster campaigns, data collection, bystander intervention, and interactive educational programming. The pilot efforts above showcase a variety of adaptations to evidence-based or evidence-informed alcohol prevention strategies. Almost every campus engaged in the pilot detailed plans for future or on-going stimulant medication misuse efforts.



Resources

The Drug Enforcement Agency offers annual National Prescription Drug Take Back Days (typically in April and October). Prescription Drug Take-Back Day aims to provide a safe, convenient, and responsible means of disposing of prescription drugs, while also educating the general public about the potential for abuse of medications.

Section VIII

Prescription Stimulant Medication Misuse Prevention Resources

American College Health Association. American College Health Association-National College Health Assessment II: Reference Group Data Report Fall 2016. Hanover, MD: American College Health Association, 2016. Retrieved on May 28, 2017 from http://www.acha-ncha.org/docs/ACHA-NCHA-II_ReferenceGroup_DataReport_Fall2016.pdf

American Social Health Association (2012). Teens and Young Adults. Retrieved July 6, 2012 from: http://www.ashastd.org/sexual_health/teens-and-young-adults.html

Astin, A. (1993). What matters in college: Four critical years revisited. San Francisco: Jossey-Bass.

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavior change. Psychological Review, 84(2).

Centers for Disease Control and Prevention (2013). HIV in the United States: At a glance. Retrieved May, 24, 2013, from http://www.cdc.gov/hiv/statistics/basics/ataglance.html

Centers for Disease Control and Prevention. HIV Incidence. Retrieved May 24, 2013, from http://www.cdc.gov/hiv/statistics/surveillance/incidence/index.html

Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2011. Atlanta: U.S. Department of Health and Human Services; 2012. Retrieved May 24, 2013, from http://www.cdc.gov/std/stats11/Surv2011.pdf

Chou, C.P., Montgomery, S., Pentz, M., Rohrbach, L., Johnson, A., Flay, B., MacKinnon, D. (1998). Effects of a community based prevention program on decreasing drug use in high risk adolescents. American Journal of Public Health 88(6).

Core Institute. Core Alcohol and Drug Survey – Long Form, 2011 Results. Retrieved on May 28, 2012 from http://core.siu.edu/pdfs/report11.pdf

Curry, K & Stasio M. (2009.) The effects of energy drinks alone and with alcohol on neuropsychological functioning. Human Psychopharmacologic Clinic Expert; 24:473-481.

DeJong W., & Langford L.M. (2002). A typology for campus-based alcohol prevention: Moving toward environmental management strategies. Journal on Studies of Alcohol Supplement, 14.

DeJong,W., & Langenbahn, S.(1996). Setting and Improving Policies for Reducing Alcohol and Other Drug Problems on Campus: A Guide for Administrators. Newton, MA: The Higher Education Center for Alcohol and Other Drug Prevention.

Dimeff, L.A., Baer, J.S., Kivlahan, D.R. & Marlatt, G.A. (1999). Brief Alcohol Screening and Intervention for College Students (BASICS): A Harm Reduction Approach. New York: Guilford Press.

Doumas, D. M., & Anderson, L. (2009). Reducing alcohol use in first-year university students: Evaluation of a web-based personalized feedback program. Journal of College Counseling, 12(1).

Doumas, D. M., Workman, C. R., Navarro, A., & Smith, D. (2011). Evaluation of web-based and counselor delivered feedback interventions for mandated college students. Journal of Addiction and Offender Counseling, 32.

Epstein, J. (1999). Parental Notification: Fact or Fiction. Prevention File, 14(2).Higher Education Center.

Ferreira, S.E., de Mello, M.T., Pompeia, S. & de Souza-Formgoni, M.L. (2006.) Effects of energy drink ingestion on alcohol intoxication. Alcohol Clinic Expert Resource.; 30:598-605.

Gladwell, M. (2001). Wrong turn: How the fight to make America's highways safer went off course. The New Yorker. June 11, 2001. Retrieved June 16, 2011, from www.gladwell.com/2001/2001_06_11_a_crash.htm

Go Ask Alice!, Columbia University's Health Q&A Internet Service (2004). Suddenly, drinking alcohol makes me sick! Retrieved June 16, 2011 from www.goaskalice.columbia.edu/2630.html

Go Ask Alice!, Columbia University's Health Q&A Internet Service (2005). Mixing alcohol and acetaminophen: How can I reduce my risk for side effects? Retrieved June 16, 2011 from http://www.goaskalice.columbia.edu/3508.html

Go Ask Alice!, Columbia University's Health Q&A Internet Service. (1999). What's more important: Calories or fat grams? Retrieved June 16, 2011 from www.goaskalice.columbia.edu/1450.html

Goldhammer, A. (2002). Cocktails and calories: Beer, wine and liquor calories can really add up. Retrieved June 16, 2011 from www.findarticles.com/p/articles/mi_m0846/is_5_21/ai_82333620

Hingson, R., McGovern, T., Howland, J., Hereen, T., Winter, M.,Zakocs, R. (1996). Reducing alcohol-impaired driving in Massachusetts: The Saving Lives program. American Journal of Public Health, 86.

Hingson,R., Heeren,T., Zakocs, R., Kopstein,A., Wechsler,H. (2002). Magnitude of alcohol-related mortality and morbidity among U.S. college students ages 18-24. Journal of Studies on Alcohol, 63.

Hustad, John T.P., Barnett, Nancy P., Borsari, Jackson,B., Kristina M. (2010). Web-based alcohol prevention for incoming college students: A randomized controlled trial, Addictive Behaviors, 35(3).

Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2012). Monitoring the Future national survey results on drug use, 1975–2011: Volume II, College students and adults ages 19–50. Ann Arbor: Institute for Social Research, The University of Michigan. Retrieved on June 5, 2013 from http://monitoringthefuture.org/pubs/monographs/mtf-vol2_2011.pdf

Kuhn, C., Swartzwelder, S. Wilson, W. (2003). Buzzed: The Straight Facts About the Most Used and Abused Drugs from Alcohol to Ecstasy. The Duke University Medical Center. New York, NY: W.W. Norton & Company.

Larimer M.E., Cronce J.M. (2002) Identification, prevention, and treatment: A review of individual-focused strategies to reduce problematic alcohol consumption by college students. Journal of Studies on Alcohol Supplement, Volume 14.

Lovecchio, C.P., Wyatt, T.M, & Dejong, W. (2010). Reductions in Drinking and Alcohol-Related Harms Reported by First-Year Students Taking an Online Alcohol Education Course: A Randomized Trial. Journal of Health Communication, 15(7).

Lowery, J.W., Palmer, C.J., & Gehring, D.D. (2005). Policies and Practices of Parental Notification for Student Alcohol Violations. Journal of Student Affairs Research and Practice, 42(4).

Marlatt, G.A., Baer, J.S.,& Larimer, M.E. (1995). Preventing alcohol abuse in college students: A harm reduction approach. In G.M. Boyd, J. Howard, & R.A. Zucker (Eds.), Behavior medicine: Changing lifestyles(pp. 410-452). New York: Brunner/Mazel.

McMillen, M. (2006) Risky Mixers. The Washington Post. September 12, 2006, HE02.

Miller, W.R. & Rollnick S. (2002). Motivational Interviewing: Preparing People for Change. 2nd ed. New York: The Guilford Press.

Miller, W.R., & Rollnick, S. (1991). Motivation interviewing: Preparing people for change. New York: Guilford Press.

Mohler-Kuo, M., Lee, J. E., & Weschler, H. (2003). Trends in marijuana and other illicit drug use among college students: Results from 4 Harvard School of Public Health College Alcohol Study Surveys: 1993-2001. Journal of American College Health, 52(1).

National Center for Chronic Disease Control and Prevention (2011). Adolescent and School Health: Sexual Risk Behavior: HIV, STD, & Teen Pregnancy Prevention Retrieved June 16, 2012 from www.cdc.gov/HealthyYouth/sexualbehaviors/index.htm

National Highway and Traffic Safety Administration. (2012). 2011 Traffic safety facts: Alcohol-impaired driving. DOT HS 811 700. Retrieved June 4, 2013 from http://www-nrd.nhtsa.dot.gov/Pubs/811700.pdf

National Highway Traffic Safety Association (2005). The ABC's of BAC: A guide to understanding blood alcohol concentration and alcohol impairment. Retrieved June 19, 2012 from http://www.nhtsa.gov/Impaired.

National Institute of Alcohol and Alcoholism. Alcohol's Damaging Effects on the Brain. Alcohol Alert. Number 63. October 2004. Retrieved June 16, 2011 from http://pubs.niaaa.nih.gov/publications/aa63/aa63.htm

National Institute on Alcohol Abuse and Alcoholism. (2002). What Peer Educators and Resident Advisors Need to Know About College Drinking. Retrieved June 16, 2011 from http://www.collegedrinkingprevention.gov/1College_Bulletin-508_361C4E.pdf

National Institute on Drug Abuse. (2010). InfoFacts: Drugged driving. Retrieved June 16, 2011 from http://www.drugabuse.gov/infofacts/driving.html

National Sleep Foundation. (2008). Detection and prevention: Drowsy driving. Retrieved June 16, 2011 from http://drowsydriving.org/about/detection-and-prevention

O'Brien, M.C., McCoy, T.P., Rhodes, S.D., et al. (2008.) Caffeinated cocktails: energy drink consumption, high-risk drinking, and alcohol-related consequences among college students. Academic Emergency Medicine.; 15:1-8.

O'Malley, P.M., & Johnston, L.D. (2002). Epidemiology of alcohol and other drug use among American college students. Journal of Studies on Alcohol, Supplement 14.

Pascarella, E. T. & Terenzini, P. T. (2005). How college affects students: A third decade of research. Volume 2. San Francisco: Jossey-Bass.

Paschall, M.J., Antin, T., Ringwalt, C.L., & Saltz, F. (2011). Effects of AlcoholEdu for College on alcohol-related problems among freshmen: A randomized multicampus trial. Journal of Studies on Alcohol and Drugs, 72.

Penn State University. (2009, November 16). Study: Inverse relationship between alcohol abuse and college GPA. Press Release. Retrieved on June 16, 2011 from live.psu.edu/story/42960

Porter, S.R., & Pryor, J. (2007). The Effects of Heavy Episodic Alcohol Use on Student Engagement, Academic Performance, and Time Use. Journal of College Student Development, 48(4), 455-467.

Presley, C.A., Leichliter, J.S., Meilman, P.W. Alcohol and drugs on American college campuses: Findings from 1995, 1996, and 1997. A report to college presidents. Carbondale, IL: Southern Illinois University, 1999.

Royal, D. (2002). Volume I: Findings. National Survey and Distracted and Drowsy Driving Attitudes and Behaviors: 2002, 1, 48-60. Retrieved on June 2, 2013 from http://www.nhtsa.gov/people/injury/drowsy_driving1/survey-distractive03/

Shils M, Shike M, Olson J, Ross AC. Modern nutrition in health and disease. 10th ed. Baltimore: Lippincott Williams & Wilkins, 2005.

Stephens, R.S., Roffman, R.A., & Curtin L. (2000). Comparison of extended versus brief treatments for marijuana use. Journal of Consulting and Clinical Psychology, 68(5).

Substance Abuse and Mental Health Services Administration, Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-44, HHS Publication No. (SMA) 12-4713. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012. Retrieved on May 28, 2012 from http://www.samhsa.gov/data/nsduh/2k11results/nsduhresults2011.htm#Ch3

Substance Abuse and Mental Health Services Administration, Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-44, HHS Publication No. (SMA) 12-4713. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012. Retrieved on June 4, 2013 from http://www.samhsa.gov/data/nsduh/2k11results/nsduhresults2011.htm

The Fast Food Nutrition Fact Explorer. (2006). Search for calories. Retrieved June 16, 2011 from www.fatcalories.com

Tinto, V. (1993). Leaving college: Rethinking the causes and cures of student attrition. Second edition. Chicago: University of Chicago Press.

Treno, A., & Holder, H. (1997). Community mobilization: Evaluation of an environmental approach to local action. Addiction 92, Supplement 2.United States. U.S. Department of Health and Human Services. National Institute of Health. Task Force of the National Advisory Council on Alcohol Abuse and Alcoholism (2002). A Call to Action: Changing the Culture of Drinking at U.S. Colleges.

University of Florida. (2010, February 10). UF researchers: Alcohol, energy drinks add up to higher intoxication levels, increased driving risk. Press Release. Retrieved on June 16, 2011 from http://news.ufl.edu/2010/02/10/energy-drink/.

Wagenaar, A.C., Murray, D.M., Gehan, J.P., Wolfson, M., Forster, J.L., Toomery, T.L., Perry, C.L., Jones-Webb, R. (2000). Communities mobilizing for change on alcohol: Outcomes from a randomized community trial. Journal of Studies on Alcohol 61(1).

Walters, S. T., Vader, A. M., & Harris, T. R. (2007). A Controlled Trial of Web-based Feedback for Heavy Drinking College Students. Prevention Science, 8(2).

Walters, S.T. & Baer J.S. (2006.) Talking with College Students about Alcohol: Motivational Strategies for Reducing Abuse. New York: The Guilford Press.

Wawrznski, Matthew R., Carl L. LoConte, and Emily J. Straker. "Learning Outcomes for Peer Educators: The National Survey on Peer Education." New Directions for Student Services. no. 133. (2011): 17-25.

Wechsler, H., Dowdall, G., Maenner, G., Gledhill-Hoyt, J., Hang, L. (1998). Changes in Binge Drinking and Related Problems among American College Students Between 1993 and 1997: Results of the Harvard School of Public Health College Alcohol Survey. Journal of American College Health, 47(2), 57-68.

Wolaver, A. (2002). Effect of Heavy Drinking in College on Student Effort, Grade Point Average, and Major Choice. Contemporary Economic Policy, 20(4), 415-428.