

Commission on Youth

Dec 8, 2015

Substance Education on campus Prevention/Intervention/Recovery

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Director, VCU's Wellness Resource Center

Introductions: Who am I? My lens

- A front line practitioner who uses data/research to inform practice
 - FNP - Family nurse practitioner
 - 28 years working in the college health clinic at VCU
 - Director of the VCU Wellness Resource Center
- Member of VA College Alcohol Leadership Council
- A Mom of 3 sons
 - Parent volunteer for Chesterfield SAFE. Inc. a CADCA coalition for 15 years

Learning objectives- to answer the following questions

- What are the most effective strategies to reach college students regarding drug prevention?
 - Defining terms: “Drugs” refers to Alcohol and Other Drugs (AOD)
- Why this issue **matters** on campus!
 - (provide resources and research)
- What are campuses **mandated** to do?
- What **are** campuses actually doing?
- What **can** campuses do that’s effective?
- What **more** is needed?

Why these issues matter:

Consequences for Students/Families:

- **Academic fallout:**

- Missed classes, poor performance, withdrawal, dropping out, lost \$\$\$.

- **Health problems:**

- Substance Use Disorder and other problems- sleep issues, depression, etc.

- **Acute risks:**

- Impaired driving, unsafe sex, fights, sexual assaults, suicide attempts, unintentional injuries, overdoses, and death.
- Even students who don't use may experience secondhand effects.

- **Consequences for Schools:**

- Higher costs for health care, security, vandalism, etc.
- Costs related to attrition and the need for additional recruitment.
- Damage to a school's reputation.

www.monitoringthefuture.org

2014 Report

Alcohol: Trends in 30-Day Use

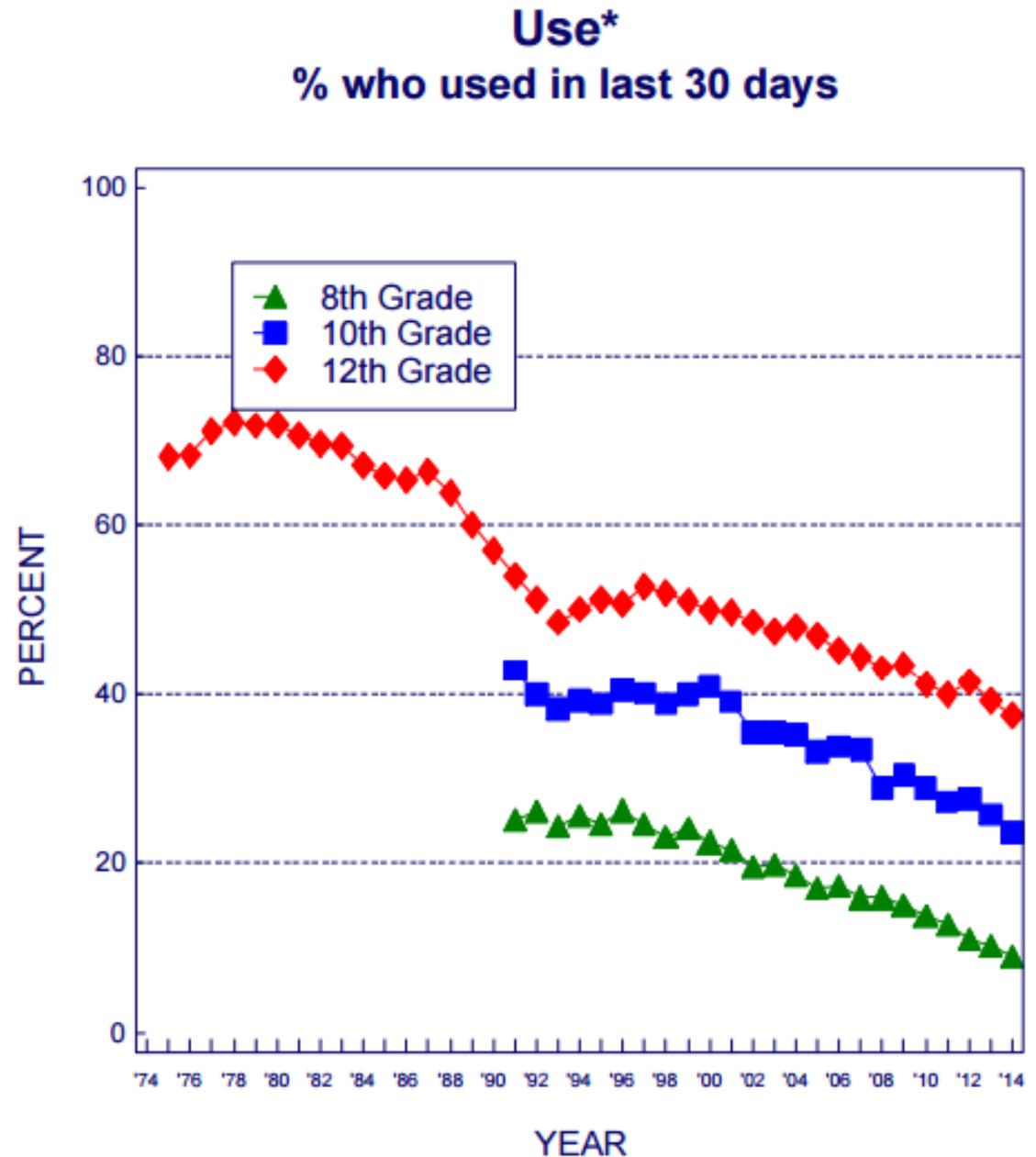
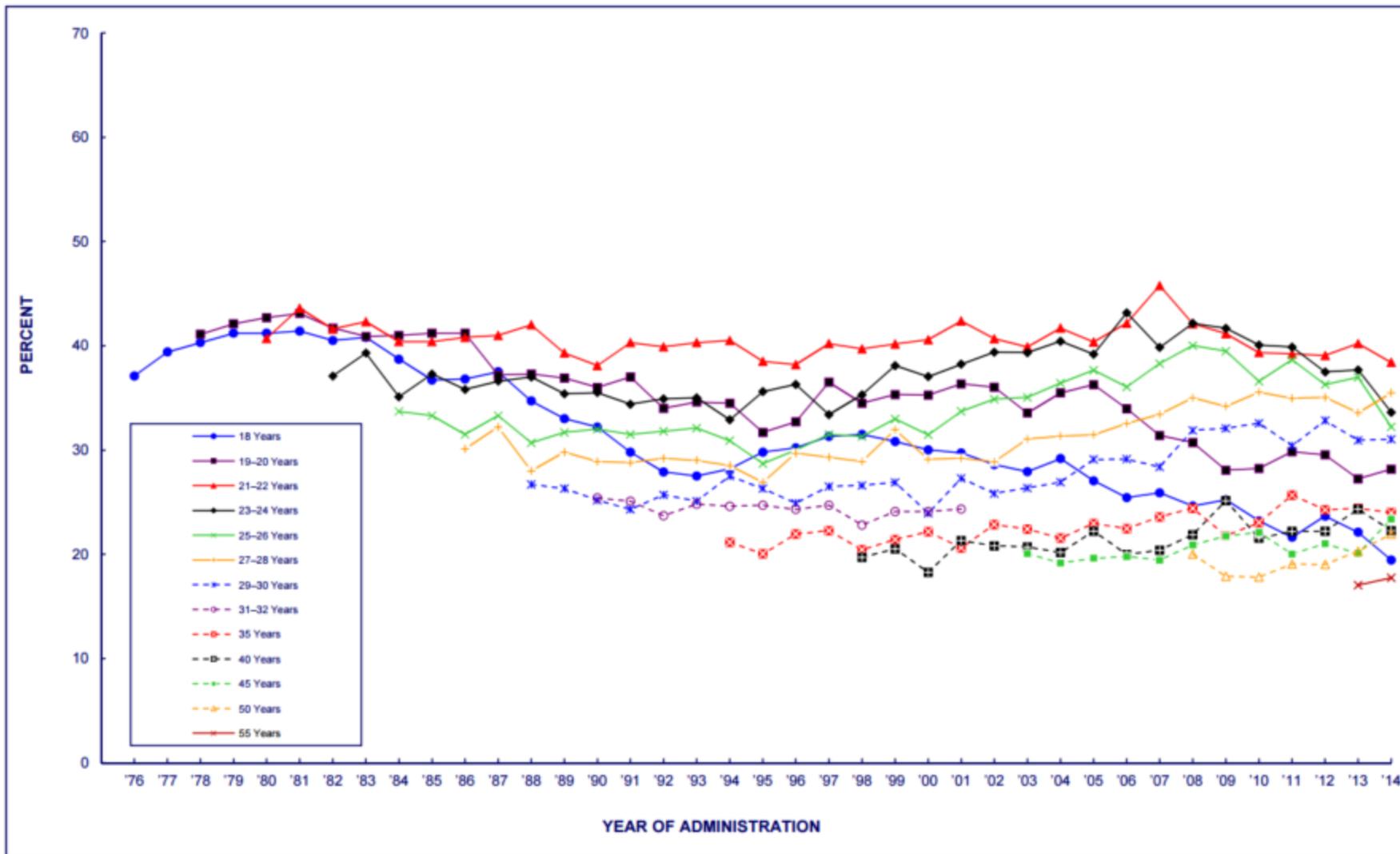


FIGURE 5-18d
ALCOHOL
Trends in 2-Week Prevalence of Having 5 or More Drinks in a Row
among Respondents of Modal Ages 18 through 55, by Age Group

HIGH RISK DRINKING
By age 21



2 in 5 (40%) age 21-22



1 in 5 (20%) age 18

Note: The blue line has steadily gone down over the past 40 years.

What does the preceding graph suggest?

We should celebrate the delay and reduction of use in high school students.



HOWEVER...It's like the U.S. has squeezed the tube of toothpaste...

Some of high school drinking has been “squeezed”/delayed until college.

And, many adults have never had alcohol/drug education.

New resource
for the
commission

Nov 2015

ISSUE REPORT

Reducing Teen Substance

Misuse:

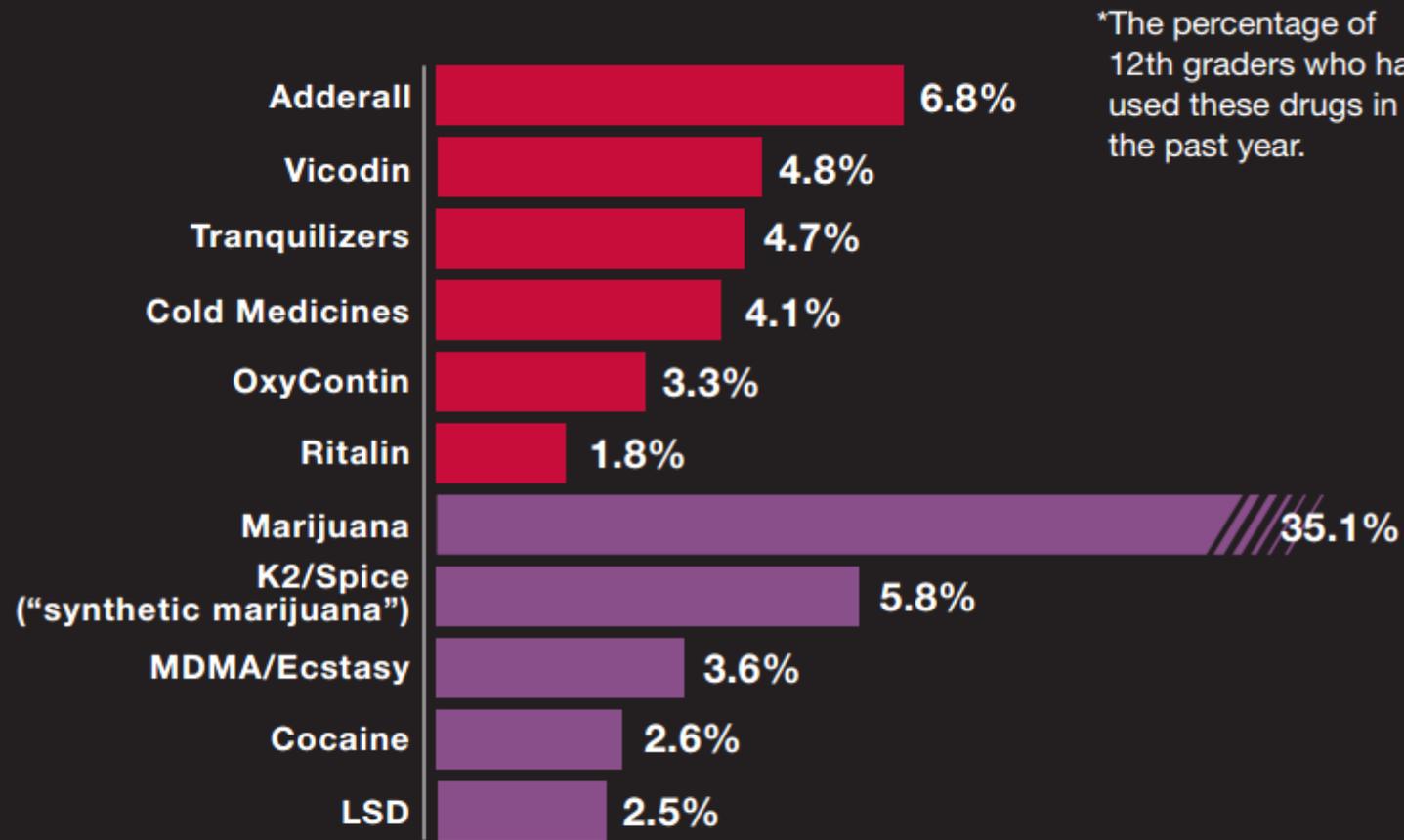
WHAT REALLY
WORKS

2015



[http://www.healthymamericans.org/assets/files/TFAH-2015-TeenSubstAbuse%20FINAL.pdf?utm_source=Higher+Ed+Center+Mailing+List&utm_campaign=83df7d9112-UReport_Dec4_2015&utm_medium=email&utm_term=0_76b21ea673-83df7d9112-194706965&ct=t\(UReport_Dec4_2015\)](http://www.healthymamericans.org/assets/files/TFAH-2015-TeenSubstAbuse%20FINAL.pdf?utm_source=Higher+Ed+Center+Mailing+List&utm_campaign=83df7d9112-UReport_Dec4_2015&utm_medium=email&utm_term=0_76b21ea673-83df7d9112-194706965&ct=t(UReport_Dec4_2015))

PRESCRIPTION/OVER-THE-COUNTER VS. ILLICIT DRUGS*



*The percentage of 12th graders who have used these drugs in the past year.



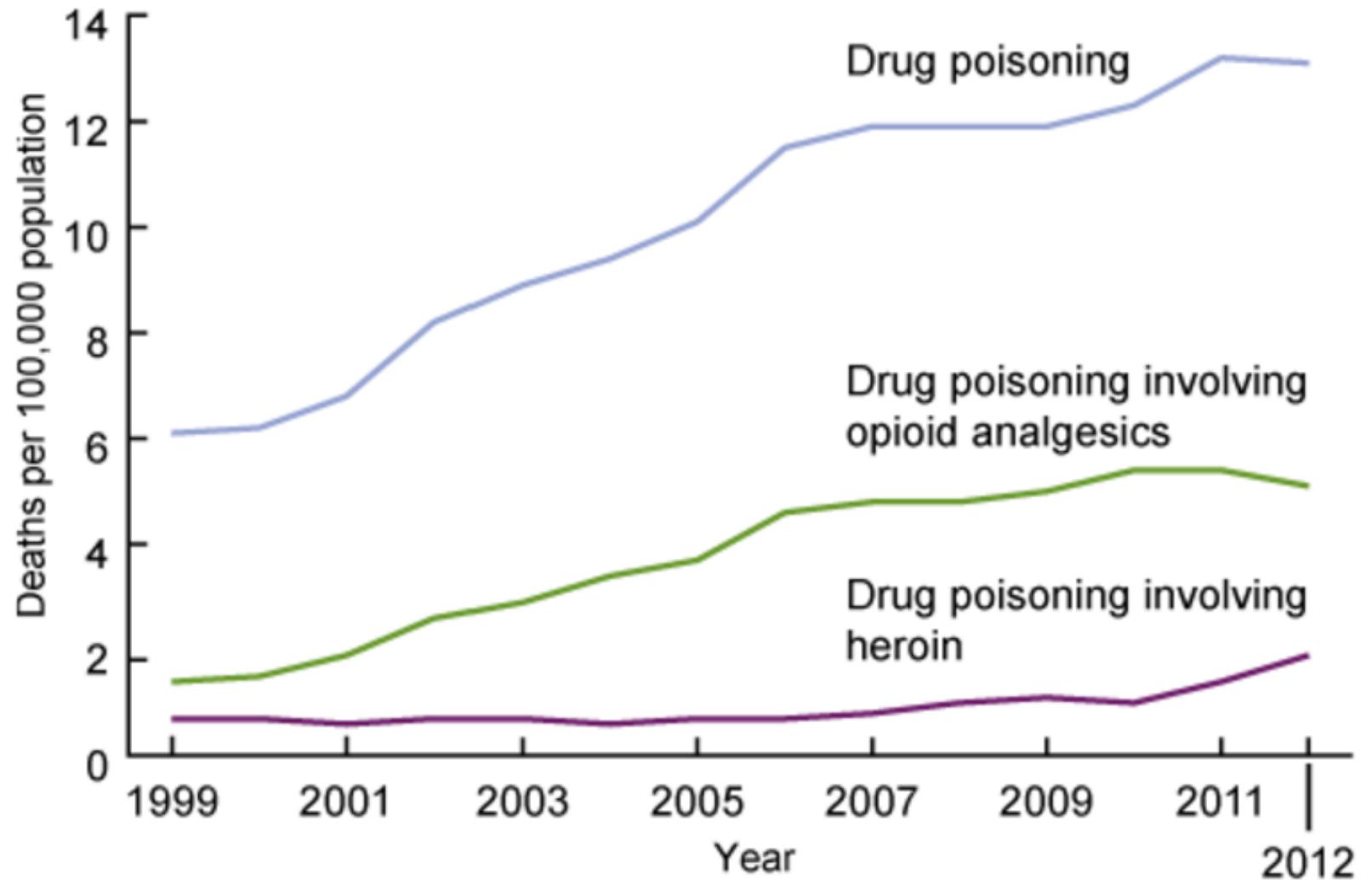
 PRESCRIPTION  ILLICIT DRUGS

Source: NIH, *Monitoring the Future*, 2014.

Graphic from <http://www.healthyamericans.org>
Reducing Teen Substance Misuse: What Really Works
Nov 2015 Trust for America's Health

In adults nationally, drug overdose deaths doubled between 1999 and 2012

Figure 1. Age-adjusted drug-poisoning death rates: United States 1999–2012



NOTE: Drug-poisoning deaths may involve both opioid analgesics and heroin.
SOURCE: CDC/NCHS, National Vital Statistics System, Mortality File.

Heroin use is part of a larger substance abuse problem.

Nearly all people who used heroin also used at least 1 other drug.

Most used at least **3** other drugs.

Heroin is a highly addictive opioid drug with a high risk of overdose and **death** for users.

People who are addicted to...



ALCOHOL

are

2x



MARIJUANA

are

3x



COCAINE

are

15x



Rx OPIOID PAINKILLERS

are

40x

...more likely to be addicted to heroin.

SOURCE: National Survey on Drug Use and Health (NSDUH), 2011-2013.

[http://www.healthyamericans.org/assets/files/TFAH-2015-](http://www.healthyamericans.org/assets/files/TFAH-2015-TeenSubstAbuse%20FINAL.pdf?utm_source=Higher+Ed+Center+Mailing+List&utm_campaign=83df7d9112-URReport_Dec4_2015&utm_medium=email&utm_term=0_76b21ea673-83df7d9112-194706965&ct=t(URReport_Dec4_2015))

[TeenSubstAbuse%20FINAL.pdf?utm_source=Higher+Ed+Center+Mailing+List&utm_campaign=83df7d9112-](http://www.healthyamericans.org/assets/files/TFAH-2015-TeenSubstAbuse%20FINAL.pdf?utm_source=Higher+Ed+Center+Mailing+List&utm_campaign=83df7d9112-URReport_Dec4_2015&utm_medium=email&utm_term=0_76b21ea673-83df7d9112-194706965&ct=t(URReport_Dec4_2015))

[URReport_Dec4_2015&utm_medium=email&utm_term=0_76b21ea673-83df7d9112-194706965&ct=t\(URReport_Dec4_2015\)](http://www.healthyamericans.org/assets/files/TFAH-2015-TeenSubstAbuse%20FINAL.pdf?utm_source=Higher+Ed+Center+Mailing+List&utm_campaign=83df7d9112-URReport_Dec4_2015&utm_medium=email&utm_term=0_76b21ea673-83df7d9112-194706965&ct=t(URReport_Dec4_2015))

Resource for national college drinking statistics

www.achancha.org



American College Health Association **National College Health Assessment**

Spring 2015 Reference Group Data Report

• PAST MONTH USE

- Alcohol 65% used
- Marijuana 17% used
- Tobacco 11% used
- Other Drugs 11% used

• PAST YEAR USE of Prescription Drugs not prescribed to them

- Antidepressants 2.1%
- Pain Killers (e.g. OxyContin, Vicodin, Codeine) 5.2%
- Sedatives (e.g.- Xanax, Valium) 3.2%
- Stimulants (e.g.- Adderall, Ritalin) 7.3%

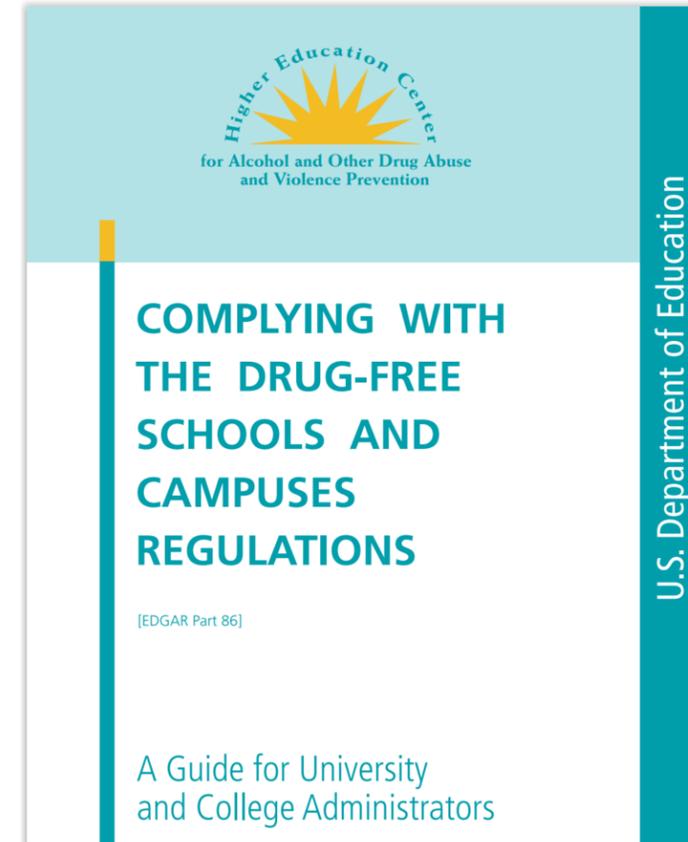
What are college campuses required to do by federal law?

The Drug-Free Schools and Campuses Regulations

(EDGAR Part 86) requires all Institutions of Higher Education receiving any form of federal funding to:

1. **Develop and implement a program** to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees
2. **The program must include annual notification** of the following:
 - standards of conduct
 - a description of sanctions for violating federal, state, and local law and campus policy
 - a description of health risks associated with AOD use, and
 - a description of treatment options
3. **Write a biennial review** of the program's effectiveness and the consistency of the enforcement of sanctions

*(The review does NOT get "sent" anywhere,
but it must be available for audit)*



PLEASE NOTE: All federal funding may be revoked if Virginia IHE's fail to comply!

What are VA Campuses doing?

- I could find NO data specific to VA
- However, Virginia is fortunate to have VA CALC (VA College Alcohol Leadership Council) which has been graciously supported by the ABC but it is voluntary
- VA campuses often post their AOD policies online
- No state collection of campus policies or Biennial reports

VA CALC- VA Collage Alcohol Leadership Council

A voluntary professional organization

<https://vacalc.gmu.edu/>



[Home](#) [Prevention Standards](#) [Resources](#) [VA Colleges](#) [Research](#) [State Consortia](#) [Events](#) [Membership](#) [Contact](#)

Mission Statement

The Virginia College Alcohol Leadership Council (VACALC) is a statewide professional affiliation group addressing alcohol, tobacco and other drug (ATOD) issues on the college campus. VACALC offers leadership and professional advice regarding the prevention of high risk, hazardous ATOD-related behavior through collaboration, education, support, networking, mentoring, and advocacy. VACALC promotes science-based and innovative strategies to achieve healthier and safer college communities.

Who are We?

We are professionals from throughout the state gathered to identify what can be done statewide to help maintain, and ideally increase, the attention given to alcohol abuse prevention on campuses and in their surrounding communities.

Emerging from this group of approximately 25 professionals was the belief that a "set of standards" or guidelines for all institutions of higher learning in Virginia would be very helpful. The rationale was that if clear standards and criteria for implementing sound, thoughtful approaches could be generated, individual

PREVENTION STANDARDS

[Foundations](#)

[Focus of Efforts](#)

[Who Should Be Involved](#)

[Context](#)

Announcements

2015 College Alcohol Survey (CAS)

Random survey of campus nationally send to chief student affairs officers
4-year public and private colleges (community colleges NOT included)

- **Alcohol is involved with:**

- 57% of campus policy violations
- 52% of violent behavior
- 50% of residence hall damage
- 71% of sexual assaults
- 51% of unsafe sex
- 35% of physical injury

What is being done?

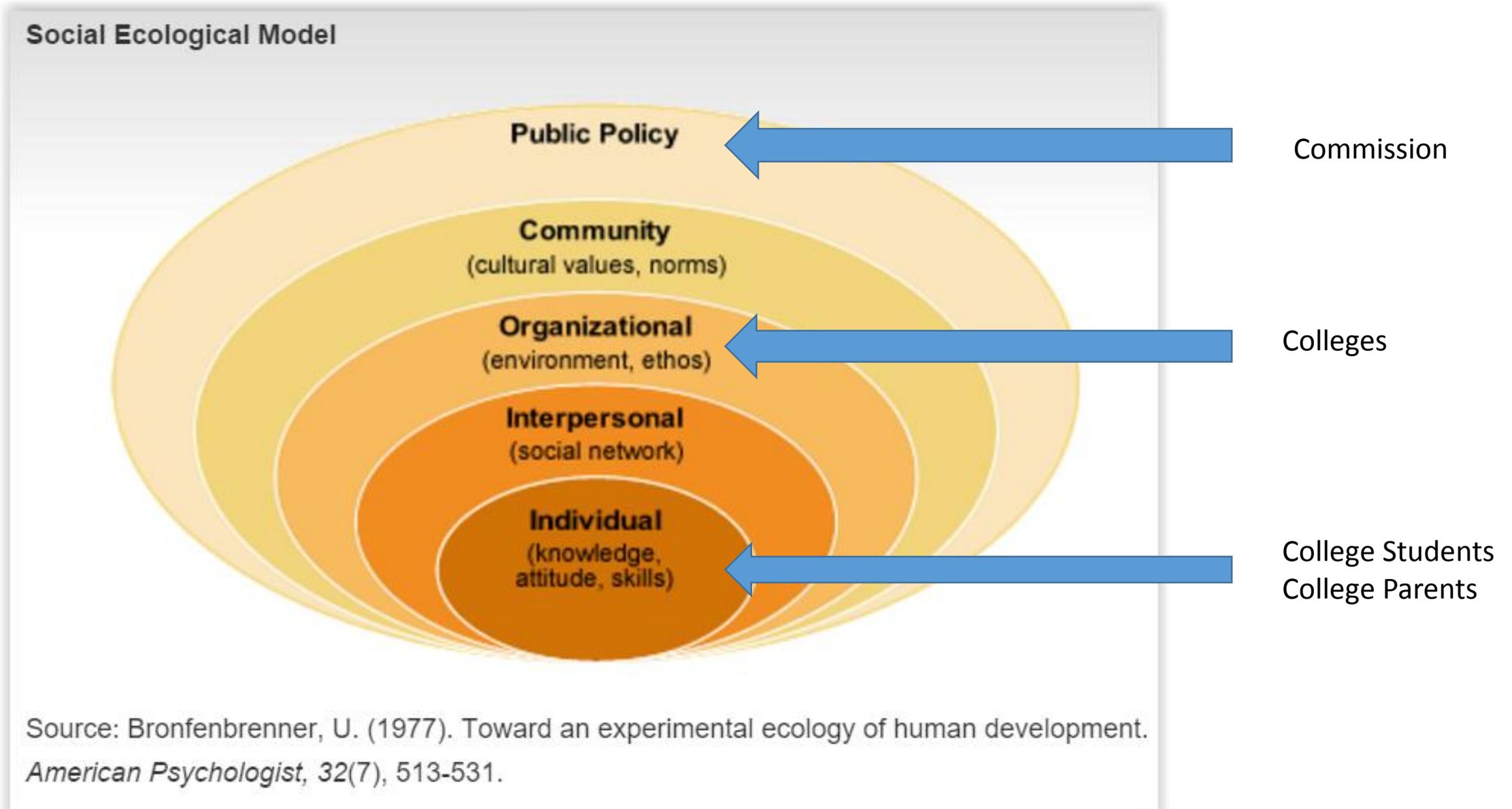
- 91% have a designated alcohol/substance abuse educator or specialist.
- a range of approaches include:
- 71% awareness periods on alcohol or drugs
55% have safe rides programs (55%)
- 91% have orientation programs (91%)
- 55% have peers with a primary focus on substance issues

Students coming to campus have changed!

- **Monitoring the future** www.monitoringthefuture.org
 - *12th grade use suggest what use will be like in the next year's college freshmen*
- **Alcohol use is bimodal** – no experience to very experienced or SUD
- **Marijuana use is up!**
 - In 1991 14% past month use In 2014 21 % past month use
- **“Other” illicit drug use (any annually) is up!**
 - In 1991 4.3% use in 2013 10% use

What can campuses do that's effective?

Alcohol/Drug use is a COMPLEX issue – campuses can't do it all



College
DRINKING — Changing the Culture

Search

Stats & Summaries	NIAAA College Materials	Supporting Research	Other Alcohol Information	Special Features
College Presidents	College Parents	College Students	H.S. Administrators	H.S. Parents & Students

Special Features

- [Video Highlights from NIAAA College Conferences](#)
- [College Alcohol Policies](#)
- [Interactive Body](#)
- [Alcohol Myths](#)
- [Calculators](#)
- [E-cards](#)
- [Getting Help](#)

Helpful Tools

- [In the News](#)
- [Links](#)
- [Link to Us](#)
- [E-mail this Page](#)
- [Print this Page](#)

Welcome to College Drinking: Changing the Culture, created by the National Institute on Alcohol Abuse and Alcoholism (NIAAA). CollegeDrinkingPrevention.gov is your one-stop resource for comprehensive research-based information on issues related to alcohol abuse and binge drinking among college students.

[CollegeAIM—NIAAA's College Alcohol Intervention Matrix](#)

CollegeAIM, a new tool for college and university administrators, scores 60 environmental- and individual-level alcohol interventions based on their effectiveness, cost, barriers to implementation, and volume of peer-reviewed research available for each.

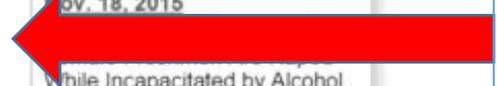
In the News

- Nov. 18, 2015**
Everything You Need To Know About Drinking in College
Teen Vogue
- Nov. 18, 2015**
While Incapacitated by Alcohol, Drugs
Newsweek
- Nov. 17, 2015**
Students question alcohol education posters
The Daily Pennsylvanian

[more news](#)



CollegeAIM- Alcohol Intervention Matrix
A tool for Individual & environmental prevention based on effectiveness & cost
Based on available peer-reviewed research



Note it does not address "other drugs"

What's changed in our understanding since the law (EDGAR part 86) was enacted?

• OLD

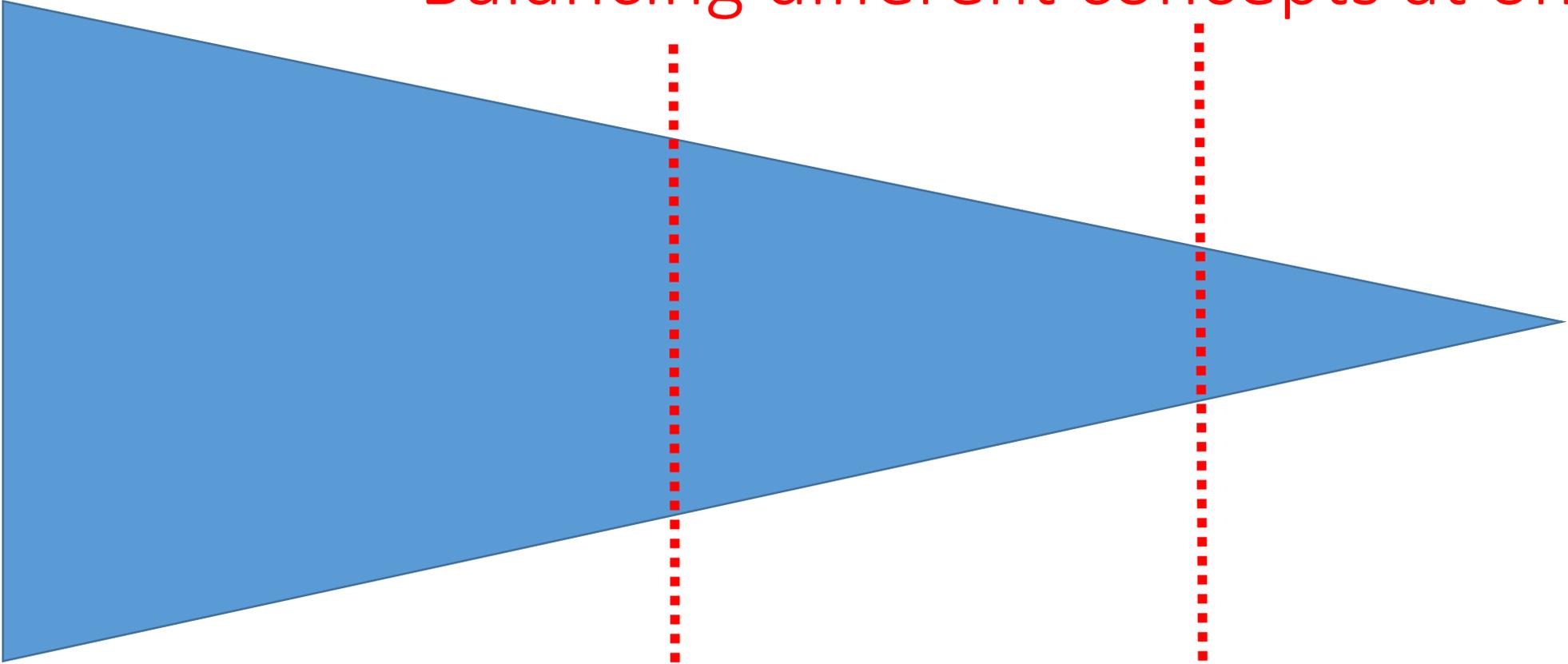
- **Health Terrorism** – scaring them into not using is OUT!
- **Focusing on Problem** rather than health and solutions is OUT!

• NEW

- **Substance Use Disorder (SUD)**
 - Occurs on a spectrum of use/abuse/disease
- **Motivational Interviewing**
 - **SBIRT** (Screening, Brief Intervention and Referral to Treatment)
- **Social Norms**
 - focus on the true norms not misperceptions!
- **Harm Reduction**
- **Bystander approach**
- **Recovery Support**

Current best practices

- Balancing different concepts at once



PRIMARY PREVENTION

Keeping healthy people healthy

SECONDARY PREVENTION

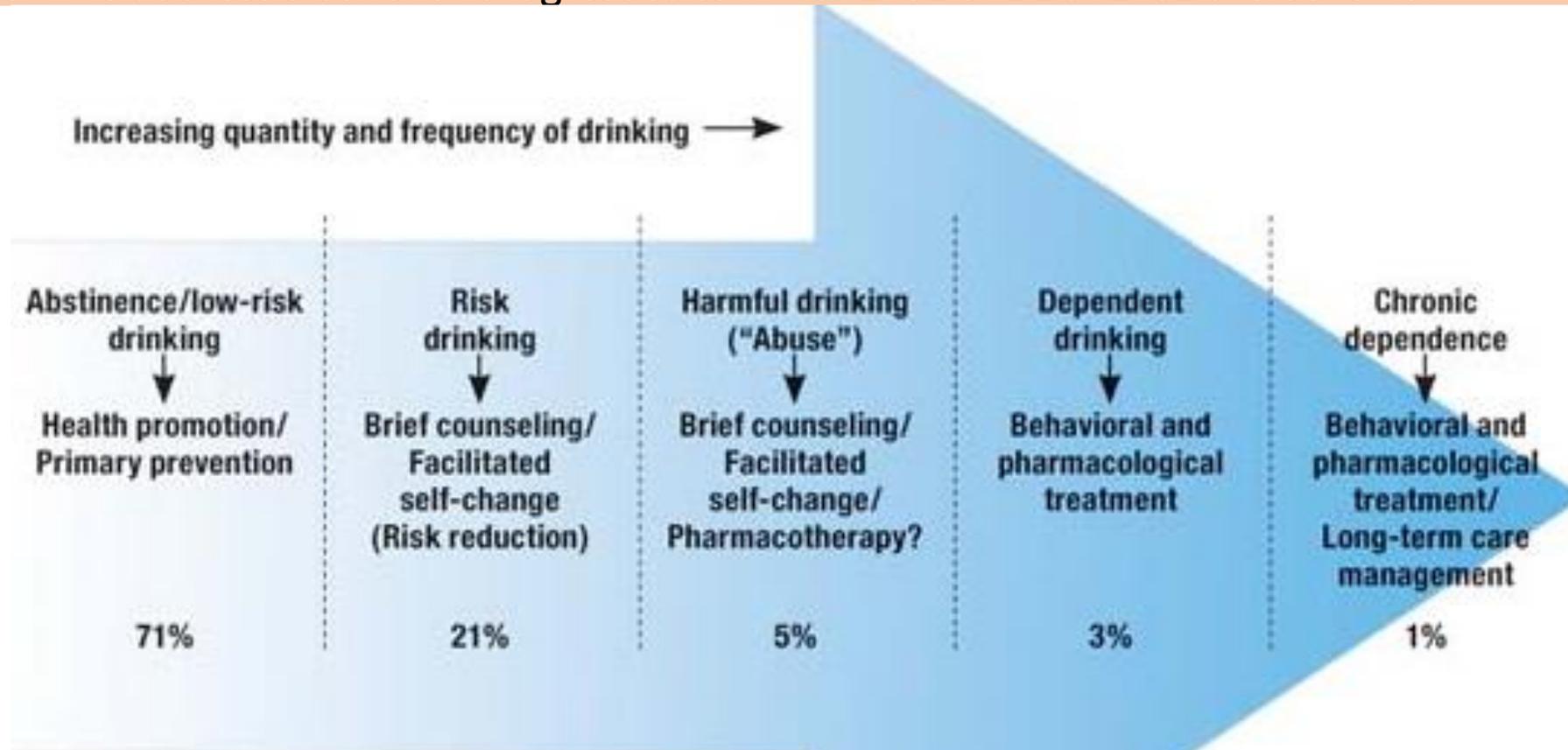
Helping at-risk students

TERTIARY PREVENTION

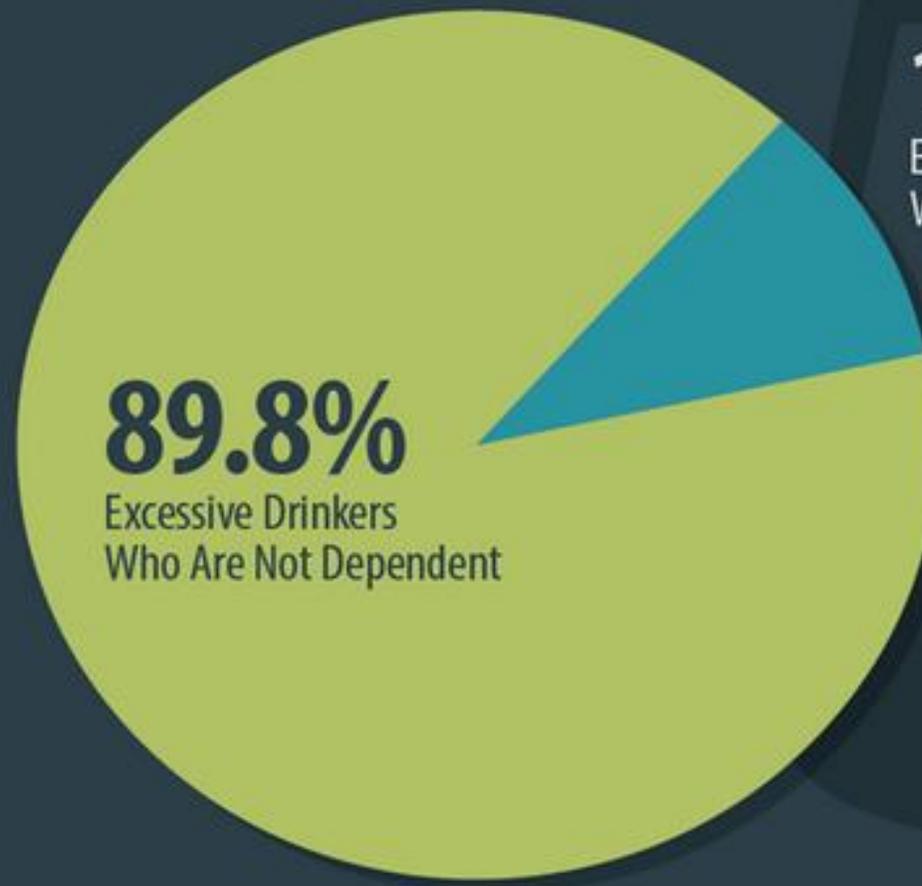
Providing support to student in recovery

We now know **excessive drinking** occurs on a **spectrum**

- Motivational Interviewing and Brief Assessment & Screening Interventions are effective
- How we address alcohol or drug issues can INCREASE or DECREASE the behavior



9 out of 10 excessive drinkers are **not** alcohol dependent.



10.2%

Excessive Drinkers
Who Are Dependent

89.8%

Excessive Drinkers
Who Are Not Dependent



CS252939-A

PREVENTING CHRONIC DISEASE
PUBLIC HEALTH RESEARCH, PRACTICE, AND POLICY

www.cdc.gov/pcd/issues/2014/14_0329.htm

www.cdc.gov/alcohol

What tools do I and my colleagues use in VA?

Motivational Interviewing (MI)

SBIRT

Social Norms

Harm reduction

“Bystander Training”

Wisdom of Recovering Students

Networking/Policy/Enforcement

Genetic Snowflake Concept





Motivational Interviewing (MI)

- This tool has a TON of evidence that it works!

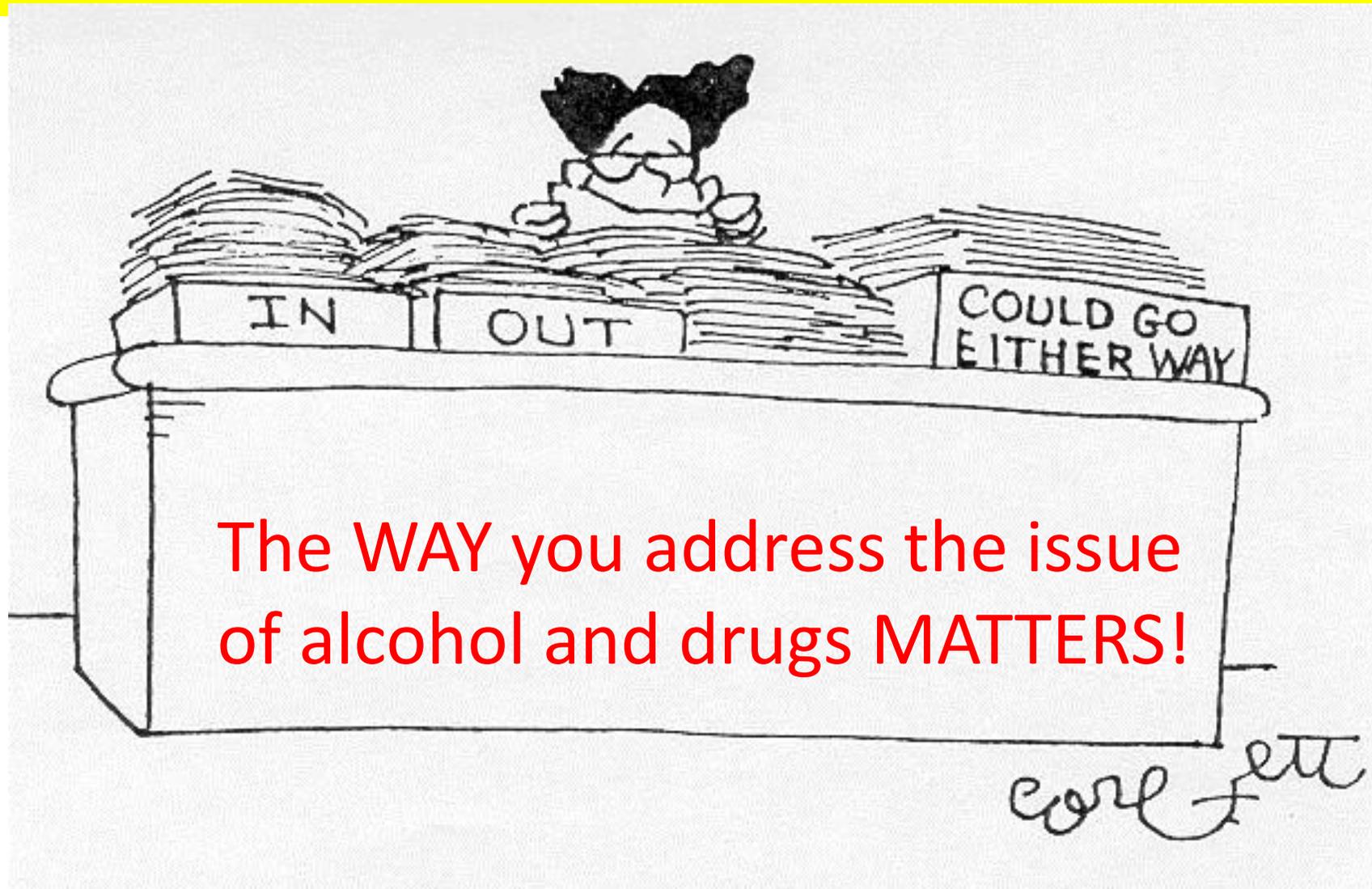
MI is “... a collaborative, person centered form of guiding to elicit and strengthen motivation for change.”



- William Miller

The Motivational Interviewing Approach

can be used for individuals, group education & creating media!



Prevention

- According to National Institute on Drug Abuse (NIDA)
- Prevention is cost-effective.
- **For every \$1 spent** on research-based prevention programs to reduce early use of tobacco, alcohol and illicit drugs society-
 - **Saves \$4** in health-care costs, and
 - **Saves \$7** in law enforcement and other criminal justice costs.
- "The evidence is compelling that addiction is a pediatric disease, and if we don't prevent it during the teen years, we're really missing the boat."
- Yet according to Knight, "of all the money that is spent by the federal government on the so-called war on drugs, only 5 percent goes to prevention."

Addiction is a pediatric disease," says Dr. John Knight, founder and director of the Center for Adolescent Substance Abuse Research at Boston Children's Hospital.

8.8 percent of youth aged 12 to 17 years old — are **currently using an illicit drug**, according to a [2014 Behavioral Health Barometer](#) prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA)

Screening, Brief Intervention and Referral to Treatment

SBIRT consists of 3 components:

- **Screening** —a trained healthcare professional or counselor uses a standardized screening tool to assess patients for high-risk substance use behaviors.
- **Brief Intervention** —the trained professional provides feedback to the patient on risky alcohol and drug use behaviors.
- **Referral to Treatment** —if necessary, the healthcare professional provides a referral to treatment for patients who require additional services.

Ideally, ALL campus and health professionals would be trained in SBIRT

- Student Health Centers
- Counseling Center
- Judicial Affairs
- Residence Life and Housing
- Fraternity & Sorority Life

- But the sad truth is MANY health professionals don't even know about MI and SBIRT

Social Norms

*If you focus on health, you grow more health.
If you focus on problem, you grow more problem.*

-Michael Haines

Students are healthier than they think!

Misperceptions increase use & harm.

For social norms “how to” details & research

Visit www.socialnorms.org

Health & MISPERCEPTIONS

Perception

Overestimate

Unhealthy **visible** behaviors

-smokers, drunks, violence,
goofing off, credit card debt, etc.

GAP

Underestimate

Healthy **less visible** behaviors

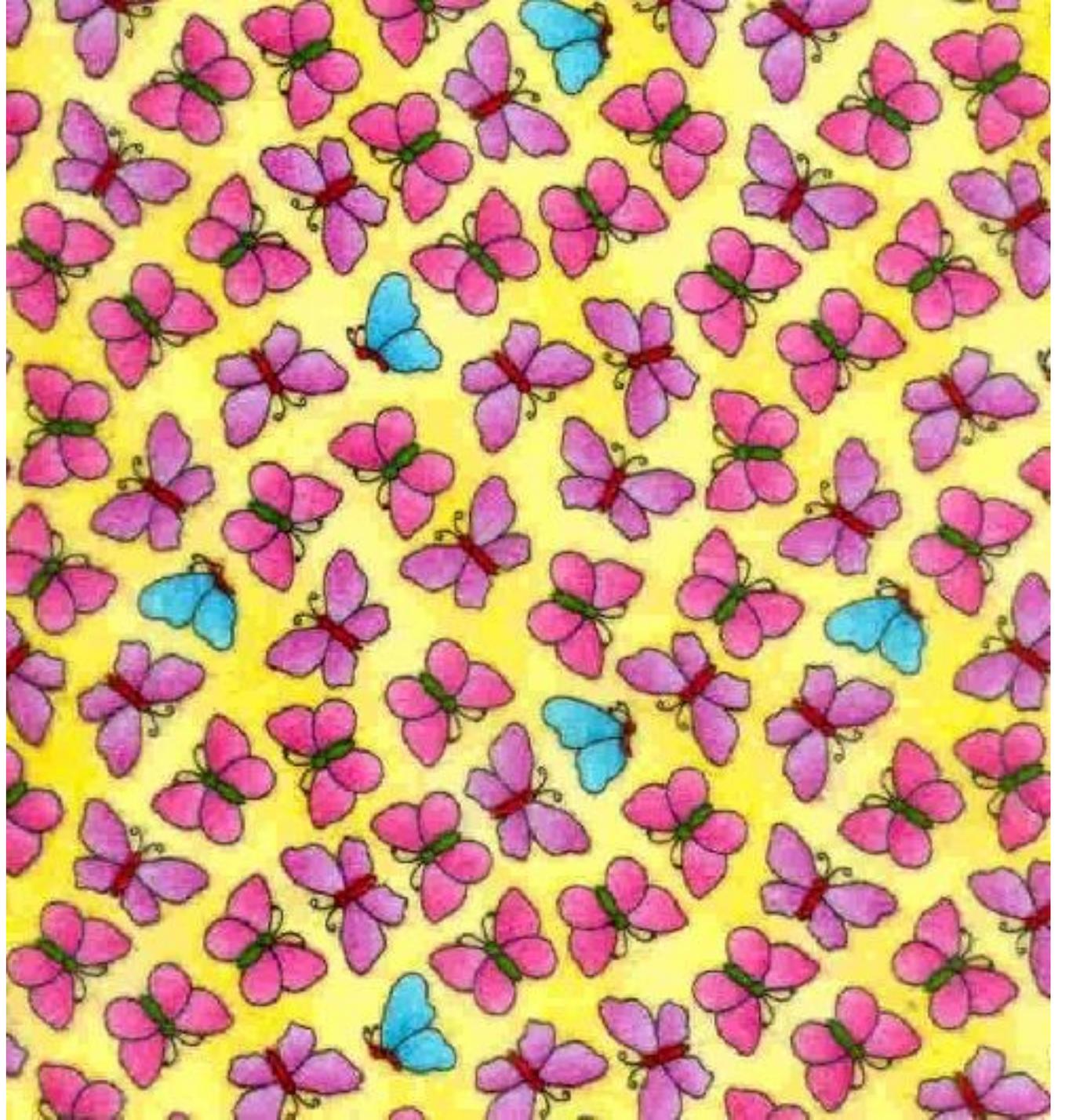
-non-smokers, moderate drinkers
academic seriousness, prayer

REALITY

The majority

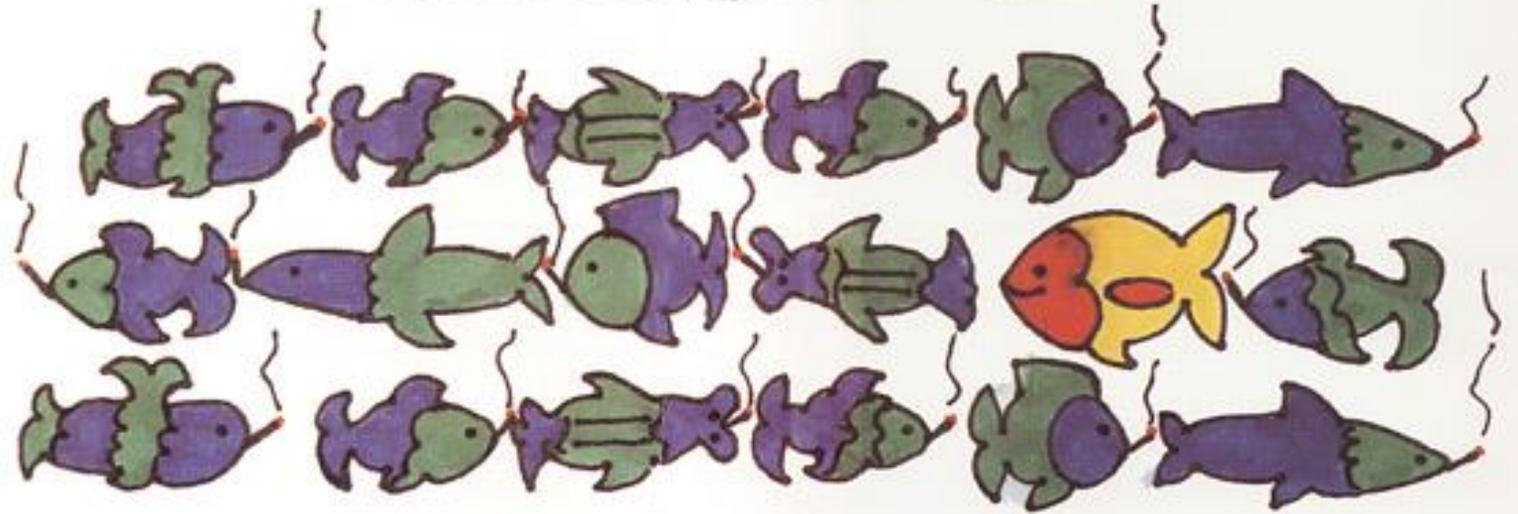
versus

the “very
visible”
minority



We need to stop
making healthy
people
think they are the
minority!

DARE TO BE DIFFERENT

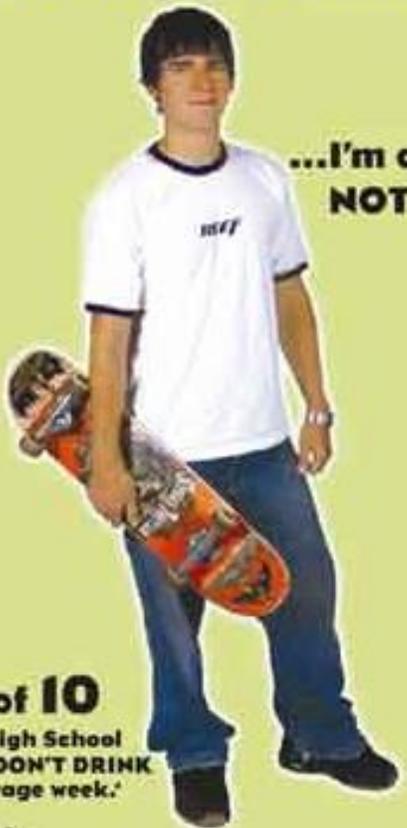


PLEASE DON'T SMOKE!



We need to support and publicize health

**Don't Tell Me
NOT
To Do Something ...**



**...I'm already
NOT doing!**

7 out of 10
Summit High School
students **DON'T DRINK**
in an average week.*

This is us.
We're better than you think.



*Based on 2007 Summit High School Survey. © 2007 Summit High School. All rights reserved. Summit High School. 2007. 07/10/07

99% of us think it's
important to make
clear family rules about
teen drinking.

From the 2008 survey of Turners Falls High School and
Great Falls Middle School parents.



With 208
parents
responding!

Look How Much We Care!

Brought to you by the Gill-Montague Community School Partnership.

I'm not saying there isn't a problem.
Just avoid public rhetoric that grows the problem!

**SHATTER
PROOF**
STRONGER THAN ADDICTION

RESOURCE CENTER ABOUT US CONTACT US

ADDICTION ▾

OUR RESPONSE ▾

TAKE ACTION ▾

DONATE ▾

email

zip

ADDICTION
IS A DISEASE THAT
SHATTERS LIVES.
IT'S TIME TO
SAY ENOUGH.

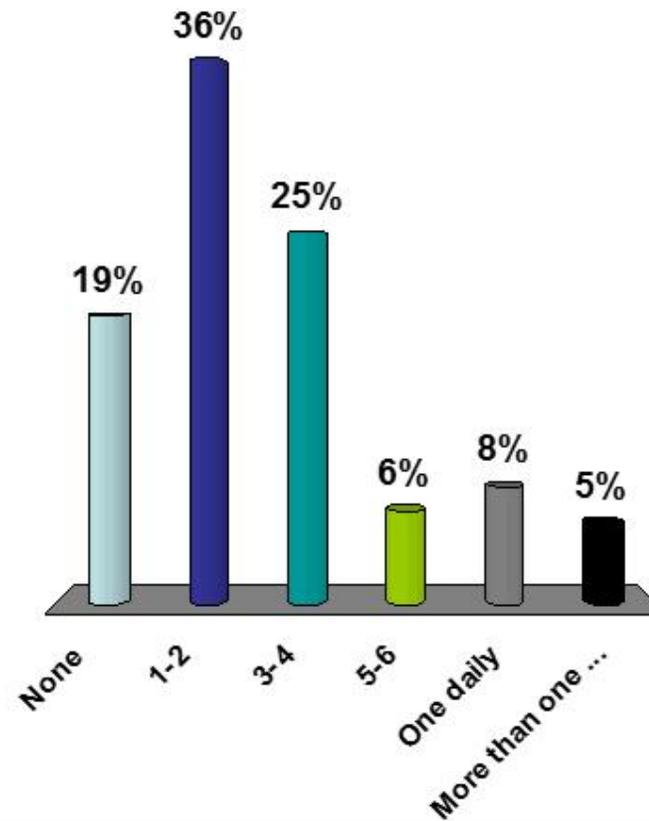


Alcohol &
drugs claim
15 lives
EVERY HOUR
in the US

Perception

How many energy drinks do you think most students have per week?

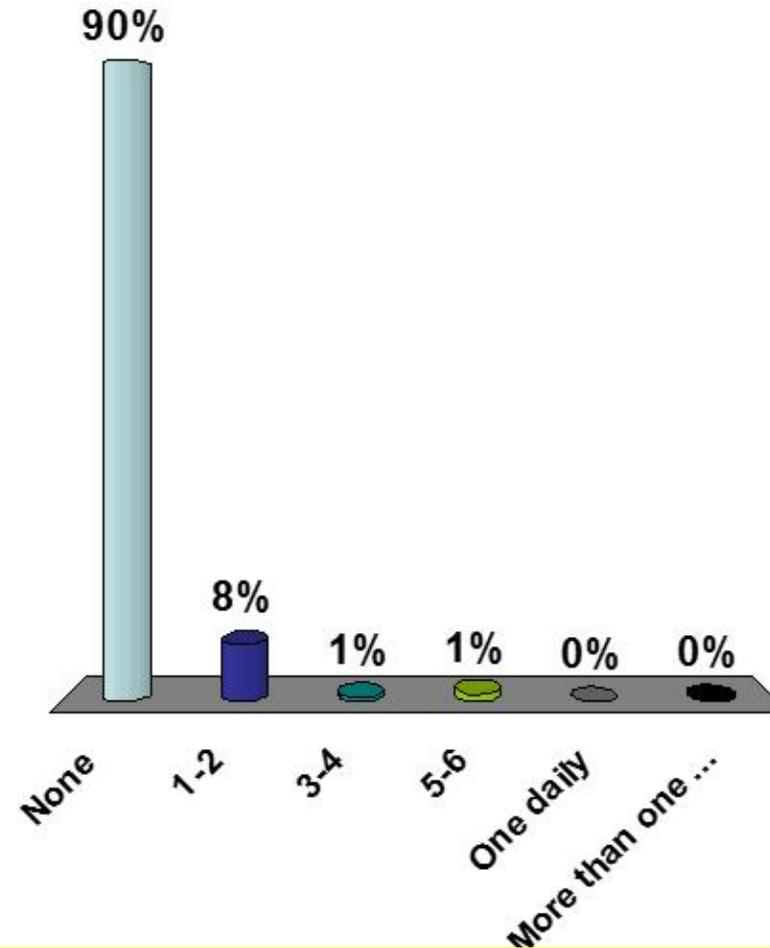
1. None
2. 1-2
3. 3-4
4. 5-6
5. One daily
6. More than one daily



Reality

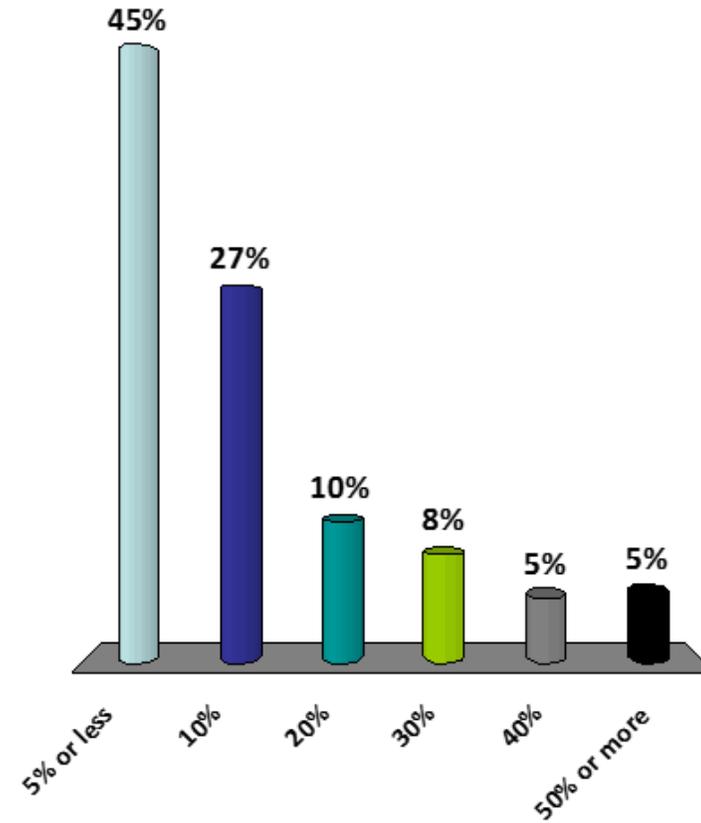
How many energy drinks do you have per week?

1. None
2. 1-2
3. 3-4
4. 5-6
5. One daily
6. More than one daily



What percent of students smoke cigarettes daily?

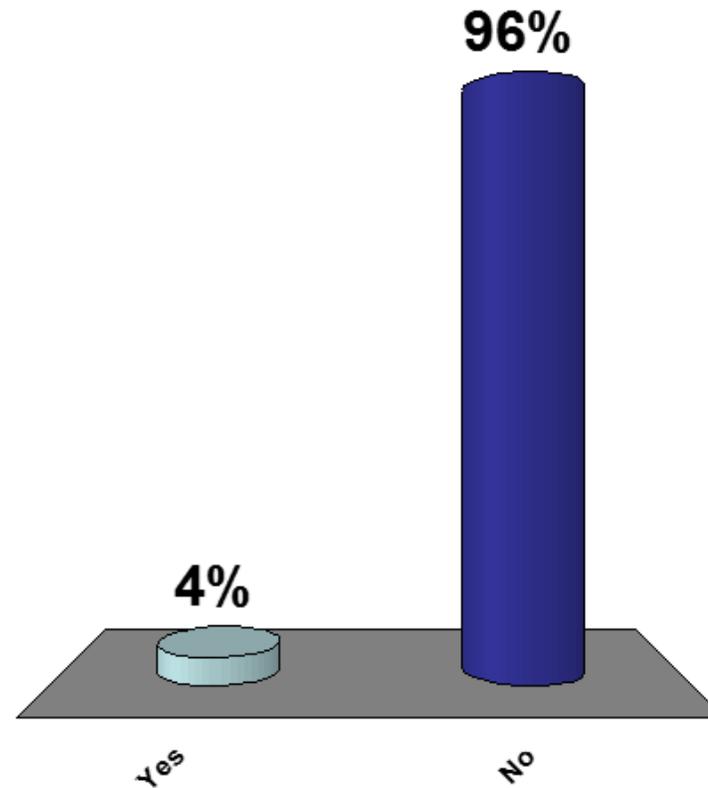
1. 5% or less
2. 10%
3. 20%
4. 30%
5. 40%
6. 50% or more



Do you smoke cigarettes daily?

1. Yes

2. No

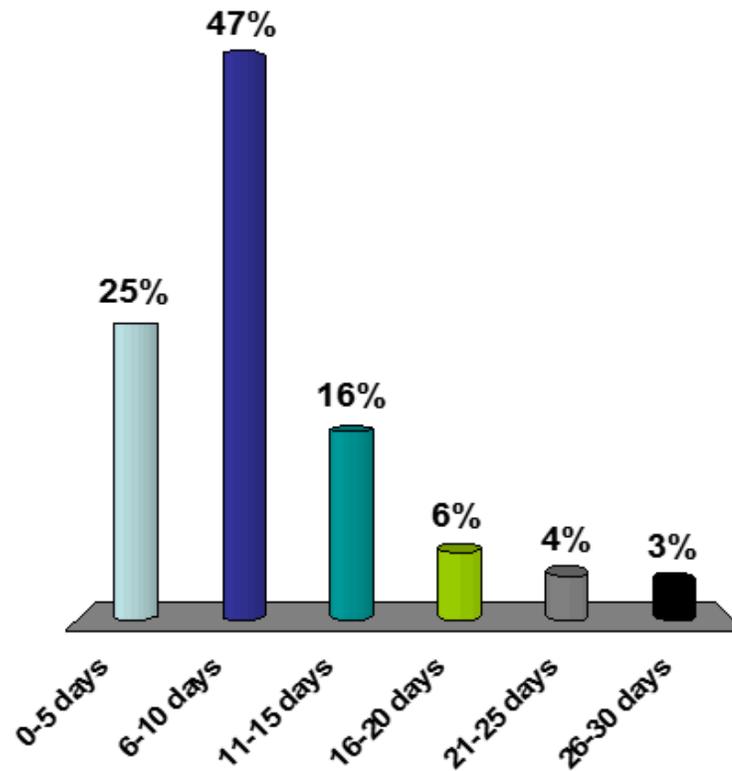


Source: Clicker results from a large public high school in the Richmond Area Spring 2015 (n=~320)

Perception

How many days per month do you most high school students drink alcohol?

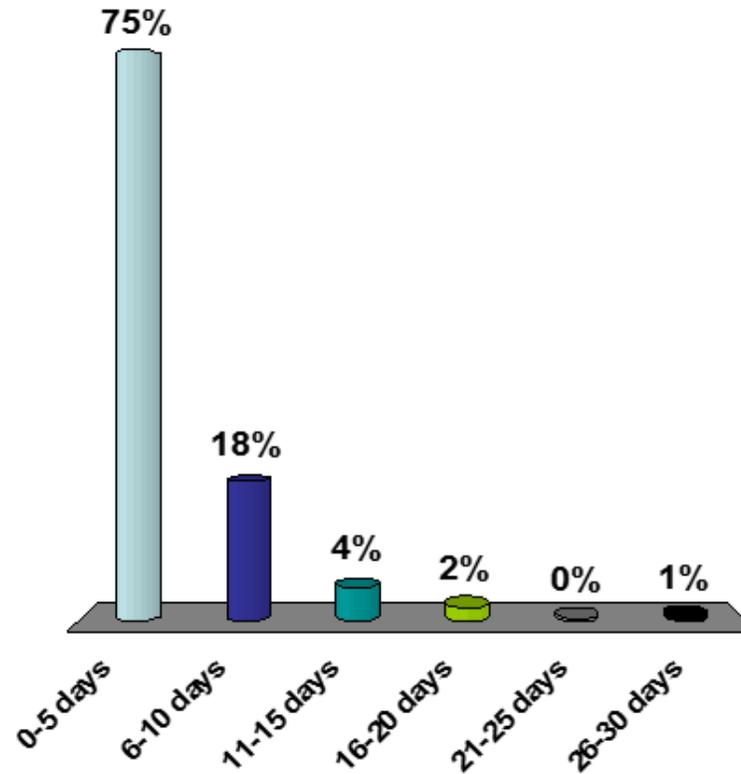
1. 0-5 days
2. 6-10 days
3. 11-15 days
4. 16-20 days
5. 21-25 days
6. 26-30 days



Reality

How many days in the past month did you drink alcohol?

1. 0-5 days
2. 6-10 days
3. 11-15 days
4. 16-20 days
5. 21-25 days
6. 26-30 days





HARM REDUCTION

not judging...just facts & strategies



*How to get ideas
for harm
reduction
strategies...*

*"Look for hidden
goodness"*
-Michael Haines

HARM REDUCTION

Useful analogies - why alcohol and drug education is important **EVEN** for those under age 21 or who will never use themselves



Heimlich Maneuver



CPR

We teach youth about health problems, but don't expect them to choke on a hot dog or have a heart attack.

We can educate about alcohol and expect them not to drink.

They may save a life!

Example of harm reduction

Nasal Naloxone- Lay person training to prevent death from narcotic overdose



Education: 2 categories of alcohol-related RISK



One-time harm

Injury, STIs, Assault
Pregnancy, Rape
Legal Charges
Miss class/work

Substance Use Disorder a
Chronic Disease

US Risk Reduction - Research Based Guidelines

Low-risk drinking limits		MEN	WOMEN
	On any single DAY	No more than 4  drinks on any day	No more than 3  drinks on any day
		** AND **	** AND **
	Per WEEK	No more than 14  drinks per week	No more than 7  drinks per week

To stay low risk, keep within BOTH the single-day AND weekly limits.

Alcohol in America is getting MORE complicated & dangerous **UNLABELED** and **NOT** packaged to reduce harm

- **ONE DRINK EQUALS**
- 12 oz regular BEER
- (6 oz. of 8% Malt Beer or 4.5 oz of 12% Malt)
- 4.5 oz wine
- 1 oz (shot) of 100 proof liquor
- ½ oz grain alcohol (everclear 198 proof)

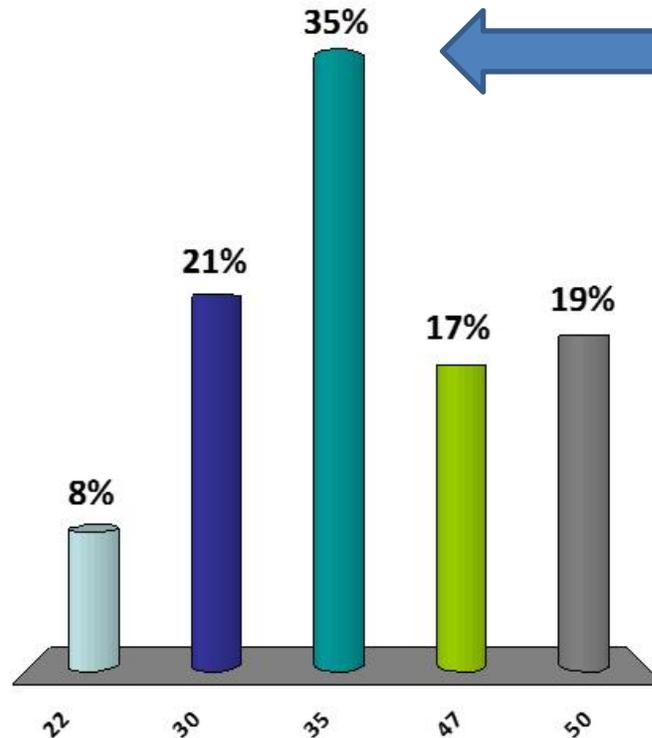


FOUR
Loko



How many drinks are in this container?

- 1. 22
- 2. 30
- 3. 35
- 4. 47
- 5. 50



The majority of high school students GREATLY underestimated the number of drinks in the container

The world is a global market and POLICY MATTERS

- Let's look at how they do it Down Under in Australia and in the UK



Australian Beverage Labels



Note that even though this product is produced in Italy it follows Australian law *and...states both*

Serving Size

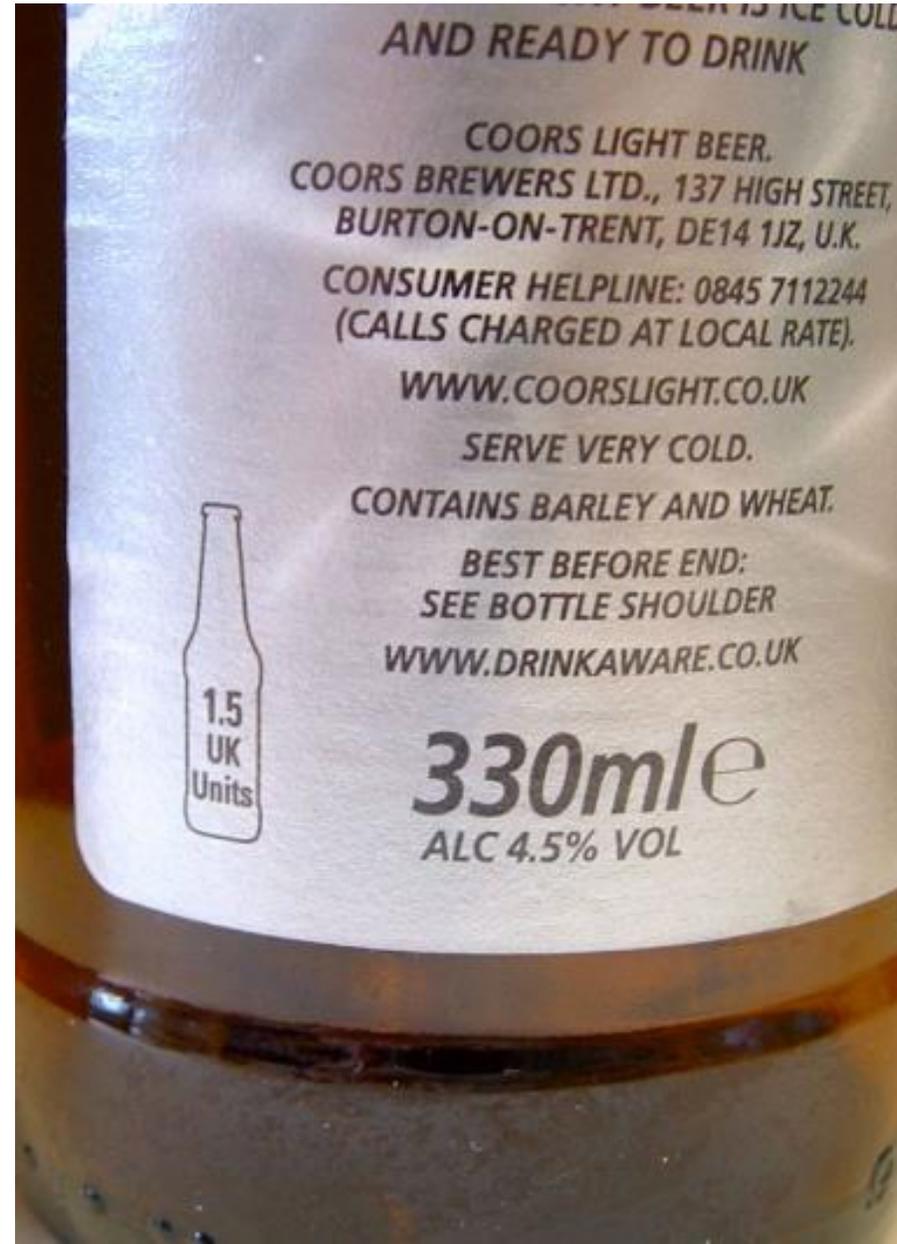
And

Standard drinks per container

Jack Daniels in the UK



Coors in the UK



A POLICY that could greatly reduce risk!

Let's put unit dose measuring tops on every liquor bottle!

We do it for other potentially toxic products...



A project of the National Institute on Alcohol Abuse and Alcoholism

Search



Welcome to the Alcohol Policy Information System

The Alcohol Policy Information System (APIS) provides detailed information on a wide variety of alcohol-related policies in the United States at both State and Federal levels. Detailed state-by-state information is available for the 35 policies listed below. APIS also provides a variety of informational resources of interest to alcohol policy researchers and others involved with alcohol policy issues.

Choose a topic below to see information on a specific policy area:

- Taxation**
 - [Beer Taxes](#)
 - [Wine Taxes](#)
 - [Distilled Spirits Taxes](#)
- Retail Sales**
 - [Keg Registration](#)
 - [Beverage Service Training](#)
 - [Sunday Sales](#)
- Underage Drinking**
 - [Possession/Consumption/Internal Possession Purchase](#)
 - [Furnishing](#)
 - [Age of Server-On-Premises](#)
 - [Age of Seller-Off-Premises](#)
 - [Use/Lose: Driving Privileges](#)
 - [Hosting Underage Drinking Parties](#)
 - [False Identification](#)
- Alcohol Control Systems**
 - [Beer-Retail](#)
 - [Beer-Wholesale](#)
 - [Wine-Retail](#)
 - [Wine-Wholesale](#)
 - [Distilled Spirits-Retail](#)
 - [Distilled Spirits-Wholesale](#)
- Alcohol Beverages Pricing**
 - [Drink Specials](#)
 - [Wholesale Pricing Practices and Restrictions](#)
- Pregnancy and Alcohol**
 - [Warning Signs: Drinking During Pregnancy](#)
 - [Criminal Prosecution](#)
 - [Civil Commitment](#)
 - [Priority Treatment](#)
 - [Child Abuse/Neglect](#)
 - [Reporting Requirements](#)
- Blood Alcohol Concentration (BAC) Limits**
 - [Adult Drivers](#)
 - [Drivers Under 21](#)
 - [Recreational Boaters](#)
- Health Care Services and Financing**
 - [Health Insurance: Losses due to Intoxication \("UPPL"\)](#)
 - [Health Insurance Parity](#)
- Transportation**
 - [Open Container](#)
 - [Vehicular Insurance: Losses due to Intoxication](#)

Home

APIS Policy Topics

- Underage Drinking**
- Maps & Charts**
- About APIS**
- About Alcohol Policy**
- What's New**
- Policy Changes at a Glance**
- Change Log**
- APIS Resources**
- Contact APIS**



Bystander Training

#VeryCaringU

Educating peers to overcome the bystander effect and have a range of skills to intervene



The Wisdom of Recovery

We need to grow and learn from those in recovery!

Recovery support programs exist for both High School & College

Building
pathways to
recovery
and success.

Every student deserves a
sober place to learn
and grow.

We stand for giving educators, parents
and community members what they need
to help students in recovery thrive.

Our vision is to transform youth recovery
—one community, one school, one
student at a time.



Transforming Youth Recovery

One Community, One School, One Student At A Time



[Home](#)

[Areas of Focus](#)

[Resources](#)

[Grants & Awards](#)

[TYR Journal](#)

[About](#)

[Contact](#)

[Donate](#)

Grants & Awards

[Early Stage Collegiate
Recovery](#)

[Grant Application](#)

[Grant Initiative Update](#)

Early Stage Collegiate Recovery Grants

Completing the online application signals your interest in contributing to a national capacity-building movement for students in recovery. Your direct involvement would focus on a number of keystone activities that we have come to believe are important in early stage efforts on any campus.

You will find that the application asks about your



National Collegiate Recovery Programs

- Mid 1980's 4 programs
- Now over 150 programs

In Virginia a growing movement....

UVA
VCU
JMU
Longwood
Hampden Sydney
Washington and Lee
and growing



RAMS — IN — RECOVERY

A VCU Student Organization

Want to be part of
a supportive, caring
group of friends?

Want to hang out
with fun people who
are in recovery from
addictions?

Want to do fun stuff
for free?

Meetings every Friday!
2PM at THE WELL
815 Cathedral Pl.

facebook.com/ramsinrecovery
(804) 828-WELL
recovery@vcu.edu



What more needs to be done?

- More focus on prevention/intervention/recovery
BOTH prior to and during college
- More support for colleges doing the prevention efforts
- Interventions that use MI, focus on health, harm reduction and support recovery
- Better policies – example: labeling/packaging alcohol
- Prevention that isn't "one size fits all"

NEWEST!



Spit for Science: A university wide effort to integrate basic research with prevention/intervention to address college student substance use

Danielle M. Dick, Ph.D. and Kenneth Kendler, MD, PhD
Virginia Commonwealth University

Virginia Institute for Psychiatric and Behavioral Genetics

Departments of Psychiatry, Psychology, & Human & Molecular Genetics

ddick@vcu.edu

The study has enrolled 70% of all the incoming freshmen at VCU 2011-2014 and continues to follow them each spring. The study has two components – online surveys and a genetic sample.

Will Your Toddler Be a Drinker? Personality May Tell

Laura Poppick, Staff Writer | July 10, 2013 04:01pm ET

8

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ALCOHOLISM: CLINICAL AND EXPERIMENTAL RESEARCH

Vol. 39, No. 4
2013

Adolescent Alcohol Use is Predicted by Childhood Temperament Factors Before Age 5, with Mediation Through Personality and Peers

Danielle M. Dick, Fazil Alev, Shawn J. Latendresse, Matt Hickman, Jon Heron, John Macleod, Carol Johnson, Barbara Maughan, Glyn Lewis, and Kenneth S. Kendler

Choice

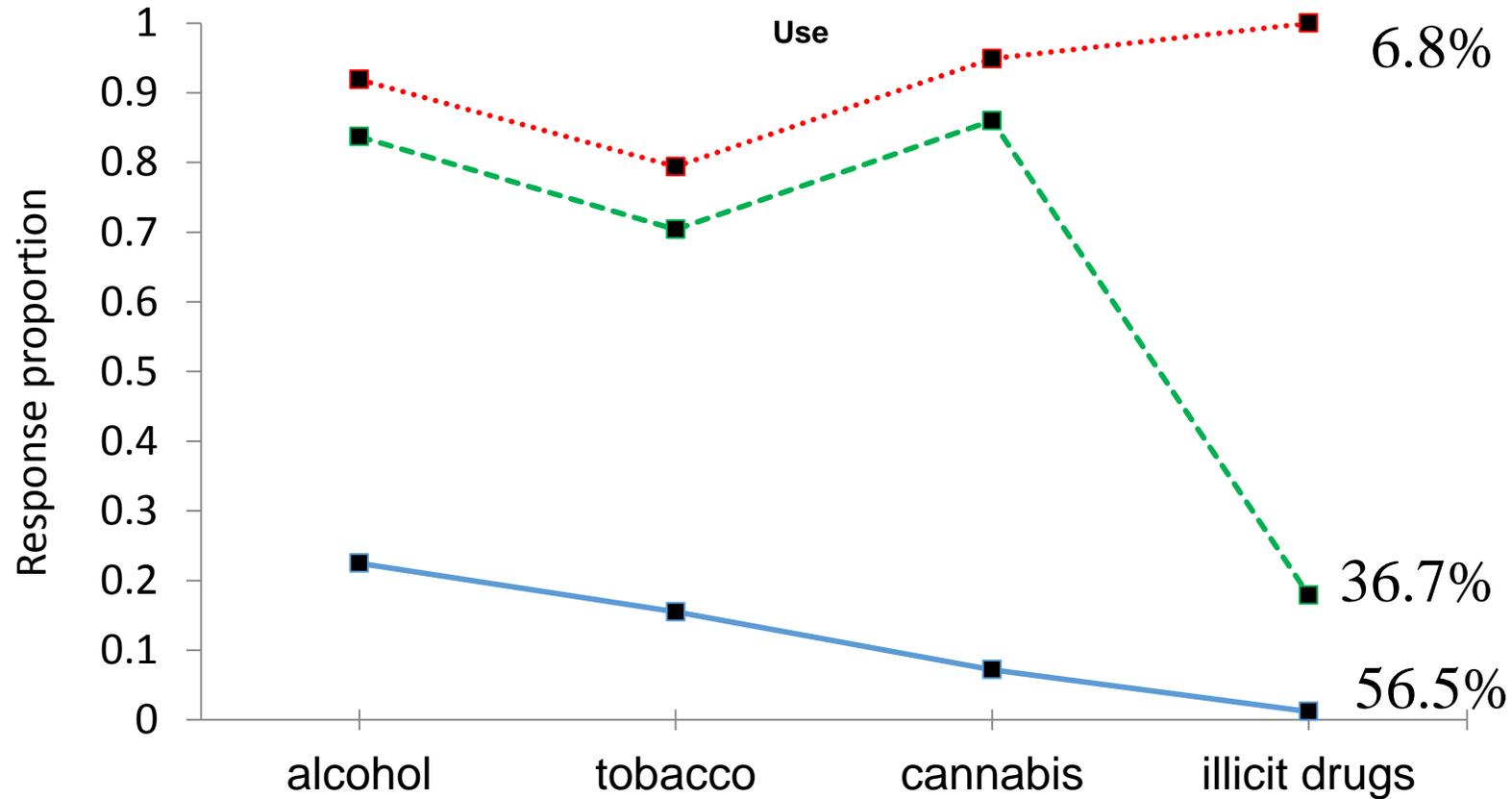


Researchers have found tots who are either highly sociable or emotionally challenged are more likely than peers to drink as teens.

Pin it

Profiles of Substance Use –

Spit for Science Fall 2011 cohort ($n=2056$, 1240 females)

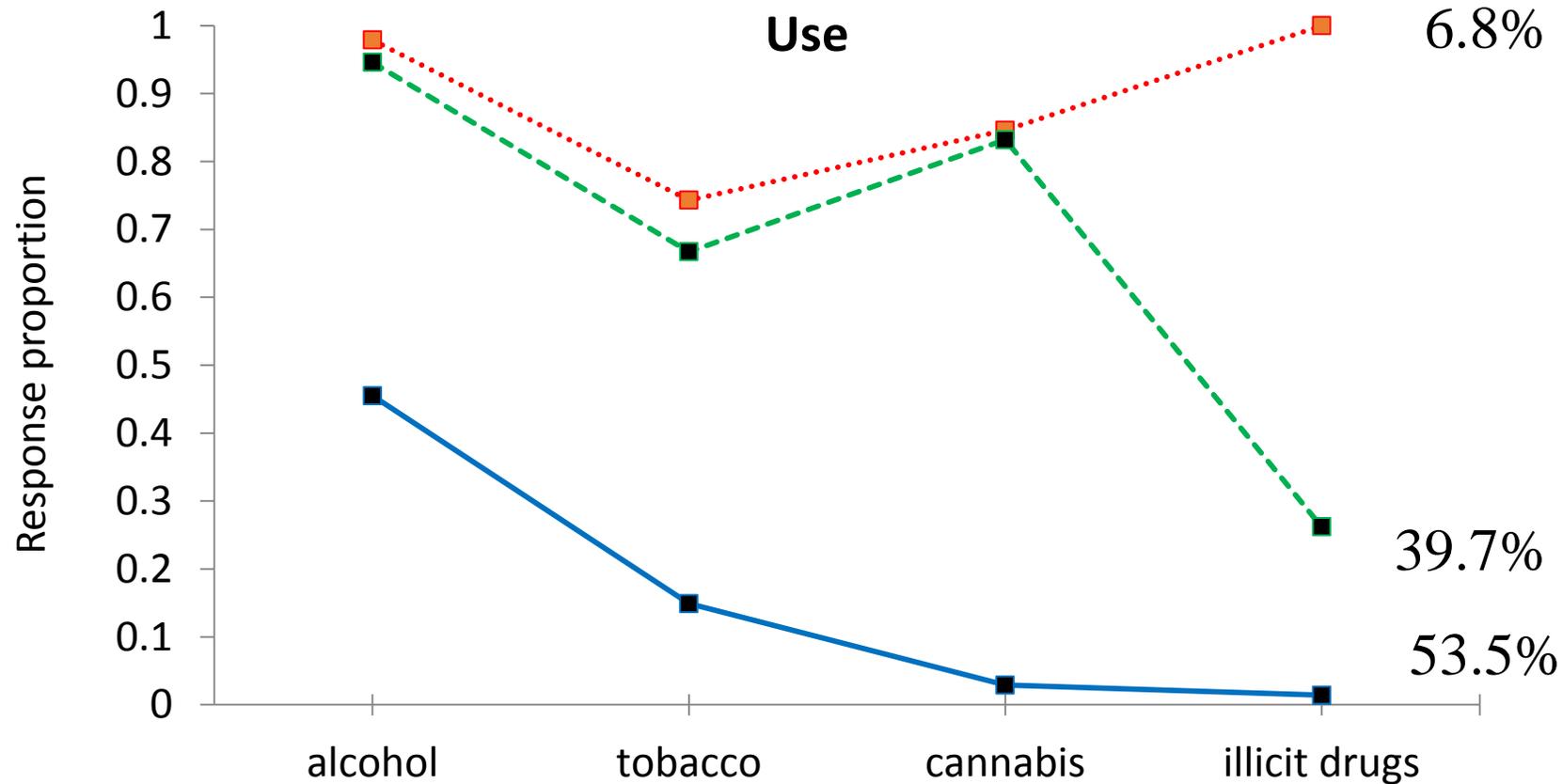


Source: **Patterns of Substance Use Across the First Year of College and Associated Risk Factors**

by Cho, S. et al published online in *Frontiers in Psychiatry* Oct 27, 2015

Profiles of Substance Use –

Spit for Science Spring data 2012 for 2011 cohort



NOTE: Students mostly stayed in their risk category with just 7% of participants in the initial low substance users transitioning to spring alcohol, tobacco, and cannabis users

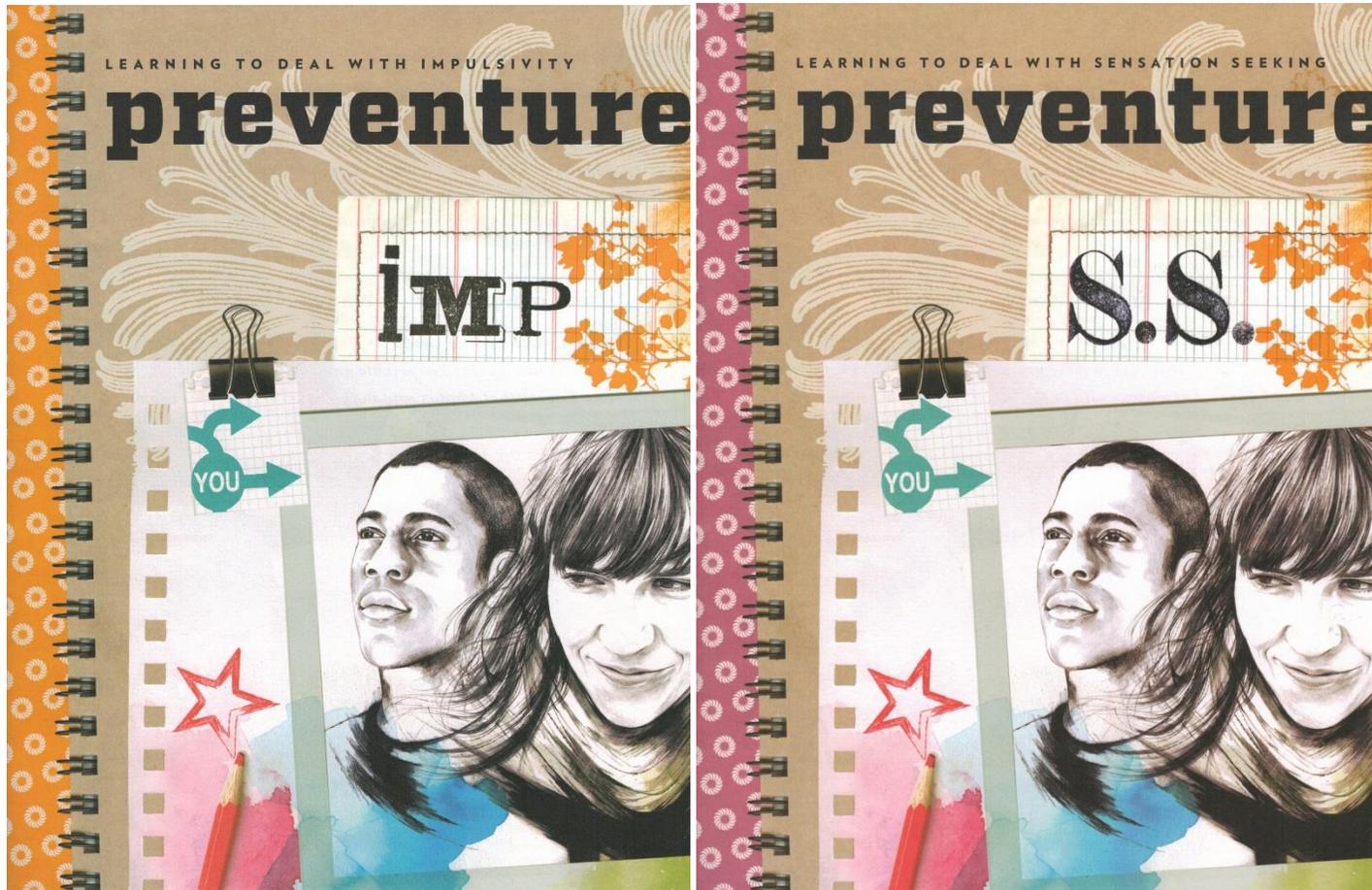
Different Pathways of Risk for Alcohol Problems

- Externalizing: sensation-seeking, impulsivity
- Internalizing: Drinking to cope, depression
- Physiological: Low level of response to alcohol

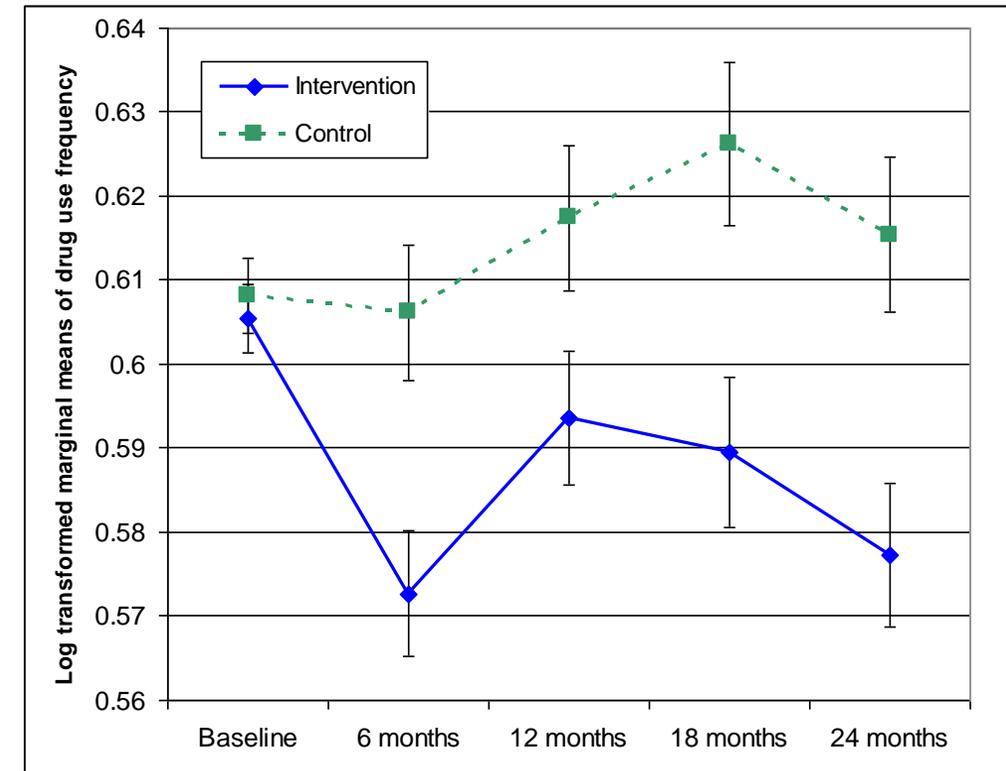
“PreVenture” Program in Europe

Researcher Jasmin Vassileva VCU Institute for Alcohol and Drug Studies

Addresses Impulsivity and Sensation Seeking



Conrod, Castellanos-Ryan, Strang (2010). Arch Gen Psychiatry



Physiological Level of Response is a genetic thing

High Response
“Cheap Drunk”

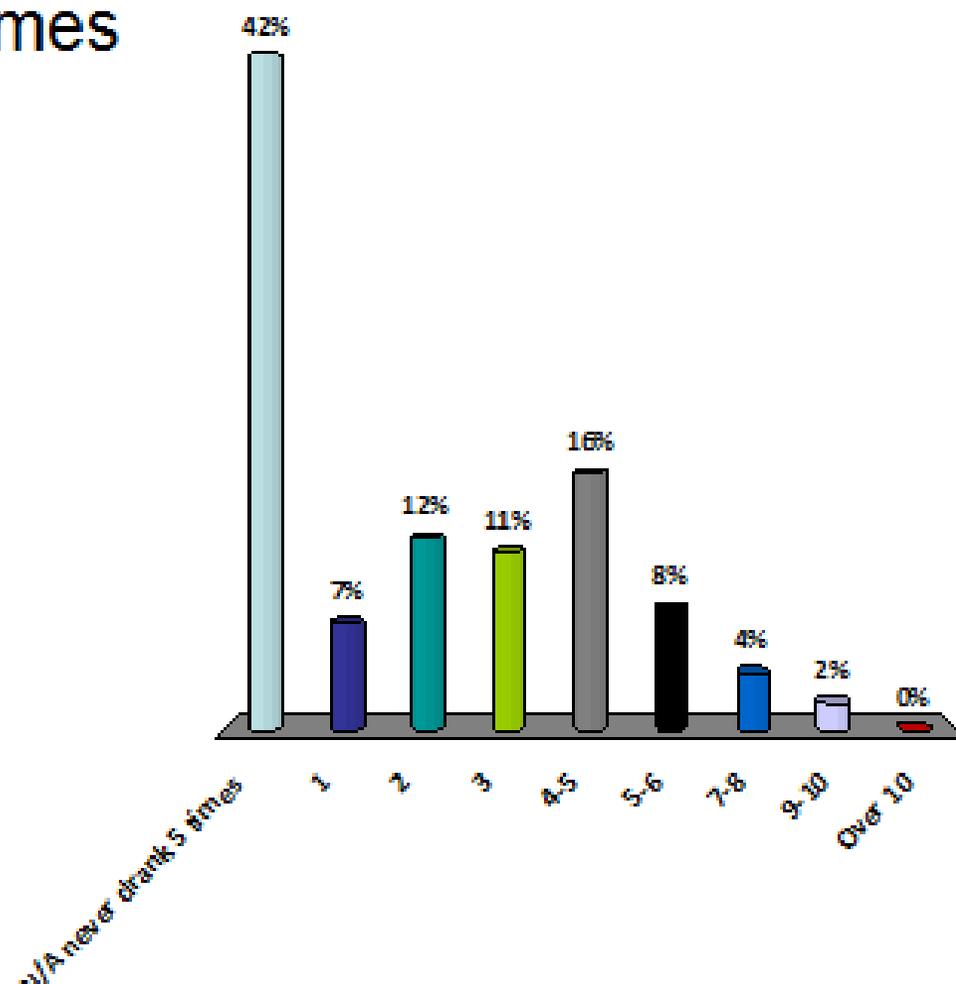


Low Response
“Hollow leg”

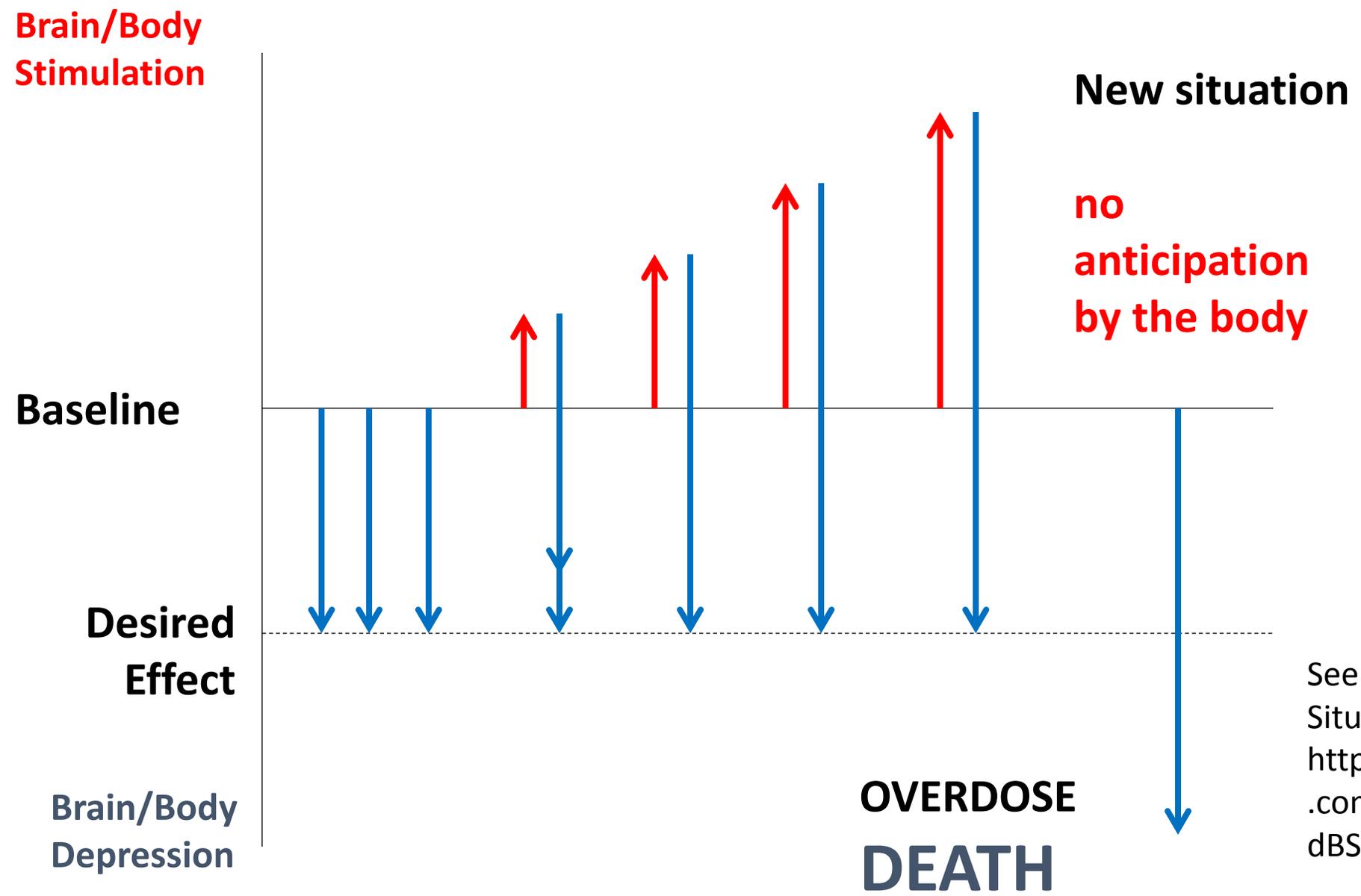


The first 5 times you drank, how many did it take for you to **feel tipsy or have a buzz?**

1. N/A never drank 5 times
2. 1
3. 2
4. 3
5. 4-5
6. 5-6
7. 7-8
8. 9-10
9. Over 10



Situational Tolerance – related to overdoses



See YouTube
Situational Tolerance
<https://www.youtube.com/watch?v=mOTfJdBSgoM>

Confused?

Questions?

Comments?

