



UNIVERSITY
OF OREGON

A photograph of the Administration Building at the University of Oregon. The building is a large, two-story brick structure with a prominent portico supported by several white columns. The entrance is reached by a wide set of stone steps. The building is surrounded by green lawns and some landscaping. The text 'ADMINISTRATION BUILDING' is visible above the columns.

Final Report and Recommendations

**University of Oregon
Presidential Task Force on Alcohol
and Other Drug Use**

May 2013

PRESIDENT'S TASK FORCE ON ALCOHOL AND OTHER DRUG USE

MEMBERS

- Sheryl Eyster, Associate Dean of Students, University of Oregon
 - Renee Grube, Executive Director - Library, Recreation and Cultural Services, City of Eugene
 - Robin Holmes, (Chair), Vice President for Student Affairs, University of Oregon
 - Shoshana Kerewsky, Academic Coordinator for Substance Abuse Prevention Program, and Family and Human Services Faculty, University of Oregon
 - Greg Rikhoff, Director, Community Relations, University of Oregon
 - Paul Shang, Assistant Vice President and Dean of Students, University of Oregon
 - Paul Weinhold, President/CEO, University of Oregon Foundation
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TASK FORCE CHARGE

Irresponsible alcohol and drug use and the related consequences have resulted in growing unrest and calls for accountability from parents, the public, donors, and local, state, and federal agencies for campuses nation-wide. The University of Oregon community is no exception. The neighborhoods surrounding campus have asked for greater responsiveness from the University and local law enforcement regarding the unruly student behaviors associated with alcohol and other substance use. The high volume of problematic incidents places a strain on town/gown relationships and is antithetical to student success and positive community relations.

A comprehensive approach is needed to address the issues of substance abuse. To better understand the issues at hand, the task force charged three subcommittees to gather pertinent information and to make recommendations on:

- 1) Intervention and Recovery
- 2) Prevention Approaches
- 3) Off-Campus Behavior

With the subcommittee findings, the presidential task force crafted this report and a series of recommendations for action to the University President. Additionally, the entire body of work completed by the three subcommittees is provided as appendices at the conclusion of this report.

SUBCOMMITTEE MEMBERS

Intervention and Recovery Subcommittee

- Tiffany Brown, CFT Clinic Director, Lecturer, College of Education
- Robin Holmes, Vice President, Student Affairs
- Shelly Kerr (convener), Director, University Counseling and Testing Center, Student Affairs
- Alan Siebel, Senior Alcohol and Drug Counselor, University Counseling and Testing Center, Student Affairs

Prevention Approaches Subcommittee

- Kevin Alltucker, Adjunct Assistant Professor, Family and Human Services
- C. A. Baskerville, Prevention Program & Planning Supervisor, Lane County Health and Human Services
- Sheryl Eyster (convener), Associate Dean of Students, Student Affairs
- Paula Staight, Director, Health Promotions, University Health Center, Student Affairs
- Jenn Summers, Director, Substance Abuse Prevention and Student Success, Office of the Dean of Students, Student Affairs
- Marci Torres, Director, Healthy Campus, Student Affairs

Off-Campus Behavior Subcommittee

- Will Campodonico, Student Representative from Pan-Hellenic/Greek Life Leadership
- Caitlan Hendrickson, Director, Conflict Resolution Services, Office of the Dean of Students, Student Affairs
- Karen Hyatt, Assistant Director of Government and Community Relations/Neighborhood Liaison, Public and Government Affairs
- Ken Kato, Associate Director, InfoGraphics Lab, Geography; and South University Neighbors Association
- Paul Kaufman, Assistant General Counsel for the University of Oregon
- Nick McCain, Vice President, Associated Students of the University of Oregon
- Carolyn McDermed, Interim Police Chief/Interim Director of Public Safety, UO Police Department
- David Natt, Eugene Police Department
- Lisa Peterson, Assistant Athletic Director, Intercollegiate Athletics
- Paul Shang (convener), Assistant VP/Dean of Students, Student Affairs
- Malcolm Wilson, Associate Professor, Classics; and South University Neighbors Association
- Carl Yeh, Director, Student Conduct & Community Standards, Office of the Dean of Students

STATEMENT OF THE PROBLEM

Alcohol and other drug abuse is a significant problem among college students. National trends indicate that students are leaving universities due to substance issues with some studies reporting that more than 40% of student attrition cases involved substance abuse concerns (Sullivan & Risler, 2002).

Unfortunately, high risk alcohol use can produce serious outcomes. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) states that “virtually all college students experience the effects of college drinking—whether they drink or not.” Each year, high-risk drinking affects college students, families, the campuses that students attend, and the communities beyond the campus (NIAAA, 2010).

In order to reduce the untoward effects of alcohol and other drug abuse, a sustained and comprehensive effort to change the “party school” reputation and the apparent ease of irresponsible drinking must be addressed. Students currently arriving to the UO are influenced by the current campus culture and the lure of social activities that are occurring in the adjacent neighborhoods surrounding the University. Students are also heavily impacted by environmental and peer influences, which combine to create a culture of drinking. Given this context, the UO needs to reframe under-age and irresponsible college drinking as a social problem by focusing our attention on the role of drinking in our college students’ lives. To achieve a change in culture, the UO should utilize a comprehensive socio-ecological approach and intervene at three levels; the individual-student level, at the entire student body and at the community level. (Presidential Task Force on **Prevention** Subcommittee Report, March 2013). The recommendations made in this report endeavor to address each and every one of those levels.

Problematic drinking and other drug use at the UO

Research on UO students’ alcohol and drug use yields information about the rate and impact of use. The American College Health Association (ACHA) provides the largest known comprehensive data set on the health of college students. ACHA’s Spring 2012 summary report of 1442 UO undergraduate and graduate students, suggests that 75% used alcohol within the previous 30 days and 1.5% used alcohol on **all** thirty days. Sixteen percent reported having 7 or more drinks the last time they “partied” or socialized, 6.2% reported six or more drinks, 8.8% reported ingesting five or more drinks. Twenty-eight percent of UO respondents reported using marijuana in the past 30 days and 3.8% used marijuana **all** 30 days (Presidential Task Force on **Intervention** Subcommittee Report, March 2013).

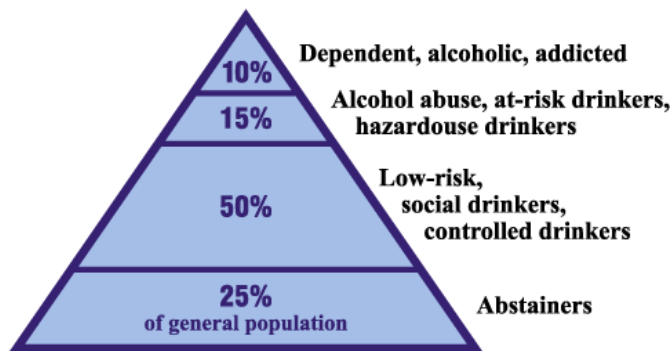
ACHA data also revealed that 5.4% of the UO respondents reported that alcohol use affected their individual academic performance; received a lower grade in the course; received an incomplete or dropped the course; or experienced a significant disruption in thesis, dissertation, research, or practicum work. Three percent reported that drug use affected their individual academic performance. (Presidential Task Force on **Intervention** Subcommittee Report, March 2013).

Additionally, in 2011, the University of Oregon implemented AlcoholEdu for College, an extensive, on-line survey instrument that all incoming first-year UO students (freshmen and transfer students under the age of 21 years old) are required to complete. Survey results revealed that first-year UO freshmen and transfer students, under the age of 21 years old, are above the national average for high risk drinkers (UO AlcoholEdu Report, 2011). In other words, in

comparison of other students, UO students are participating in high risk drinking behaviors at rates that exceed students from other universities.

Findings from the UO's AlcoholEdu for College Executive Summary provide a snapshot of self-reported data from our first year students. It is apparent that there is an acceptance of a culture that actively promotes drinking, or passively promotes it through tolerance or even tacit approval. Additionally, the alcohol beverage industry and even our own Eugene-Springfield based retailers aggressively market alcoholic drinks to young adults (Center on Alcohol Marketing and Youth, Georgetown University, 2002). Results such as these are examples of decisions and actions that add to the culture of acceptance of underage and excessive drinking and drug use.

Focus on the largest percentage of occasional and low risk drinkers and program/message to that population



According to the Surgeon General's Call to Action to Prevent and Reduce Underage Drinking (2007), our greatest emphasis needs to be focused on reshaping the college environment and those forces that shape individual decisions to drink or drink excessively by shifting efforts and attention to the "majority of the population" (i.e. the 50% of low-risk, social drinkers among our college population, along with the 25% of the general population that chose not to drink at all—see above diagram). By addressing our prevention and educational efforts at the 75% of the student population that most likely are at the lowest risk for alcohol and other drug-related incidents, we have the greatest chance of assisting these students to continue to make good choices regarding their social behaviors. For example, increasing our academic rigor and expectations from our students; ensuring that we have a wide range of social activities late at night that are alcohol-free or if alcohol is served, ensuring that it is served responsibly; as well as increasing the number and types of student activities on campus and linking those activities to student success and academic opportunities (i.e., renowned speakers and lectures, co-curricular activities).

We should also continue to strengthen our investment in the number of full-time professional staff who are tasked with intervening with problems associated with high-risk drinking. The Counseling and Testing Center and staff responding to alcohol violations in University Housing and the Student Conduct and Community Standards office, respond quite well in a sometimes understaffed, underfunded environment. The focus on intervention is important as approximately 10-25% of the total student population at a given institution is either misusing or abusing alcohol (Surgeon General's Report, 2007). Additionally, 19% of college students 18-24 met the criteria for alcohol abuse or dependence (NIAAA, 2007). Additionally, we should send clear and

persuasive messages about the legal, monetary, and importantly, academic costs a student places him or herself in when they participate in high-risk drinking and other drug use.

Given these national and local challenges, the task force was asked to make recommendations to University of Oregon President Michael Gottfredson to improve the campus and the surrounding community regarding these issues. Specifically, these recommendations are focused on reducing alcohol abuse and the negative consequences such behavior may have on student safety, retention, academic success, and the quality of life for students and the greater community.

RECOMMENDATIONS

Develop a UO culture that is indicative of student success and personal responsibility:

- 1) Advocate that Dr. Michael Gottfredson, UO President, other senior leaders and student government take a vocal, visible, and visionary role in enhancing and strengthening substance abuse prevention and intervention efforts to reduce excessive alcohol and other drug use by UO students.
- 2) Develop clear, persuasive messages that support a culture of responsible, low-risk alcohol use by individuals age 21 years and older. Change the negative perception of UO being a “party-school” to a “university that takes great pride in personal responsibility, service to others, and positive civil engagement.” Charge a team of experts to help “re-brand” the perception of the institution being a “party school” to a school that “prepares its students for a responsible, bright future.”
- 3) Require a review of all written and online materials with references related to alcohol and drug education information, policies and laws (e.g., Residence Hall contracts, Orientation and Admissions information, Office of the Dean of Students website, Autzen stadium student emails, etc.) to ensure that information is easy to find, has a clear message about the University’s values and expectations regarding responsible alcohol use and is consistent across campus for students and staff.
- 4) Implement a “Civility in Athletics campaign” and mandatory alcohol and civility education class for all negative behavior game day ejections.
- 5) Support a positive community norms campaign to help reduce high-risk drinking within the Eugene community. Provide consistent and persuasive educational messages regarding prevention and moderation of irresponsible behavior due of alcohol and other drugs.
- 6) In partnership with the University Senate, create and administer a university-wide survey to teaching faculty to obtain data regarding faculty attitudes/perceptions/opinions regarding increasing Friday classes and exams to send a clear message to students about the academic rigor and expectations for student success. Any decision to amend or change the Friday class schedule should also take into account that some students also use Fridays to work, engage in internships and/or travel for interviews or personal/family reasons as well.

Commit to supporting an adequate level of funding for needed FTE, program development and communication of prevention, intervention and off-campus behavior

- 1) Develop the necessary FTE resources to respond to and expand primary and secondary AOD prevention efforts on and off the UO campus. Create and staff an office of off-campus student services.

Presidential Task Force on Alcohol and Other Drug Use

- 2) Increase funding annually to enhance/strengthen/provide late-night programming as alternatives to alcohol activities on and off campus.
- 3) Expand the number of staff working with University of Oregon Fraternities and Sororities to provide closer mentoring and fostering of positive fraternal values.
- 4) Increase personnel and facility resources to meet the current demand for the BASICS interventions program offered at the University Counseling Center.
- 5) Explore possibilities to develop adequate services to support students in recovery; explore ways to support and further develop the newly created student recovery center in the EMU.

Clearly articulate consequences for irresponsible drinking and other drug use by our students and offer viable alternatives:

- 1) Extend the Code of Conduct to include adjacent off-campus neighborhood areas with high concentrations of students to address behavior with a rational nexus to the University involving any student enrolled and/or registered for one or more credit hours or in special non-credit programs approved by the University and any organization deemed to be a UO student organization.
- 2) Expand UOPD authority to work with EPD in the near off-campus neighborhoods where there are large concentrations of students. Provide a more visible presence of law enforcement on Thursday, Friday, Saturday and Sunday in the near off-campus neighborhoods.
- 3) Implement a party registration program to serve as a campus community prevention effort to help address noise complaints.
- 4) Create a Restorative Justice Partnership with the City of Eugene Municipal Court
- 5) Consider utilizing parental notification for MIP offenses as a means to deter underage drinking. This should not be done as a punitive measure or threat, but rather a tool that may be utilized if there are multiple offenses by a student who is underage, if the consequences of the offense is considerable (i.e., being removed from a residence hall or possible suspension from school), or in the case of health and safety concerns.
- 6) Present strong and persuasive messaging at new student orientation, on applicable websites and through other communication mediums that the culture at UO is one in which responsible use of alcohol is expected and monitored.

Measure progress and effectiveness:

- 1) Institute a team of experts heretofore referred to as the President's Committee on Alcohol and Other Drug Use to track progress of all initiatives, programs and services charged to prevent, intervene and/or reduce high risk drug and alcohol use. Launch this team no later than July 1, 2013.

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- 2) Prepare an annual report to be presented to the President regarding efforts and outcomes. Include data from ACHA survey, AlcoholEdu and other relevant survey tools regarding alcohol and drug use by the campus population.
- 3) Add alcohol and other drug use to exit surveys of disqualified students to gain better understanding and data regarding the number of students academically disqualified due to alcohol and drug use.
- 4) Develop assessment tools that will allow us to document learning outcomes and make data driven decisions. Focus on evaluating the effectiveness of the programs, services and educational campaigns proposed in these recommendations.

REFERENCES

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National Institute on Alcohol Abuse and Alcoholism (NIAAA). Understanding the impact of alcohol on human health and well-being. Number 71, Jan. 2007.

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National Institute on Alcohol Abuse and Alcoholism (NIAAA). 2010.

Sullivan, M. & Risler, E. (2002). Understanding college alcohol abuse and academic performance: selecting appropriate intervention strategies. *Journal of Counseling*, Volume 5, Issue 2, pgs. 114-123.

The Surgeon General's Call to Action to Prevent and Reduce Underage Drinking. U.S. Department of Health and Human Services. 2007.

University of Oregon AlcoholEdu Report. 2011

EXHIBITS

Exhibit 1:

Intervention and Recovery Subcommittee, Final Report and Recommendations

Exhibit 2:

Prevention Approaches Subcommittee, Final Report and Recommendations

Exhibit 3:

Off-Campus Behavior Subcommittee, Final Report and Recommendations



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Exhibit 1

University of Oregon
Intervention and Recovery Subcommittee Final
Report and Recommendations
March 2013

INTERVENTION AND RECOVERY SUBCOMMITTEE, FINAL REPORT AND RECOMMENDATIONS

SUBCOMMITTEE MEMBERS

Shelly Kerr, Ph.D., Convener, Director, University Counseling and Testing Center
Tiffany Brown, Ph.D., Faculty, Couples and Family Therapy, College of Education
Alan Siebel, M.A., CADC-III, Alcohol and Other Drug Counselor, University Counseling and Testing Center
Robin Holmes, Ph.D., Vice President for Student Affairs

INTRODUCTION

Alcohol and other drug abuse is a significant problem among college students. One study reported that 31% percent of college students met criteria for an alcohol abuse diagnosis, and six percent for alcohol dependence in the previous 12 months (Knight et al., 2002). Alcohol and drug abuse has been shown to negatively affect college students' performance (Perkins, 2002) and persistence in college (Sullivan and Risler, 2002). Twenty five percent of college students report academic consequences of alcohol use including missing class, falling behind, doing poorly on exams and papers, and receiving lower grades (Perkins, 2002).

The University of Oregon only tracks reasons students leave the university when they have enrolled for a term and do a complete withdrawal on DuckWeb. As part of the online complete withdrawal process, students must select a primary reason for withdrawing from a list. They have the option of also choosing a secondary reason. The list includes academic, financial, dissatisfaction, and personal themes. However, no specific questions are asked about the role of alcohol and other drugs in students' decisions to completely withdraw from the term. Students who do not register for the next term and simply do not come back are undocumented. See Appendix A for the percentage of students reporting each reason for withdrawal since the 2009 Summer term.

Statistics provided by the Office of the Registrar indicate that UO academically disqualified more than 150 students each term. See Appendix B for the number of students disqualified each term since Fall 2010. These are students who fail to meet G.P.A. requirements or make academic progress for multiple terms. Students who are disqualified are typically not allowed to petition for reinstatement for at least one academic year after disqualification. Recent disqualification numbers are as follows. These numbers do not include the approximately 1500-2000 students each term who are placed on academic warning and various levels of academic probation.

Although we do not currently track the relationship between drug and alcohol problems and UO attrition, national trends indicate that students are leaving universities due to substance issues. Some studies report that more than 40% of student attrition cases involve substance abuse concerns (Sullivan & Risler, 2002). This attrition translates to lost tuition money for the university and respective colleges and departments. By ensuring these students' continued enrollment in the university, the university can retain tuition revenue tuition that would otherwise be lost due to alcohol abuse, dependence, relapse, and subsequent drop-out rates.

Research on UO students' alcohol and drug use yields information about the rate of use and impact of use. The American College Health Association (ACHA) provides the largest known comprehensive data set on the health of college students. ACHA's Spring 2012 summary report on UO undergraduate and graduate students revealed that 75% of the UO respondents reported using alcohol within the previous 30 days and 1.5 percent used alcohol on all thirty days. Sixteen percent reported having 7 or more drinks the last time they "partied" or socialized, 6.2% reported six or more drinks, 8.8% five or more drinks. UO students reported that they consumed five or

more drinks in a sitting in the two weeks prior to completing the survey at the following rates: 27% 1-2 times, 10% 3-5 times, 2% six or more times. Twenty-eight percent of UO respondents reported using marijuana in the past 30 days and 3.8 percent used marijuana all 30 days.

ACHA data also revealed that 5.4% of the UO respondents reported that alcohol use affected their individual academic performance (defined as received a lower grade on an exam, or important project); received a lower grade in the course; received an incomplete or dropped the course; or experienced a significant disruption in thesis, dissertation, research, or practicum work. Three percent reported that drug use affected their individual academic performance.

The Executive Summary of University of Oregon's 2011 implementation of AlcoholEdu for College is based on self-reported data obtained from 2,962 first-year UO students (freshmen and transfer students under the age of 21 years old) who completed all three AlcoholEdu for College surveys. Survey results revealed that first-year UO freshmen and transfer students, under the age of 21 years old, are above the national average for high-risk drinkers. Furthermore, these students reported engaging in high-risk behaviors such as doing shots and "pre-gaming" and at rates higher than the national aggregate data (UO AlcoholEdu Report, 2011).

Students who drink the most are the least likely to seek treatment (Presley and Pimental, 2006). Intake statistics for students who did seek treatment for a variety of mental health issues at the University Counseling and Testing Center during the 2011-12 academic year revealed that 10.8% of clients reported using drugs more than they should, 13.8% drinking alcohol too frequently, and 10.7% drinking more (quantity, not frequency) than they should. 5.6% of UCTC clients reported incidents in which they could not remember what happened when drinking alcohol, 30.2% that they enjoy getting drunk, and 25% that they have done something they regretted because of drinking. University counseling centers typically provide services to 7-10% of a university student population, so the numbers presented in this paragraph represent only a small percentage of the students who would actually benefit from drug and alcohol intervention, and only those students who were willing to access mental health services.

CURRENT STATUS OF AOD INTERVENTION AND RECOVERY PROGRAMS

Intervention Programs

The Counseling and Testing Center provides the most comprehensive campus-based intervention program at the UO. This program is currently staffed by one full-time licensed AOD specialist and two graduate teaching fellows. The GTF positions are being eliminated in 2013-14 and replaced with an AOD post-doctoral counselor position to decrease time spent in training and to increase consistency and efficiency.

The Brief Alcohol Screening and Intervention of College Students (BASICS) program is an intervention program geared toward college students aged 18-24 years old. It is aimed at students who are at risk for alcohol-related problems such as poor class attendance, missed assignments, accidents, sexual assault, and violence. BASICS provides an opportunity to assess individual use patterns, identify potential changes for making healthier and better decisions, and discuss ideas for reducing risk of future problems.

Baer, Kivlahan, Blume, McKnight, and Marlatt's (2001) study tracked college freshmen who reported drinking heavily in high school over a period of four years. These freshmen participated in one group intervention session and a one-session individual feedback session that were similar in content and delivery to our BASICS programs. This study demonstrated that participants showed trends for reduced drinking quantity and negative consequences over four years. The researchers concluded that brief individual preventive interventions for high-risk college drinkers can achieve long-term benefits. Borsari and Carey's (2000) study consisted of a randomized controlled trial of a 1-session motivational intervention for college student binge drinkers who reported binge drinking 2 or more times in the past 30 days. Similar to our BASICS interventions, the study intervention provided students with feedback regarding personal consumption, perceived drinking norms, alcohol-related problems, situations

associated with heavy drinking, and alcohol expectancies. At 6-week follow-up, the brief intervention group exhibited significant reductions on number of drinks consumed per week, number of times drinking alcohol in the past month, and frequency of binge drinking in the past month. Estimates of typical student drinking mediated these reductions. This study replicates earlier research on the efficacy of brief interventions with college students and extends previous work regarding potential mechanisms of change.

Students who drink the most are responsible for the greatest number of alcohol-related problems on campus (Presley and Pimental, 2006). The UCTC's BASICS model is a three-tiered program tailored to address the perceived seriousness of the behaviors that resulted in referral to the program. Students are mandated by the Dean of Students and University Housing conduct processes due to alcohol and other drug conduct violations. See Appendix C for the number of students mandated to participate and who completed BASICS interventions during the 2011-12 academic year.

- BASICS I is one session group psychoeducational workshop that is based on a harm reduction model. The majority of BASICS I participants are freshman. Students complete an online assessment prior to the workshop. Students explore the benefits and costs of alcohol use and abuse and learn about how low risk drinking behavior is more likely to lead to the positive outcomes they want to achieve and to increasing their safety. Using a norms correction approach and based on the results of their online assessments, participants are educated about how their alcohol use compares to that of most UO students and about their average blood alcohol concentration when they do consume alcohol.
- BASICS II comprises two one-on-one sessions with an AOD specialist using motivational interviewing to conduct an alcohol and drug assessment and provide therapeutic feedback around the student's alcohol or drug use. Students complete an online drug and alcohol assessment prior to meeting with the AOD counselor; the results of this assessment are discussed during the first BASICS II session. The AOD counselor also assigns at least one harm reduction drinking strategy that students are supposed to complete before the second session. The assignment results are examined during the second BASICS II session and feedback and recommendations are provided to students about how to continue to practice harm reduction around alcohol and drug use and the personal benefits for doing so.
- BASICS III comprises four one-on-one sessions with an AOD specialist. These students also complete a drug and alcohol assessment prior to meeting with the AOD counselor. The first session consists of an in-depth AOD assessment. During the subsequent three sessions the counselor uses motivational interviewing techniques to explore students' alcohol and drug use and increase students' readiness for change regarding high risk alcohol and drug behaviors. The AOD counselor also assigns at least one harm reduction drinking strategy that students are supposed to complete before the second session. The assignment results are examined during the second BASICS III session and feedback and recommendations are provided to students about how to continue to practice harm reduction around alcohol and drug use and the personal benefits for doing so.

Given the current structure of the program, students mandated to participate in BASICS might not complete the BASICS session in the actual term during which they were mandated. Some students complete BASICS as much as a year later than they violated the university alcohol or drug policy. The current conduct code specifies lengths of time that students have before they even have to respond to a conduct charge and lengths of time to appeal decisions and sanctions. Once students are found responsible for a drug and alcohol violation, they are often given generous deadlines for completing the sanctioned BASICS program. Students also typically delay registering for a BASICS intervention until close to their sanction deadline or when they learn that a hold has been placed on their future term registration. At that point, most BASICS sessions are filled. Students return to the conduct officer indicating that they cannot get into a BASICS session and cannot meet their sanction deadline. Conduct officers often choose to extend the sanction deadline, delaying students' participation in BASICS even further.

Limited data are available to track the recidivism rate of students who participated in BASICS interventions and the available data must be interpreted cautiously. Based on information provided by the Dean of Students Conduct Office, approximately 6.5% of students who were sanctioned to a BASICS intervention were found

responsible for another alcohol or drug violation subsequent to completing the intervention. However, since most students sanctioned to a BASICS intervention are freshman who live in residence halls, it is difficult to track problematic drug and alcohol behavior after moving off campus and no longer being under the jurisdiction of the university conduct code. The recidivism rate of 6.5% is likely to be much lower than is actually accurate.

Current capacity for providing BASICS interventions is close to its limit with current resources. The current program is not able to provide timely intervention to all of the students currently found responsible for alcohol and drug violations. If the conduct code were to expand to include off-campus AOD violations, the current BASICS program could not accommodate the increased demand.

The UCTC BASICS program appears to be as, or more comprehensive, than the intervention programs provided at many PAC-12 and other peer institutions. The program offers three levels of interventions that are tailored to the varying levels of alcohol abuse and are facilitated by professional staff and some graduate students under the supervision of professional staff. However, the program does not have the capacity to meet the current demand for these interventions and would not be able to meet increased demand. Additionally, BASICS I is designed to address alcohol abuse, but the program does not include a psychoeducational workshop geared toward cannabis use. See Appendix D for specific information about peer institution programs.

The Department of Intercollegiate Athletics has a formal process for addressing alcohol and other drug concerns for student athletes. Student athletes who have a positive urinalysis test meet with the Director of Athletic Medicine for an assessment. That Director refers student athletes to a licensed clinical social worker who is a certified alcohol and drug counselor for additional treatment, if appropriate. The counselor bills the student athlete's insurance if they are covered and Athletics pays the balance of the treatment costs. Students who voluntarily identify that they want to address drug and alcohol concerns follow the same process.

The Substance Abuse Prevention Program (SAPP) is an academic program that no longer provides intervention programs and services. Instead they offer a range of alcohol and drug related courses that can lead to relevant professional certifications.

Recovery Programs

In an effort to build support structures for recovering students to increase their likelihood of success and persistence while pursuing higher education, Collegiate Recovery Communities (CRC) have been implemented at universities across the country. Based on Texas Tech University's evidence based model, a CRC program provides specifically designed support for recovering university students in order to promote and sustain recovery and prevent relapse. The model is multi-pronged and assists recovering students with recovery support, academic support, financial resources via scholarship, mentorship, social support, and life skills training. The model's main focus is to provide support to students who are recovering from substance abuse, gambling (which has the highest rates across the country here in Oregon), self-harm, eating disorders, and other addictions as they navigate higher education. A CRC provides a nurturing, affirming environment in which individuals recovering from addictive disorders can find peer support while attaining a college education. The model utilizes a holistic approach in supporting recovering students as they address common problems and issues during their transitions from high school to college and from active addiction into recovery. The five main layers include seminars, recovery meetings, individualized academic advising (with someone that understands the needs of a recovering student), peer engagement through community service, and scholarship opportunities.

A Couples and Family Therapy program faculty member has developed and provided oversight to a limited recovery program at UO. This faculty member's work has primarily been done as unpaid overload to her regular faculty responsibilities. There are five students who work as peer staff members. These students organize recovery meetings (one part of the CRC program model). The meetings occur three times a week and have a regular attendance of 6-10 people on average, including recovering students, staff, and faculty. They are affiliated with the AA 12 step program, but are not registered due to the lack of dedicated meeting space. These meetings have not been advertised and have been occurring with word of mouth. Due to the challenges of finding regular

meeting space, it is anticipated that attendance will grow once meeting space is secured since this will also allow for the meetings to be registered within the community list of meetings. Shared space (with the Men's Center and Veterans and Family Association) within the current Erb Memorial Union may have recently been located to house this program. The EMU renovation plans could include dedicated space for the Collegiate Recovery Program, contingent upon funding to rent the space.

There are 33 active Collegiate Recovery Community programs nationally, based on a best practice model designed by Texas Tech University. Twenty-five programs are running the full Texas Tech model program which requires members to fulfill specific expectations and for which there are consequences for not fulfilling program expectations. There are approximately 500 students enrolled in Collegiate Recover programs nationally. Statistics from the 2011 UO AlcoholEdu survey revealed that 94 freshman and transfer students under the age of 21 positively endorsed the question "with the past 12 months, have you experienced recovering from addiction or dependence (e.g., alcohol, nicotine, other drugs, gambling, internet/computer games). These numbers represent only the freshman and transfer students under the age of 21 who were willing to endorse this item positively and who had been in recovery just one year prior to the survey. We do not have statistics on other undergraduate and graduate students' recovery rates. Based on participation rates in CRC programs at other universities, an estimated 80-120 students would be likely to participate in a similar program at UO.

Research on the Collegiate Recovery program provides evidence of efficacy. Texas Tech University has the longest history of data collection. Texas Tech reports that students enrolled in a CRC have a 3.34 GPA (higher than the overall student body average) and have achieved a graduation rate that exceeds 80%. The national database of recovery communities is demonstrating the same data trends. In addition, students enrolled in programs based on their model return to active addiction less than 7% of the time they remain enrolled in the university.

For the Fall 2011 semester, CRC students who participated in a national survey conducted by Texas Tech University had a 97% Recovery Rate (defined as continued sobriety throughout enrollment in a CRC). 83% of the participants reported being diagnosed with a mental health illness prior to enrollment in the CRC. However, mental health distress was at a minimum level for CRC students. Four out of 5 students who participated in the survey reported that their participation in a CRC was very helpful to their recovery.

The only other recovery resources for young people in Eugene-Springfield are community AA programs and the Oregon State Young People in AA, which operates more as social organization. Thus, a program within the University system would provide much needed resources to our students.

See Appendix E for AOD recovery programs offered at peer institutions.

SUMMARY AND RECOMMENDATIONS

The University of Oregon has a foundation of programs that have the potential to provide much needed intervention and recovery services and support to many more UO students than are currently being served, to communicate to university constituents UO's commitment to addressing alcohol and drug issues among its student body, to keep tuition dollars at the university through retaining students who would be likely to drop out due to drug and alcohol problems, and to become model programs among our peer institutions. Although current UO intervention and recovery programs are based upon best practice programs, they are still inadequate to really address the significant level of alcohol abuse and dependence that exists on our campus and to provide the type of environment that provides adequate support to students who are committed to remaining sober and drug-free as part of a recovery process.

The following recommendations are made to improve UO intervention and recovery programs. These programs fall under five main themes: improving effectiveness of current programs, increasing resources, increasing

visibility of resources and reducing barriers to accessing resources, developing stronger partnerships, and improving program and outcome assessment.

1. Sanctions and interventions for students who have been found responsible for alcohol and drug conduct violations should be temporal to be most effective. BASICS activities should be completed within approximately 30-45 days unless there are extenuating circumstances. This recommendation may require reviewing and possibly revising conduct code timelines, if possible. It would also require that conduct officers communicate to students the necessity of scheduling BASICS appointments as soon as possible and not close to the actual sanction deadline and providing exceptions to the deadline on very rare occasions.
2. Develop a cannabis psychoeducational workshop that is comparable to BASICS I. This recommendation would require additional personnel resources.
3. Increase personnel and facility resources to meet the current demand for BASICS interventions and to meet anticipated increased demand, if the student conduct code extends beyond campus. Additional staffing and office space for staff would be required to provide more BASICS sessions.
4. Link intervention and recovery programs together under one umbrella to maximize resources, and create a more comprehensive, collaborative, streamlined, and visible program. This would likely require some fiscal resources to buy out a percentage of the CFT faculty member who is working with this program as unpaid overload to formally create a linked intervention and recovery program.
5. Develop a partnership between the UCTC and Couples and Family Therapy academic program to provide practica/externship opportunities for CFT graduate students to lead BASICS I workshops under the supervision of UCTC AOD specialist and to provide research opportunities for graduate students' research papers and theses.
6. Commit funding to developing a Collegiate Recovery Community program modeled after the Texas Tech University's program. Such a program would include dedicated and consistent funding of a percentage of a faculty/staff member's time for program development and oversight, need based scholarships for students who are eligible for admission to the UO and who enroll in the CRC program, exploring options for recovery housing, and providing therapeutic and social support meetings and activities for participants. The Collegiate Recovery Program could be a resource for newly enrolled students who enter the university and would benefit from the structure and support of this type of program, students who are readmitted to the university after academic disqualification or voluntary withdrawal
7. Improve program development and outcome assessment efforts, including:
 - a. Add items to reasons for students' withdrawal from the university regarding drug and alcohol use, outcome assessment regarding efficacy of UO BASICS interventions, recidivism, collegiate recovery
 - b. Develop more consistent methods for tracking recidivism rate of students who participate in mandated BASICS programs.
 - c. Identify and develop outcome measures for assessing the efficacy of BASICS interventions and CRC activities. Consider adding a delayed BASICS post-intervention measure as part of conduct sanction to assess attitude and/or behavior changes several months after completing the intervention.
8. Commit fundraising efforts to obtaining financial resources to maintain and expand intervention and recovery programs, and research assistance.
9. Advertise and make accessible some alcohol free events to the community youth in order to communicate messages about the UO's commitment to substance free educational and social activities and to offer potential students opportunities to make a connection to the university.

APPENDICIES

Appendix A
 Complete Withdrawal Reasons
 Total All Terms
 Summer 2009 to present

PRIMARY Withdrawal Reason Code, sum of all terms,
 Summer 2009 to present

	TOTAL	Percent of Total
Academic Difficulty	805	7.9%
Career Goal/Major Change	882	8.7%
Dissatisfaction	689	6.8%
Family Issues	741	7.3%
Financial Difficulty	1791	17.6%
Lost Interest	456	4.5%
Military	78	0.8%
Other Opportunity	1850	18.2%
Personal	2859	28.2%

Counts each student marking a category as their primary reason code.

All Withdrawal Reason Codes marked, primary and secondary, sum of all terms, Summer 2009 to present

	TOTAL	Percent of Total
Academic Difficulty	1302	8.7%
Career Goal/Major Change	1163	7.8%
Dissatisfaction	1211	4.0%
Family Issues	1194	8.0%
Financial Difficulty	2453	16.4%
Lost Interest	1013	6.8%
Military	118	0.8%
Other Opportunity	2302	15.4%
Personal	4185	28.0%

Counts each student marking AT LEAST ONE code in the specified category.
 Does not count the number of times a student marks within the same category.

Appendix B

Number of Students Academically Disqualified By Term

Fall 2010-Fall 2012

<u>Term</u>	<u># Students Disqualified</u>
Fall 2012	164
Spring 2012	215
Winter 2012	191
Fall 2011	170
Spring 2011	207
Winter 2011	196
Fall 2010	151

Appendix C

Numbers of Students Mandated to BASICS and Numbers of Students Completing BASICS

2011-12

	<u>Students Mandated</u>	<u>Students Completed</u>
BASICS I	511	436
BASICS II	173	129
BASICS III	<u>23</u>	<u>20</u>
TOTAL ALL BASICS	707	585

Appendix D

Alcohol and Other Drug Intervention Programs
PAC-12 Universities, University of Michigan (UM), University of California-Santa Barbara (UCSB), University of Iowa (UI)

I. Current Alcohol and Drug Intervention Programs

School	Name of Program	Description of Program
Arizona State Univ. (ASU)	SASSI Alcohol E-Check Up To GO Turn in Around(TIA) Students for Substance Abuse Outreach (SSAO)	Substance Abuse Subtle Screening Inventory https://students.asu.edu/wellness/alcohol-eCHECKUP TIA is a group that meets for 4 sessions, NOT specific for D&A INFO and Referral Links: http://asu.orgsync.com/org/alist/Alcohol ASU Approved Student Organization weekly meetings (SSAO) for any ASU student. Purpose: To make recovery resources more accessible to those students who suffer from addiction.
Oregon State Univ. (OSU)	Up2u e-CHUG e-TOKE Student Recovery Community Alcohol 101? IMPACT	http://studenthealth.oregonstate.edu/alcohol-and-other-drugs The up2u program is an education-based campus prevention effort that focuses on the reduction of high-risk alcohol use and other drugs. Up2u empowers students to make healthier choices by providing them with information and tools that have been demonstrated to be effective with college students. IMPACT is a program designed for OSU students to engage in a focused and meaningful discussion about alcohol or other substance use. IMPACT program offers multiple levels of intervention for students as based on their need and reason for referral. More details attached or: http://studenthealth.oregonstate.edu/impact Referrals to counseling, Substance Abuse Prevention On-campus, Referrals to Outside Treatment “Emergence”
Stanford University (SU)	Alcohol Education Seminar AlcoholEdu, including BASICS Motivational Interviewing Sanctions Based Program for groups	*For those cited for alcohol incident: Letter from Dean, Office of Alcohol Policy & Education (APAE), and from Resident Dean. Meet with APAE and RD, Complete BASICS, Required to attend 3 hour seminar or online educational course. Motivational Interview: can be by referred by dorm staff, APAE staff, or self. When a student group has problems associated with alcohol, there is sanctions based programming for entire group.
U of Arizona (UA)	“Smart Recovery” BASICS SHADE The Buzz Alcohol Education	http://www.health.arizona.edu/caps_other_services_smartrecovery.htm A self-help program for helping to end addictive behaviors. BASICS: http://www.health.arizona.edu/hpps_aod_basics.htm (BASICS for 2nd or more violations) SHADE: class for students who have violated alcohol and marijuana policies

	<p>Presentations</p> <p>“THE RED CUP” etoke</p>	<p>THE BUZZ: fun, game-oriented and interactive alcohol education presentation</p> <p><i>RedCup Q&A: Separating Alcohol Fact From Fiction</i>, which appears Tuesdays in the <i>Arizona Daily Wildcat</i>.</p>
U of California, Berkeley (UCB)	<p>PartySafe@Cal AlcoholEdu Online Assessment</p>	<p>http://uhs.berkeley.edu/psafe/ http://alcoholedu.berkeley.edu/</p> <p>A voluntary, self-assessment of alcohol use and referral recommendations: http://uhs.berkeley.edu/students/medical/alcoholassessment.shtml</p>
U of California, LA (UCLA)	<p>Maintaining Healthy Lifestyle Therapy Group Moving Forward: Substance Use Group</p>	<p>MHL: Explore how A&D may be affecting your life in this group MF: Confidential brief group, explore use, habits, set goals Link to “Addictions” resource is temporary down.</p>
U of Colorado (UC)	<p>CHOICES, “Focus on Alcohol Concerns (FAC)”, “Marijuana Level I”, “BASICS”, “Marijuana Level II”, STARS Program MODE class OASIS</p>	<p>http://www.colorado.edu/healthcenter/psychological-health- psychiatry-php/substance-abuse</p> <p>CHOICES: Low-level, 1st time MIP offenders, group based intervention FAC: 3-2hr small group sessions led by professional staff Marijuana Level 1: 3-2 hour small group sessions BASICS: 2-1 hour individual sessions with professional Marijuana Level II: 6-2 hour group sessions STARS: 12 week program: multiple AOD infractions, students on verge of being suspended from school, or sig. legal sanctions MODE: One time, one hour, group based session for low-risk alcohol use...low-level violation of campus alcohol policies. OASIS: Support group for students in recovery or students wanting to live a sober lifestyle.</p>
U of Southern California (USC)	<p>AlcoholEdu BASICS Drug Education Consult</p>	<p>Online Alcohol Prevention program Brief Alcohol Screening and Intervention for College Students One-on-One for thos referred and/or sanctioned by Student Judicial Affairs, Residential Ed, Frat or Sorority, Athletics</p>
U of Utah (UU)	<p>No interventions found</p>	<p>Available: Screenings, Drug and alcohol education, links to community resources</p>
U of Washington (UW)	<p>BASICS</p>	<p>Brief Alcohol Screening and Intervention for College Students</p>

Washington State University (WSU)	e-Chug e-Toke “Booze, Sex, & Reality Checks”	Online Assessments
University of Michigan	BASICS IMEP UM Collegiate Recovery Program Community Matters(CM) ASAP UM Addiction Treatment Services (UMATS) CAPS	Brief Alcohol Screening & Intervention Individual Marijuana Education Program – 2 session asses/educ UMCRP: For students actively involved in recovery from D &/or A CM: Alcohol & Sexual assault online educational program for incoming undergraduates at UM Assessment of Substance Abuse Patterns UMATS: A special intensive outpatient treatment for college students, they can stay in school while going to treatment. CAPS = Counseling and Psychological Services
U of Cal.- Santa Barbara (UCSB)	UCSB Alcohol & Drug program CASE SAM	CASE: College Alcohol & Substance Education: 1 assess, 5 weekly class meetings. SAM: Process/Therapeutic group: Skills, Awareness, & Motivation: Assess., weekly meetings, weekly assignments, journaling, active/honest participation, MUST attend 5 classes
University of Iowa	Red Watch Band Program Alcohol eCheckUp Marijuana eCheckUp Alcohol Dependence Screening	The Red Watch Band Program is in its fourth year at the University of Iowa. Over 1,800 students have been trained so far! The training program focuses on knowledge, skill, and confidence building regarding preventing death from alcohol overdose. Students are taught the knowledge and skills to "make the call," and using role plays, given opportunities to build confidence to intervene on behalf of another. All students who complete the training will receive CPR and alcohol bystander training and a red watch, and will be better able to link the impact that alcohol has on the body. - Look Once, Think Twice (LOTT) is a group class we offer for residence hall students who are found to be in the presence of alcohol, but not consuming. LOTT is based in bystander intervention principles and the aim of the class is to help empower students to speak up about and/or remove themselves from situations they fins to be uncomfortable or against their personal beliefs. - <i>Pieces</i> consists of two individual sessions focusing on personal reflection of alcohol-related behaviors, identification of strategies to reduce negative consequences, and alcohol education. <i>Pieces</i> is generally used for a lower-level or first alcohol-related offense and our Graduate Assistants facilitate these meeting. - BASICS is generally used for higher-level or second alcohol-related offenses and other drug offenses and I meet with all BASICS students.

		<ul style="list-style-type: none"> - eCheckup To Go is one component of a mandatory course for first year and transfer students. - Substance Abuse Evaluations are available as mandated by the courts, or for students who have had several offenses to determine the appropriate level of treatment. - Critical MASS is a mentoring program housed out of the Office of the Dean of Students, and you can contact Heather Ockenfels at 319-335-1162 for more information on that program.
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II. Where Are Intervention Programs Housed?

School	Program Location	Contact Information
Arizona State Univ. (ASU)	SSAO meeting every Wed @ 8:00 pm at Gold Bar Espresso in Tempe. 3141 S McClintock Drive, Tempe AZ 85282	SSAO Hotline: 480 382-9278 Tempe Counseling Center: Phone: 4809656146 Location: Student Services Bldg, Rm 334 Mailing Address: <i>ASU Counseling Services, Tempe</i> <i>P.O. Box 871012, MC 1012</i> <i>Tempe, AZ 85287-1012</i> James Bludworth 480-965-8300 james.bludworth@asu.edu
Oregon State Univ. (OSU)	Health Center	Robert Reff Substance Abuse Prevention Coordinator OSU Student Health Services Email: robert.reff@oregonstate.edu Phone: 541-737-7564
Stanford University (SU)	Student Affairs	The Office of Alcohol Policy and Education reports to the Vice Provost for Student Affairs and is expected to coordinate and implement alcohol programs: (650) 723-3429 or http://studentaffairs.stanford.edu/alcohol/contact.
U of Arizona (UA)	CAMPUS HEALTH -Counseling and Psych Services (CPS) -Health Promotion & Preventive Services(HPPS)	Lynn Reyes at (520) 621-5700 or lreyes@u.arizona.edu . (HPPS) Housed in the Health Center which also houses counselors and prevention staff. (all under one roof).

U of California, Berkeley (UCB)	PartySafe@Cal University Health Services - Tang Center University of California, Berkeley 2222 Bancroft Way - #4300 Berkeley, CA 94720-4300	Karen Hughes, Coordinator at (510) 643-9073 or khughes@berkeley.edu
U of California, LA (UCLA)	The Counseling Center: Counseling and Psychological Services	(310) 825-0768 John Wooden Center West 221 Westwood Plaza Box 951556 Los Angeles, CA 90095-1556 Colby Moss cmoss@caps.ucla.edu
U of Colorado (UC)	Wardenburg Health Center	119 UCB 1900 Wardenburg Drive Boulder, CO 80309 Phone: 303-492-5101
U of Southern California (USC)	Engemann Student Health Center	1031 West 34 th Street Los Angeles, CA 90089 Phone: 213-740-9355 uphcweb@usc.edu
U of Utah (UU)	Counseling Center	Torrence Wimbish , Ph.D. at the University Counseling Center by telephone at 801-581-6826, or by email at twimbish@sa.utah.edu . (801)581-6431 http://wellness.utah.edu/resources/community.htm
U of Washington (UW)	Mental Health Clinic at Hall Health Center	206-543-5030 Makayla mwehner@uw.edu
Washington State University (WSU)	WSU Counseling and Testing Services ADCAPS (Alcohol & Drug Counseling, Assessment, & Prevention Services)	http://counsel.wsu.edu/ http://adcaps.wsu.edu/ Patricia Maarhuis, Ed.M., ADCAPS Coordinator maarhuis@wsu.edu .

University of Michigan	University Health Services University Health Systems (hospitals)	http://www.uhs.umich.edu/aodprograms collegiate.recovery.program@umich.edu CAPS: Ilona Phillips: ilonaphi@umich.edu Marsha Benz, AOD prevention Programs marshua@med.umich.edu PH734-647-4656 UM Addiction Treatment Services (UMATS)
U of Cal.-Santa Barbara (UCSB)	Student Health and in Isla Vista at Embarcadero Hall	http://alcohol.sa.ucsb.edu/index.aspx Whitney Bruice, M.A./ MFT Clinical Manager in the Alcohol and Drug Program alcohol@sa.ucsb.edu SAM: http://alcohol.sa.ucsb.edu/Students/SAMProgram.aspx CASE: http://alcohol.sa.ucsb.edu/Students/CaseProgram/CaseProgram.aspx
University of Iowa	Westlawn Student Health Services Campus Recreation and Wellness Center	Substance Abuse Counselor (at the Westlawn/Student Health Service location) call 319-335-8394 AND there are Health Educators at the “Campus Recreation and Wellness Center”. Red Watch Band, contact Michele Armstrong at marmstrng@healthcare.uiowa.edu.

III. Mandatory or Voluntary or Both

School	Program Name	Mandated?
Arizona State Univ. (ASU)	SASSI “Turn it Around” SSAO Alcohol E-Check UP	Mandated and Voluntary Mandated and Voluntary Voluntary Mandated and Voluntary
Oregon State Univ. (OSU)	Up2u e-CHUG e-TOKE Student Recovery Community Alcohol 101 IMPACT	IMPACT programs are made available to all students, including those students who have been sanctioned by the Residence Hall system, Office of Student Conduct & Community Standards, Corvallis Municipal Court, the Benton County Circuit Court, the City Attorney's Office, or other off-

		campus referral sources.
Stanford University (SU)	BASICS AlcoholEdu	Mandated for those cited Required for all Freshman
U of Arizona (UA)	SHADE PROGRAM BASICS	Mandated Voluntary and Referrals “Both, we invite high risk groups(Greeks) to utilize our programming to meet their goals and our Dean’s Office mandates BASICS”
U of California, Berkeley (UCB)	PartySafe@Cal AlcoholEdu Online Assessment Workshops	Voluntary Mandatory for all incoming Fresh Voluntary Referrals and voluntary
U of California, LA (UCLA)	Maintaining Healty Lifestyle Therapy Group Moving Forward: Substance Use Group	Do not find that this is mandatory, open to volunteer participants.
U of Colorado (UC)	“CHOICES”, “Focus on Alcohol Concerns (FAC)”, “Marijuana Level I”, “BASICS”, “Marijuana Level II”, STARS Program	Choices: Mandated for Low level 1 st timers Unsure on FAC, ML1, BASICS, MLII STARS: For multiple infractions, 12 week intensive program.
U of Southern California (USC)	Resource room AlcoholEdu BASICS Drug Education Consult	All All All 1 on 1 consult for referred and/or sanctions
U of Utah (UU)	No interventions found	
U of Washington (UW)	BASICS	Voluntary, if Mandated they do not provide certificates for completion

Washington State Univ,(WSU)	e-Chug e-Toke “Booze, Sex, & Reality Checks” WSU Counseling and Testing Services ADCAPS (Alcohol & Drug Counseling, Assessment, & Prevention Services)	Voluntary Voluntary Required for all incoming Fresh
University of Michigan	BASICS IMEP CAPS U-M Collegiate Recovery Program Community Matters UMATS	BASICS: Accepts mandated and self-referred IMEP: Mandatory for violators and open to volunteer participants CAPS: Mandated and Self referred ASAP, only voluntary counseling UMATS: Unsure
U of Cal.-Santa Barbara (UCSB)	UCSB Alcohol & Drug program CASE SAM	CASE: Referred for Res Hall Violators, court referred, and volunteer SAM: The program fee is \$120 for UCSB students, \$165 for non-UCSB students, 2 nd time violations and volunteer
University of Iowa	Red Watch Band Program Alcohol eCheckUp Marijuana eCheckUp Alcohol Dependence Screening	Self-referral for RWBP and the vast majority of other participants are mandated

III. Number of Students Who Participate in Intervention Programs

School	Program Name(s)	Number of Participants
Arizona State Univ. (ASU)	SASSI	No information at time of report
Oregon State Univ. (OSU)	Up2u e-CHUG	No information at time of this report

	e-TOKE Student Recovery Community Alcohol 101 IMPACT	
Stanford University (SU)	Brief Motivational Interview	300-400 students
U of Arizona (UA)	SMART recovery BASICS SHADE The Buzz alcohol Presentations “The RED CUP”	558 visit totals for Greeks doing BASICS last school year, 2011/12 (we use a 2 session BASICS model) 78 visit totals for mandated students
U of California, Berkeley (UCB)	PartySafe@Cal	No information at time of report
U of California, LA (UCLA)	Maintaining Healthy Lifestyle Therapy Group Moving Forward: Substance Use Group	No information at time of this report
U of Colorado (UC)	Wardenburg Health center “CHOICES”, “Focus on Alcohol Concerns (FAC)”, “Marijuana Level I”, “BASICS”, “Marijuana Level II”, STARS Program	6,987 patient visits through the substance abuse services program. The vast majority of these visits are due to students receiving minor-in-possession citations or marijuana citations, where the court usually requires them to take a six-hour diversion class (split into either two or three different visits). However, this number also includes one-on-one counseling for some patients.
U of Southern California (USC)	AlcoholEdu BASICS Drug Education Consult	No information at time of this report
U of Utah (UU)	NO INTERVENTIONS FOUND ON WEBSITE	No information at time of this report
U of Washington (UW)	BASICS	No information at time of report
Washington State Univ,(WSU)	e-Chug e-Toke “Booze, Sex, & Reality Checks” WSU Counseling and Testing	No information at time of this report

	Services ADCAPS (Alcohol & Drug Counseling, Assessment, & Prevention Services)	
University of Michigan	BASICS/IMEP CAPS UMATS	About 600 last year, mostly BASICS
U of Cal.-Santa Barbara (UCSB)	UCSB Alcohol & Drug program CASE SAM	No information at time of this report
University of Iowa	Red Watch Band Program Alcohol eCheckUp Marijuana eCheckUp Alcohol Dependence Screening	This is the first academic year we have offered LOTT and Pieces, so these are numbers for Fall 2012 LOTT – 49 Pieces- 231 students completed <i>Pieces</i> during Fall 2012, so there were a total of 462 total <i>Pieces</i> appointments. BASICS- 80 students completed BASICS during Fall 2012, so there were a total of 160 BASICS appointments. SAE- 24 students completed evaluations here during Fall 2012

V. Number and Type of Staff Who Implement These Programs

School	Number of Staff	Type of Staff
Arizona State Univ. (ASU)	No information at time of this report	No information at time of this report
Oregon State Univ. (OSU)	No information at time of this report	No information at time of this report
Stanford University (SU)	3.5 FTE	Regular Staff 3.5 FTE and large group of student staff
U of Arizona (UA)	No specific intervention staff	BASICS is provided by counselors or graduate student counseling interns
U of California, Berkeley (UCB)	No information at time of this report	No information at time of this report

U of California, LA (UCLA)	No information at time of report	No information at time of report
U of Colorado (UC)	No information at time of report	Seven staff members
U of Southern California (USC)	No information at time of report	No information at time of report
U of Utah (UU)	No information at time of report	No information at time of report
U of Washington (UW)	No information at time of report	No information at time of report
Washington State Univ,(WSU)	No information at time of report	No information at time of report
University of Michigan	BASICS/IMEP: 15 staff CAPS: 1 person dedicated to AOD issues, several interns and prof. staff also conduct ASAPS UMATS : unsure	Mostly MA prepared profs, (some grad work studies in MPH, MSW or Higher ed prog.) Staff from U Health Serv, Housing, Student conduct, LGBT office, sexual assault office, career center, Grad Level Indep. Study students.
U of Cal.-Santa Barbara (UCSB)	No information at time of report	No information at time of report
University of Iowa	No information at time of report	1 FT Substance abuse counselor We have five Graduate Assistants who facilitate the <i>Pieces</i> sessions, and I facilitate all BASICS sessions. I also do all of the evaluations. We are lucky to have staff from all over campus volunteer to facilitate our LOTT program; all have training in bystander intervention.

VI. Outcome Measures Used to Assess Efficacy of Programs

School	Outcome Measures
Arizona State Univ. (ASU)	No information at time of report
Oregon State Univ. (OSU)	No information at time of report
Stanford University (SU)	Surveys and Focus groups, referred to Jason Kilmer @ UW (jkilmer@u.washington.edu) for assessment info
U of Arizona (UA)	“We use a 3 month follow-up questionnaire for the alcohol referrals; have not done so for the marijuana referrals as they are a much smaller number”.
U of California, Berkeley (UCB)	<ul style="list-style-type: none"> Surveys of student attitudes and behaviors (and comparison to national/regional figures): AlcoholEdu; California Safer

	<p>Universities; National College Health Association</p> <ul style="list-style-type: none"> • Official records (on- and off-campus alcohol violations, noise complaints, facilities damage) • Environmental scanning • Key stakeholder interviews and focus groups • Published research and think tank updates
U of California, LA (UCLA)	No information at time of report
U of Colorado (UC)	National College Health Assessment (NCHA) participates biennially in this national survey. Tracks AOD abuse among students over time. Next survey spring 2013.
U of Southern California (USC)	No information at time of report
U of Utah (UU)	No information at time of report
U of Washington (UW)	No information at time of report
Washington State Univ,(WSU)	No information at time of report
University of Michigan	Use CampusLabs online surveying tool to get feedback from BASICS/IMEP students at the end of the 2 nd session. Not followed over time. Not sure what CAPS/UMATS does.
U of Cal.-Santa Barbara (UCSB)	No information at time of report
University of Iowa	<p>8% decrease in the UI student high risk drinking rate from 2009 to 2011; the first decrease in 10 years (70.3% in 2009, 64.5% in 2011; Source: National College Health Assessment (NCHA).</p> <p><input type="checkbox"/> 14% decrease in the average number of drinks that UI students reported drinking per occasion from 2009-2011 (7.43 in 2009, 6.39 in 2011; Source: NCHA).</p> <p><input type="checkbox"/> 16% decrease in the percent of UI students reporting drinking 10 or more days per month from 2009-2011 (36.4% in 2009, 30.4% in 2011; Source: NCHA).</p> <p><input type="checkbox"/> 16% decrease in alcohol-related emergency room visits for UI students (ages 18-22) in the year following the 21 Ordinance (218 pre-ordinance, 183 post-ordinance; Source: Takacs, 2011).</p> <p>Students complete pre- and post-assessments for LOTT, <i>Pieces</i>, BASICS and eCheckup To Go. We assess behavior change through a variety of questions addressing frequency and amount of AOD use, frequency of negative consequences, frequency of use of protective behaviors, and the stages of change.</p>

Appendix E

Recovery Programs at Peer Institutions

School	On-Campus Recovery Resources	Off-Campus Recovery Resources
Arizona State	<p>~No CRC</p> <p>~General Counseling Services through Health Center</p> <p>~Great list of community meetings compiled by Students for Substance Abuse Outreach (SSAO), the only on-campus resource for students in recovery: http://ssaoasu.org/meetings.html</p>	~Community recovery meetings
University of Arizona	<p>~No CRC</p> <p>~General Counseling Services through Health Center: http://www.health.arizona.edu/hpps_aod.htm</p>	~Community recovery meetings
University of Colorado - Boulder	<p>~Oasis housed under their Counseling and Psychological Services: Oasis is a voluntary program for CU-Boulder students seeking support in living a sober lifestyle. It functions as a community of support for any student in recovery from addiction, any student considering moving toward a sober lifestyle, or any student who chooses not to use substances. Oasis community meetings happen each Friday at 3pm. Matthew Tomatz, MA, LPC, CACIII, CGP 303-492-6766 matthew.tomatz@colorado.edu will connect students with other students already attending community AA or NA groups.</p> <p>~Denver campus: Has more medical/treatment of addictions focus with Addiction Research and Treatment Services (ARTS) http://www.ucdenver.edu/academics/colleges/medicalschool/departments/psychiatry/Research/Subdep/Pages/History.aspx</p>	~Community recovery meetings
University of California-Berkley	<p>~No CRC</p> <p>~General Counseling Services through Health Center</p> <p>~List of local meetings and inter groups on website: http://uhs.berkeley.edu/students/counseling/PDF/SupportGroupMeetings.pdf</p>	Community recovery meetings
University of California, LA (UCLA)	<p>~No CRC</p> <p>~General Counseling Services through Health Center</p> <p>~List of local meetings on website</p>	~Community recovery meetings
UC Santa Barbara	<p>~Alcohol & Drug Program http://alcohol.sa.ucsb.edu - uses a comprehensive research-based approach to prevention on campus and in the surrounding community.</p> <p>Recovery Services including: ~Individual Recovery Support - Angie Bryan, MA, MFTI is the recovery specialist for the Alcohol & Drug Program. Students who register with our program can receive regular one-on-one support to help maintain recovery and develop a plan for success, including individual counseling, connections with other sober students as well as 12-step sponsors, assistance with</p>	~Community recovery meetings

	<p>finding supportive housing, and academic planning. Assistance with access to services through the Disabled Students Program is also available for those students needing academic accommodations. We can also assist students who are trying to return to the University after a period away, as well as non-traditional aged students who are returning to college. Our services are FREE and CONFIDENTIAL.</p> <p>~<u>Gauchos for Recovery</u> - a student organization striving to provide support and social activities for recovering students. For more information, visit our Gauchos for Recovery Facebook Page.</p> <p>~<u>Students for Recovery Open 12-Step Meeting</u> - This meeting is not AA nor any traditional 12-step meeting, but is open to anyone who is in recovery from any type of addiction. It is also open to those who are seeking or considering recovery. This meeting is hosted by students, for students. Attending this meeting is the best way to connect with other recovering students.</p> <p>~<u>Recovery Peer Interns</u> - Our recovery peers are UCSB students in recovery who have a desire to share their experience, strength, and hope with other students in recovery as well as those who are struggling with substance use. They hold drop-in peer counseling hours to meet with any students looking for peer support around these issues. Recovery Peer Drop-in Hours: 6 hours per week.</p> <p>~<u>Recovery Meetings</u> and support groups held on campus specifically for students: http://alcohol.sa.ucsb.edu/Students/Recovery/SelfHelpGroups.aspx</p>	
U of Southern Cal (USC)	<p>~No CRC</p> <p>~General Counseling Services through Health Center – also provide short-term therapy for those seeking recovery; about 12 sessions or also work with them to refer them out for ongoing care.</p> <p>~AA meetings held on campus</p>	~Community recovery meetings
University of Iowa	<p>~No CRC</p> <p>~General Counseling Services through Health Center: http://studenthealth.uiowa.edu/wellness/drugs-and-alcohol</p>	~Community recovery meetings
Oregon State University	<p>~General Counseling Services through Health Center</p> <p>~Small recovery group that meets weekly hosted by a LCSW.</p> <p>~A "Recovery Community" on campus to be up and running Fall 2013. Rob Reff (Director) reported a residence hall will be up and running by Winter/Spring 2014. While he helps and interacts with the current group of students on campus who identify in recovery, he is not confident to say that the Collegiate Recovery Program is up and running yet. He advocates for students living on campus interacting with alcohol users and those who are navigating/connecting with the</p>	~Community recovery meetings

	Corvallis community of recovery.	
University of Michigan	<p>~General Counseling Services through Health Center</p> <p>~Collegiate Recovery Program: http://www.uhs.umich.edu/recovery Matt Statman SCSW, CAADAC who heads the program highlighted the following: There is both CRC and Students for Recovery - CRC is reserved for students committed to working a program and Students for Recovery is for anyone wanting to support recovery. They have about 20 members. They have frequent guest speakers, parties, social events, and support integration with the larger Ann Arbor recovery community. They run recovery meetings bi-weekly on campus and have quite a few mtg's right near campus. They also have education workshops on different types of addictions and support ongoing one-on-one meetings with (Matt) the case manager.</p>	~Community recovery meetings
Stanford	<p>~No CRC</p> <p>~General Counseling Services through Health Center</p>	~Community recovery meetings
University of Utah	<p>~No CRC</p> <p>~General Counseling Services through Health Center</p> <p>~Outpatient/Inpatient Treatment Services: http://healthcare.utah.edu/uni/chemicaldependency/recovery_works.html ~Annual training each summer called University of Utah School on Alcoholism and Other Drug Dependencies: http://medicine.utah.edu/uas/index.htm ~Utah Addiction Center (does research) http://healthsciences.utah.edu/utahaddictioncenter/recovery.htm</p>	~Community recovery meetings USARA, Utah Support Advocates for Recovery Awareness, Utah's primary recovery advocacy organization, was founded in 2006, and is a grassroots, non-profit organization that facilitates collaborations between service providers, social and human service agencies, communities, and other organizations in support of individuals who are in every stage of recovery from substance use disorders.
University of Washington	<p>~No CRC</p> <p>~General Counseling Services through Health Center</p>	~Community recovery meetings
Washington State University	<p>~Alcohol and Drug Counseling, Assessment, and Prevention Services (ADCAPS) http://adcaps.wsu.edu/links/</p>	~Community recovery meetings ~The local AA community brings in meetings to the "Interfaith House" daily at noon, no other addictions represented, no formal support from the university.



UNIVERSITY
OF OREGON

The background of the entire page is a photograph of the Administration Building at the University of Oregon. The building is a large, two-story red brick structure with a prominent portico supported by six white columns. A wide set of stone steps leads up to the entrance. The words "ADMINISTRATION BUILDING" are inscribed on the pediment above the columns. The building is surrounded by green lawns and manicured hedges.

Exhibit 2

University of Oregon
Prevention Approaches Subcommittee
Final Report and Recommendations
March 2013

PREVENTION APPROACHES SUBCOMMITTEE, FINAL REPORT AND RECOMMENDATIONS

SUBCOMMITTEE MEMBERS

- Sheryl Eyster (convener), Associate Dean of Students, Student Affairs
 - Jenn Summers, Director, Substance Abuse Prevention and Student Success, Office of the Dean of Students
 - Paula Staight, Director, Health Promotions, University Health Center
 - Kevin Alltucker, Faculty, Family and Human Services
 - C. A. Baskerville, Prevention Program & Planning Supervisor, Lane County Health and Human Services
 - Marci Torres, Director, Healthy Campus, Student Affairs
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EXECUTIVE SUMMARY

This subcommittee was asked to make recommendations to University of Oregon President Michael Gottfredson by March 2013 to improve the campus and the surrounding community regarding these issues. Specifically, these recommendations should be focused on reducing alcohol abuse and negative consequences this abuse may have on student behavior, life safety and the quality of life for students and the greater community.

We trust these recommendations offer useful insight and actions that can be adopted by other college campuses and their respective communities regarding problems associated with alcohol use and abuse that plagues universities throughout the nation.

The Prevention Subcommittee recommends the following to President Gottfredson:

- 1) Advocate that Dr. Michael Gottfredson, UO President, take a vocal, visible and visionary role in enhancing and strengthening substance abuse prevention efforts on the UO campus and in the greater community.
- 2) Enhance and secure more resources so that sufficient FTE and stable funding are available to address AOD prevention at *multiple levels* at the UO.
- 3) Increase funding for prevention efforts for primary and secondary prevention efforts by requiring a small course fee of \$25.00 for all students mandated to take the population-level online alcohol abuse/ sexual assault prevention program.
- 4) Significantly expand primary and secondary AOD prevention efforts on and off the UO campus.
- 5) Strengthen and Enhance the Fraternity and Sorority Life Community at the UO.
- 6) Implement a Civility in Athletics campaign and mandatory alcohol and civility education class for all negative behavior game day ejections.

- 7) Review all written and online materials with references related to alcohol and drug education information, policies and laws (e.g., Residence Hall contracts, Orientation and Admissions information, Office of the Dean of Students website, Autzen stadium student emails, etc.) to ensure that information is easy to find and consistent across campus for students and staff.
- 8) Implement a party registration program to serve as a campus community prevention effort to help address noise complaints.
- 9) Enhance Peer Health Education program efforts in order to provide peer-led alcohol prevention and education to UO students.
- 10) University Health Center's medical staff, doctors and nurse practitioners will educate students on the harm of high risk drinking and refer as necessary.
- 11) Create and administer a "pilot" survey to College of Education teaching faculty to measure engagement and curriculum infusion.
- 12) Create and administer a university-wide survey to teaching faculty to measure engagement and curriculum infusion.
- 13) Create and administer a university-wide survey to teaching faculty to obtain data regarding faculty attitudes/perceptions/opinions regarding Friday classes and exams.
- 14) Increase funding annually to enhance/strengthen/provide late-night programming as alternatives to alcohol activities on and off campus.
- 15) Establish a mandatory employee training program to increase opportunities to identify and intervene with high-risk students and fellow employees.
- 16) Support a positive community norms campaign to help reduce high-risk drinking within the Eugene community.
- 17) Sustain and expand the Eugene Prevention Coalition.

**REFRAMING THE PROBLEM
ALCOHOL MISUSE AND ABUSE IS A SOCIAL PROBLEM**

Research-based Rationale for Action: A Widespread Problem with Harmful Consequences

The issue of campus drinking is a pervasive problem: our students grow up in a culture which equates the consumption of alcohol with having fun, relaxing, making social situations complete and reducing tension. Drinking alcohol has become a rite of passage for some young people in this country, and many students come to college having learned to drink during their high school years.

Unfortunately, high risk alcohol use can produce serious outcomes. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) states that “virtually all college students experience the effects of college drinking- whether they drink or not.” Each year, high-risk drinking affects college students, families, the campuses that students attend, and the communities beyond the campuses. The consequences include:

- **Death:** 1,825 college students die each year from alcohol-related injuries.
- **Injury:** Roughly 600,000 students between the ages of 18 and 24 are injured while under the influence of alcohol.
- **Assault:** More than 690,000 students are assaulted by another student who has been drinking.
- **Sexual Assault:** More than 97,000 students between the ages of 18 and 24 are victims of alcohol-related sexual assault or date rape.
- **Academic Problems:** About 25% of college students report academic consequences of their drinking including missing class, falling behind, doing poorly on exams or papers, and receiving lower grades overall.

In addition, several research studies have found that the majority of students living in residence halls and fraternity and sorority residences who do not drink excessively still experience day-to-day problems as a result of other students’ misuse of alcohol (Wechsler et al., 1998, 2000, 2002). The prevalence of these “secondhand effects” varies across campuses according to how many students on the campus engage in high-risk drinking. Effects include:

- **Sleep disturbances:** 43-70% of students experience interrupted study or sleep
- **Care taking:** 37-57 % of students end up caring for a drunken student
- **Embarrassment:** 20-36% experience insults or humiliation
- **Confrontations:** 14-23% of students experience serious arguments or quarrels
- **Sexual Assault:** 15-23% of students have experienced unwanted sexual contact and 1% have experienced sexual assault or date rape
- **Property damage:** 7-16% experience property damage because of someone else’s drinking
- **Assault:** 6-11% of students experience personal attacks such as pushing, hitting, or assault

Note: All of these findings are reflective of national statistics (NIAAA, 2010). The UO has limited data, and therefore, limited ability to quantitatively define the alcohol and other drug problem both on and off campus.

Lane County Prevention Statistics

In addition to campus statistics around high risk usage, Lane County staff members and the State of Oregon have been tracking Oregon specific AOD usage rates:

Oregon specific AOD usage rates:

- Binge Drinking among Oregon women 18-24 is 18%
 - 4% points higher than 14% general population
 - Binge Drinking among Oregon men 18-24 is 23%
 - 5% points higher than 19% general population
 - (BRFSS, 2010)
- 2.6 gallons per capita consumption of alcohol
 - This is higher than the national average by 12%
- Has been increasing steadily (almost 14%) since 2000
 - (NIAA, 2010, per capita based on adult pop. over 14)

In addition, the OHA Epidemiological Outcomes Workgroup Report and National Vital Statistics 2009 reported the following:

Oregon specific AOD consequences:

- Alcohol is a leading factor in the three leading causes of death for 18-34 year olds: Accidental injuries, homicide and suicide
- Alcohol-induced deaths in Lane County are more than twice as high as the national rate (16 per 100,000 vs. 7.4 per 100,000)
 - Oregon is 80% higher than national rate for alcohol-induced diseases, including liver and heart disease (13.1 per 100,000)
- Alcohol is responsible for 1400 deaths and 5,100 violent crimes against persons each year in Oregon
- About 32% of Lane County fatal motor vehicle crashes involve alcohol
- 19,289 people 12 and over in Lane County are alcohol dependent; 6,863 18-25 year olds (NSDUH)
- 176 young adults in alcohol treatment; 618 young adults in DUII Services in Lane County
- Significant costs to the community in related crime, healthcare, and police services and lost productivity

Eugene Neighborhood Data

As outlined in the 2011 Neighborhood Livability Working Group- Progress Report there are several secondhand effects as a result of alcohol misuse (among students and non-students) that impact the Eugene community. Members from the City of Eugene, the University of Oregon, Neighborhood Associations and various property owners/ managers were able to identify and clarify specific Eugene issues, existing and planned efforts as well as gaps and shortfalls around neighborhood livability issues. Together the working group, including UO staff from the Office of the Dean of Students and Government and Community Relations, proposed several actions for improving campus area livability. The working group also provided a catalogue of negative behaviors and impacts which included some of the following:

- Differences among West University, South University, Fairmont and Amazon (off-campus neighborhoods closest to the UO campus and therefore more impacted by the secondhand effects of alcohol misuse) compared to other Eugene neighborhoods
- Property, personal and behavioral crimes and issues
- Zoning/ land use issues

Although many of these behaviors and impacts are outlined through qualitative data, the Progress Report is a thorough assessment of the frustrations and struggles within the Eugene community and should be considered as a valuable supportive document to this report. The document can be found on the City of Eugene website: <http://www.eugene-or.gov/index.aspx?NID=531>.

College Drinking: Reframing a Social Problem

Students' decisions to use alcohol are strongly affected by environmental and peer influences, which combine to create a culture of drinking. Findings from the UO's AlcoholEdu for College Executive Summary provide a snapshot of self-reported data from 2,962 first year students (see Appendix B). This culture actively promotes drinking, or passively promotes it, through tolerance, or even tacit approval. The alcohol beverage industry aggressively markets alcoholic drinks to young adults (Center on Alcohol Marketing and Youth, Georgetown University, 2002). The use of alcohol in college has created a culture of beliefs and customs, entrenched in every level of college students' environments. These beliefs and customs, combined with the expectations they engender, exert a powerful influence over students' attitudes and behavior toward alcohol use.

Given this context, the UO needs to reframe college drinking as a social problem by focusing our attention on the role of drinking in our college students' social lives. Recent research about college drinking has tended to frame the problem in environmental and cultural terms; college drinking as a *culture*, not merely something that can be understood in terms of individual pathology or personal troubles. To achieve a change in culture, universities must use a comprehensive socio-ecological approach and intervene at three levels; at the individual-student level, at the entire student body and at the community level.

Like many institutions, the UO has historically invested a number of full-time staff and considerable funding in intervening with problems associated with high-risk drinking. Examples include the current interventions with the evidenced-based BASICS program in the University Counseling and Testing Center, and staff responding to alcohol violations in University Housing and the Student Conduct and Community Standards Office. Students participating in either program are typically referred to these intervention offices as a result of an incident that is associated with the misuse or abuse of alcohol or other drugs. The students participating in these programs are represented at the top part of the triangle (*see Figure 1, page 9, Reframing College Drinking: Prevention-Based Perspective*). National data and data collected from the National College Health Assessment (see Appendix C for 2010 and 2012 National College Health Assessment results) show that these students are roughly 10-25% of the total student population. According to the NIAAA (2007), 19% of college students 18-24 met the criteria for alcohol abuse or dependence. However, this portion of the student population receives the highest amount of attention, resources and media attention.

Figure 1. Reframing College Drinking: Prevention-Based Perspective



In order to frame college drinking within the larger problem of underage drinking, the UO needs to assume a prevention-based perspective with more focus on primary and secondary prevention. According to the Surgeon General's Call to Action to Prevent and Reduce Underage Drinking (2007), our greatest emphasis needs to be focused on reshaping the college environment and those forces that shape individual decisions to drink or drink excessively by shifting efforts and attention to the "majority of the population" (i.e. the 50% of low-risk, social drinkers as identified in Figure 1 along with the 25% of the general population that choose not to drink at all).

Students currently arriving to the UO, are heavily influenced by the current campus culture and the lure of social activities that are occurring in the adjacent neighborhoods surround the University. Confronted by a culture that has not been focused on more primary and secondary prevention, these incoming students begin changing their behaviors, resulting in health and safety issues, academic performance issues, and the overall culture of the campus. The UO Prevention Subcommittee report provides the framework and recommendations needed for a major shift in the "norms of a new culture" at the University of Oregon using the National Institute on Abuse and Alcoholism (NIAAA) conceptual framework (page 10 and 11).

Social norms theory can then be utilized to assist in reminding students that the *majority* of students at the UO drink responsibly (if they choose to drink at all), and that student's behavior on the campus is influenced by their perceptions of what is normal or typical. This subpopulation of peers begins to influence and shift not only the behavior of other peers, but also the perceptions of others including alumni, prospective and current families with students at the UO, community members, and donors. In addition, this larger sub-population of controlled, low-risk drinkers or abstainers/students in recovery can also demonstrate protective behaviors and/or harm reduction behavior to their peers. Several recommendations in the UO Prevention report are focused on ways to engage students that fall within the low-risk/social drinker population and abstainers student population.

BEST PRACTICES

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) suggests that prevention efforts are most effective when they are comprehensive, evidence-based and directed at multiple levels. To change the culture of drinking on campus, the NIAAA recommends using a conceptual 3-in-1 framework which targets:

1. **Individuals, Including At-Risk or Alcohol-Dependent Drinkers:** Students who have problems with alcohol exist along a continuum. Targeting only those students with identified problems excludes students who drink heavily or misuse alcohol occasionally (e.g. drink and drive from time-to-time). In fact, nondependent, high-risk drinkers account for the majority of alcohol-related problems on campus (Lemmens, 1995; Kreitman, 1986). It is crucial to support strategies that assist individual students identified a problem, at-risk, or alcohol-dependent drinkers. Strategies are clearly needed to engage these students as early as possible in appropriate screening and intervention services. These services can be on campus or through referral to specialized community-based services.
2. **Student Population as a Whole:** The key to affecting the behavior of the general student population is to address the factors that encourage high-risk drinking (DeJong and Langenbahn, 1996; DeJong and Linkenbach, 1999; DeJong and Langford, 2002; Perkins, 2002; Toomey and Wagenaar, 2002; Toomey et al., 1993).
3. **Institution and the Surrounding Community:** Mutually reinforcing strategies employed by the college and surrounding community can change the broader environment and help reduce alcohol abuse and alcohol-related problems over the long term. When college drinking is reframed as a community as well as a college problem, campus and community leaders are more likely to come together to address it comprehensively. The joint activities that typically result help produce policy and enforcement reforms that, in turn, affect the total drinking environment. Campus and community alliances also improve relationships overall and enable key groups such as student affairs offices, residence life directors, local police, retail alcohol outlets, and the court system to work cooperatively in resolving issues involving students (Hingson and Howland, 2002; Holder et al., 1997a, 2000; Perry and Kelder, 1992).

The evidence supporting the substance abuse prevention strategies in the literature varies widely. These differences do not always mean that one strategy is intrinsically better than another. They may reflect the fact that some strategies have not been as thoroughly studied as others or have not been evaluated for application to college drinkers. To provide a useful list that accounts for the lack of research as well as negative findings, NIAAA Task Force members placed prevention strategies in descending tiers on the basis of the evidence available to support or refute them.

Tier 1: Evidence of Effectiveness among College Students

Tier 1 strategies have strong research evidence (two or more favorable scientifically-based studies) which support their effectiveness. All Tier 1 strategies target individual problem, at-risk, or alcohol-dependent drinkers. *Their efficacy as part of a campus-wide strategy has not been tested.*

Tier 2: Evidence of Success with General Populations that Could Be Applied to College Environments

Tier 2 strategies are strategies that have been successful with similar populations, although they have not yet been comprehensively evaluated with college students (Hingson et al., 1996b; Holder et al., 2000; Saltz and Stangetta, 1997; Voas et al., 1997; Wagenaar et al., 2000). These environmental strategies are not guaranteed to alter the behavior of every college student, but they can help change those aspects of the campus and community culture that support excessive and underage alcohol use.

Tier 3: Evidence of Logical and Theoretical Promise, but Requires More Comprehensive Evaluation

Tier 3 strategies include popular strategies and policy suggestions that make sense intuitively or have strong theoretical support. Many also raise researchable questions that may be crucial in reducing the consequences of college student drinking. Schools considering any of these strategies need to incorporate a strong evaluation component to test their viability in actual practice. Tier 3 strategies target the student population as a whole.

Tier 4: Evidence of Ineffectiveness

It is difficult or impossible to "prove" that a specific intervention approach is universally ineffective. It is possible to conclude that an approach is not likely to be effective when there are consistent findings across a wide variety of well designed studies. If there is strong evidence that an intervention approach is actually harmful or counterproductive, recommendations not to use it can be made based on fewer studies.

Tier 4 strategies include interventions that may be ineffective when used in isolation, but might make an important contributing factor to a comprehensive environmental approach. (Larimer and Cronce, 2002). The effectiveness of Tier 4 strategies need to be included in the evaluation process.

RECOMMENDATIONS

Through the use of best practices, the following recommendations aim to decrease high-risk drinking behaviors and the negative consequences associated with alcohol abuse and misuse while increasing protective factors among UO students. Our substance abuse prevention recommendations are evidenced-based, comprehensive and coordinated with campus and community partners.

<p>PREVENTION RECOMMENDATION 1: Advocate that Dr. Michael Gottfredson, UO President, take a vocal, visible and visionary role in enhancing and strengthening substance abuse prevention efforts on the UO campus and in the greater community.</p>

Rationale: The University should play a significant role and serve as a partner with the community in addressing high-risk drinking and its related consequences on the campus and within the greater community. In order to help reframe college drinking as a social problem, the Higher Education Center's Presidential Leadership Group released a set of recommendations for college presidents (Dowdall, 2009). This recommendation is unique in that it contains the framework needed to effectively implement all other substance abuse recommendations outlined by the Prevention Subcommittee.

Mechanism for implementation:

- 1) The president should request that the Office of the Dean of Students routinely collect data on the extent of the alcohol and other drug problem on and off campus, and to make this information publicly available.
- 2) The president should frame discussions about alcohol and other drug prevention in a context that other senior administrators, faculty, students, alumni, and trustees care about—excellence in education.
- 3) The president should define alcohol and other drug use not as a problem of the campus alone, but of the entire community, which requires community-level action to solve.
- 4) The president should use every opportunity to be visible and vocal at campus and community events, and in writing to the campus community, reinforcing that alcohol and other drug prevention and intervention is a top priority at the UO.
- 5) The president should demonstrate his commitment to alcohol and other drug prevention by budgeting sufficient resources to address the problem.
- 6) The president should offer new initiatives to help students become better integrated into the intellectual life of the school, change student norms away from alcohol and other drug use and make it easier to identify students in trouble with substance use.

Responsible person/ group: Dr. Michael Gottfredson, UO President, in collaboration with the Vice President of Student Affairs, Dean of Students, and substance abuse prevention staff.

Timeline: Implementation should start immediately and remain a top priority throughout the President's tenure. The Prevention Subcommittee's recommendations (as outlined in this document) provide further details supporting this recommendation's implementation and timeline.

Assessment:

- 1) Annual meeting between the President, the Vice President of Student Affairs, Dean of Students and substance abuse prevention staff within the Office of the Dean of Students.
- 2) President and Vice President annual attendance to the Campus Partner meeting(s) to provide updates on this recommendation, the progress of all substance abuse prevention recommendations (as outlined in this document) and ongoing opportunities for coordinated community prevention efforts.
- 3) The President's Task Force on Substance Abuse reports will be posted on the UO website.
- 4) The President's Task Force on Substance Abuse will reconvene every 3 years to re-evaluate and develop new plan of action will be developed to address substance abuse.

Key performance indicator(s):

- 1) Short term (Year 1-3): All mechanisms for implementation will be complete. The President's Task Force on Substance Abuse report will be shared with the campus and community partners.
- 2) Long term (3+ years): The President's Task Force on Substance Abuse will re-convene to craft a new report that will include new and updated recommendations for action. This report will be shared with campus and community partners.

Costs associated: The cost associated with this recommendation include the time, energy and effort of university staff as well as the costs to implement the Prevention Subcommittee's recommendations (as outlined in this document).

PREVENTION RECOMMENDATION 2: Enhance and secure more resources so that sufficient FTE and stable funding are available to address AOD prevention at *multiple* levels at the UO.

Rationale: Shifting the current .49 institutional graduate teaching fellow in the Dean of Students Office that assists the substance abuse prevention director to a *full-time, professional staff member* would strengthen overall campus AOD efforts in providing evidenced-based, seamless campus efforts that are expected of a research, flagship institution.

In comparing the UO's programs and services to other campuses, including Colorado State University, Indiana University, Iowa State University, Kansas State University, University of Minnesota, University of Missouri, University of Michigan, Ohio State University, Texas A & M, University of Illinois-Urbana Champagne, University of Colorado-Boulder, University of Minnesota, University of Nebraska-Lincoln, University of Wisconsin-Madison, University of Washington, and University of Texas–Austin, the University of Oregon trails behind in terms of prevention staff members specifically devoted to alcohol and other drugs. Currently, the UO has 1 full-time staff member dedicated specifically to AOD prevention work along with a .49 Graduate Teaching Fellow for a campus of over 24,000 students.

Mechanism for implementation: Replace the current AOD institutional priority GTF in the Dean of Students Office, with a full-time, professional staff member that will assist with AOD assessment, data collection and analysis, and program evaluation. The position will support the director working with first-year students in at-risk target populations including residence halls, fraternity and sorority chapters, club sports teams, athletic teams, and student organizations, and assist with responsibilities such as the following: the overall implementation of AlcoholEdu online prevention course for all incoming students; develop social norms, bystander intervention, and community engagement programs for student organizations, residence halls and chapter houses; monitor and track trends in AOD student health status and behavior; and work with campus partners to re-define activities during IntroDUCKtion and Week of Welcome as well as throughout the academic year (Halloween Weekend, Football game weekends, etc.).

Note: Several Prevention Subcommittee recommendations are contingent on hiring this additional staff member.

Responsible person/ group: The new staff member would report to the Director of Substance Abuse Prevention and Student Success in the Office of the Dean of Students, Division of Student Affairs

Timeline/ Assessment: Hire immediately

Key performance indicator:

- 1) Significantly increase the number of evidenced-based prevention primary and secondary prevention programs
- 2) Create new opportunities to build relationships with various departments on and off campus
- 3) Design and disseminate AOD prevention and education messaging and printed resources for specific student populations
- 4) Create new opportunities to build relationships with specific populations including alumni and parents

Approximate Cost (s) Associated with Recommendation (and if the costs are re-occurring or one-time costs): Currently the director of Substance Abuse Prevention and Student Success has 1 GTF reporting to her to assist with all AOD prevention efforts including off campus programs

and services. Approximate costs for a full-time FTE at \$40,000-42,000 with OPE is \$66,776.00 and would be a re-occurring cost each year (versus the current institutional GTF at \$12,400).

PREVENTION RECOMMENDATION 3: Increase funding for prevention efforts for primary and secondary prevention efforts by requiring a small course fee of \$25.00 for all students mandated to take the population-level online alcohol abuse/ sexual assault prevention program.

Rationale: Although significant and relevant data has been gathered to inform our current practice for UO substance abuse prevention efforts, including a profile of each incoming first-year class's use *before* they arrive to the campus, the costs of purchasing, administering and monitoring any type of sophisticated on-line population level course are also very high (and time and labor intensive). The UO's academic calendar "terms" versus "semesters" creates even more of an administrative challenge to administer. The program AlcoholEdu + SexualAssaultEdu for College costs \$20,000 per year (\$80,000 for a 4-year contract). Charging a small course fee of \$25 for students to take the alcohol abuse/ sexual assault prevention program would generate \$100,000 each year, enabling the University of Oregon to create intentional and ongoing primary and secondary AOD prevention initiatives to augment current activities.

Several institutions have adopted a small course fee for their students. For example, Oklahoma State University charges a \$50 fee for all students mandated to take the program.

Mechanism for implementation: Responsible person/ group: Division of Student Affairs, Office of the Dean of Students is the unit that oversees AlcoholEdu/SexualAssaultEdu course modules.

Timeline:

- 1) Summer 2013 develop proposal for the course fee
- 2) Fall 2014 fee process is implemented

Assessment: This initiative recommendation does not require an assessment. It is a revenue generating recommendation. However, AlcoholEdu and SexualAssaultEdu provide population-level data for all first year and transfer students under the age of 21. This online alcohol abuse/ sexual assault prevention program has enabled the university to gather valuable data about UO students that is shared with campus stakeholders each year.

Key performance indicator: Ongoing research to evaluate the effectiveness this program as a tool in creating a healthy campus environment for all students.

Approximate Cost (s) Associated with Recommendation (and if the costs are re-occurring or one-time costs): There are no costs associated with this recommendations. This is a recommendation to generate resources to administer the online, AlcoholEdu and SexualAssaultEdu course for AOD prevention efforts out of the Office of the Dean of Students.

PREVENTION RECOMMENDATION 4: Significantly expand primary and secondary AOD prevention efforts on and off the UO campus.

Rationale: Sustaining current campus evidenced-based prevention efforts through a multi-faceted approach is necessary, however, the campus also needs to significantly expand its' primary and secondary prevention efforts. Involving *numerous* students across academic disciplines and colleges allows for shared ownership of tackling the problem and engaging students through their

coursework and co-curricular learning becoming a part of the solution. Students can be incredibly effective at knowing how to identify problems and how to develop effective responses. Increasing capacity across the entire student population will have a shift in campus culture around this critical public health issue. This prevention recommendation is a demonstration of a Tier 2, evidence-based practice with the general student population through the National Institute on Alcohol Abuse Alcoholism (NIAAA).

Mechanism for Implementation: The Dean of Students will invite students and campus partners to solidify the vision and goals for the project. Funding (75,000K generated from Intercollegiate Athletics sponsorships from alcohol industry contract) will be utilized to fund evidenced-based, substance abuse prevention initiatives that align with the President’s Task Force recommendations and the Division of Student Affairs learning objectives. The new *Prevention Innovation Center* will debut as the *first* prevention innovation center in the country engaging students in cross-disciplinary teams and through individual undergraduate or graduate research to design and implement prevention initiatives and research activity directed at solving the complex issues of substance abuse and its associated consequences at the UO and greater community of Eugene. UO students will serve as leaders, innovators and researchers and have the opportunity to write grant proposals, secure funding, and be highly encouraged to present their prevention project or research at a symposium. All grant recipients will attend a ½ day workshop on prevention prior to receiving funding, and will also designate 1 faculty /staff representative that will be integral in monitoring grant activities and progress. The creation of the highly visible Center for Prevention Innovation, along with creative marketing efforts from students, will set the stage for students and faculty members to participate. Assessment efforts for student learning, student engagement, and efficacy of prevention initiatives will be developed in collaboration with the Dean of Students staff and Student Affairs Assessment director. Projects demonstrating efficacy will be considered as potential “replication projects” for other institutions. Each project will require a faculty/staff mentor that will provide oversight.

Responsible person/group: Division of Student Affairs, Dean of Students Staff will lead efforts and receive support from a Prevention Innovation Center Advisory Team comprised of students, and faculty/staff members from Student Affairs and Academic Affairs.

Timeline: Summer of 2013: Secure funding and commitment from Intercollegiate Athletics; solidify vision for program and coordinate program components; Discuss instructional design efforts , designing learning experiences, and mapping with assessment director; identify site/secure space for Center; appoint Advisory Team for Center; begin plans for physical improvements (if needed); and obtain office equipment, etc. Note: For the first year (2013), a portion of funding stream will be devoted to potential facility improvements for the site. Fall 2013: Site facility improvements completed. Continue to work on program components and development of program; utilize student team to design new Center’s marketing efforts. Remaining funding for first year will be diverted to 4-5, “trial” grant proposals and projects in an effort to ensure that program is effectively underway for Fall 2014. In addition, some funding will be directed at marketing the program. Summer 2014: Feedback from students and faculty in Spring 2013 will be utilized to make improvements over the summer. Intentional efforts to connect with faculty to showcase the Center and how they can promote the Center to students or support students in the classrooms to use the Center for classroom initiatives and projects. Fall 2014: Roll out the Center for Prevention Innovation.

Assessment: Assessment efforts will be designed to align with the Division of Student Affairs Learning Objectives (Thinking and Reasoning Effectively, Engaging Others and the Community, and Thriving Personally and Professionally), and tied to an outcomes record that documents the degree to how students have achieved the outcomes.

Key Performance Indicators: Baseline key performance indicators will be established with future KPI goals including the following: Increasing the number of students (significantly) on the campus that are involved in the creation of cutting-edge, evidenced-based, prevention efforts; and increasing the number of faculty across the disciplines engaged in supporting and mentoring students in curricular and co-curricular learning to solve the complex public health issue that affects students on college campuses across the country.

Costs Associated: \$75,000K from Intercollegiate Athletics alcohol advertising will be re-directed towards prevention initiatives and new center. The costs would be re-occurring each year. The majority of funding will be directed to student prevention and research initiatives after the first year. In addition, a consideration for providing optional \$500 stipends/incentives for faculty and staff that assume a mentoring role for a student grant project that is not part of their current course.

PREVENTION RECOMMENDATION 5: Strengthen and Enhance the Fraternity and Sorority Life Community at the UO.

Rationale: A comprehensive review of Fraternity and Sorority Life review has not been conducted in over twelve years at the UO. During the review period over a decade ago, specific standards of achievement were developed in order for the organization to be recognized by the institution. Over the years, numerous transitions in leadership have occurred allowing for some inconsistency in accountability and chapters not reaching their full potential. The Fraternity and Sorority Life program has been shifted out of the Holden Leadership Center to the Office of the Dean of Students (effective Fall 2013). In addition, a new director of Fraternity and Sorority Life has been hired and will begin his position May 2013. We value the significant leadership role F/S Life plays on the UO campus in the development of students, but are also aware that there are perceptions along with problems that serve as barriers to the organization in fulfilling its' mission—especially around issues of alcohol and high risk drinking. A review should be considered as the new transition of leadership is occurring to support the new director in establishing baseline key performance indicators, gathering critical data and information, and assisting with the next phase of strategic planning for the organization.

Mechanism for implementation: A comprehensive review of the organization will begin Summer 2013 with concrete recommendations developed by December 1, 2013. Appoint a committee to conduct a review of Fraternity and Sorority Life, including an examination of recruitment processes for both Sorority and Fraternity Life, leadership development, member education for student members, officer training, accountability standards, achievement expectations, live-out/live in chapter housing, positive impact/effects and negative impact/effects of Fraternity and Sorority Life at the UO. The committee will be charged to make specific recommendations to support the organization and its' mission, including recommendations around any barriers to success (e.g. high risk drinking and its consequences).

Responsible person/ group: Division of Student Affairs, Office of the Dean of Students will appoint a Task Force of student leaders, alumni members, Greek advisors, faculty who have Greek Life expertise, and staff members from the campus.

Timeline: The committee will be appointed Summer 2013 with a final report and recommendations due December 1, 2013.

Assessment: CAS Standards and best-practice standards from the National chapters and organizations will be utilized to develop recommended baseline performance indicators and achievement standards. In addition, NCHA data and other pertinent data will be utilized in

formulating baseline achievement standards. Standards will be introduced and agreed upon. Assessment plan will be developed and implemented. By Fall 2014, Fraternity and Sorority Life will have developed and implemented baseline achievement standards in conjunction with recommendations for assessment plan.

Key performance indicators: Baseline performance indicators will be established with recommended timelines.

Approximate Cost (s) Associated with Recommendation (and if the costs are re-occurring or one-time costs): No cost (other than human resources involved) are anticipated with the project.

PREVENTION RECOMMENDATION 6: Implement a Civility in Athletics campaign and mandatory alcohol and civility education class for all negative behavior game day ejections.

Rationale: Alcohol-related problems at or near Autzen stadium (e.g. high-risk drinking, out-of-control tailgating and fans, arrests and stadium ejections) is an ongoing problem within the Eugene community and are commonly reported in the media. In 2009, Sports Illustrated held a college football conference poll for all the major conferences in the Bowl Championship (BCS). The poll asked which college had the rudest fans for visitors. Oregon was voted to have the rudest fans at 26.2%. In 2010, Bleacher Report released an article called “Top Ten College Football Programs with the Most Rude and Arrogant Fans” and Oregon was ranked No. 8 in the country.

According to the NIAAA (2010), many institutions experience alcohol being intimately associated with athletics. For example, at the UO the alcohol industry provides financial support for our athletic programs (e.g., MillerCoors sponsorship relationship with UO Athletics is in the \$600K range), alcohol is available in Autzen Stadium and the Moshofsky Center stadiums (e.g. luxury boxes for alumni and other supporters where alcohol is served) and tailgating is permitted outside of Autzen Stadium.

Mutually reinforcing strategies employed by the college and surrounding community can change the broader environment and help reduce alcohol abuse and alcohol-related problems over the long term. Fan behavior and football-related college drinking needs to be reframed as both a college AND community problem. Data collected from the 2010, 2011 and 2012 football season shows that alcohol violations are the primary cause of ejections, about 55-60% of all total ejections, and that “community members or non-students” ejections far exceed UO student ejections (see *Appendix F Autzen Stadium Football Season- AOD Ejection Data*).

By developing, implementing and evaluating a Civility in Athletics campaign, the Office of the Dean of Students can educate fans on the rights and responsibilities in Autzen, promote responsible drinking behaviors and community level strategy to address high-risk drinking in the Eugene community. An alcohol and civility education class will be developed to address issues related to disruptive fan behavior, alcohol intoxication and other relevant stadium policies violation. The class will be required in order to re-enter Autzen Stadium following a fan’s ejection (e.g. unruly fan behavior including alcohol-related ejections). Charging a course fee of \$100 would likely generate between \$30,000- \$60,000 each year, enabling the University of Oregon to create intentional and ongoing AOD prevention initiatives.

Mechanism for implementation:

- 1) The Office of the Dean of Students will develop, implement and evaluate a Civility in Athletics campaign and alcohol education class
- 2) Class topics examples:
 - a. Introduction of course; Stadium "Code of Conduct"

- b. Alcohol abuse risk factors
 - c. What is disruptive fan behavior?
 - d. Understanding the effect one has on the fan experience
 - e. How alcohol effects the brain, central nervous system and internal organs
 - f. Risk factors for men and women and underage drinkers
 - g. Understanding the differences between use, abuse, addiction, relapse and prevention
- 3) Establish policies, procedures and system to collect money for all fans ejected
 - 4) 100% of fans ejected from Autzen are required to take the alcohol and civility education class to re-enter the stadium
 - 5) Evaluate changes in ejection rates

Responsible person/ group: Division of Student Affairs, The Office of the Dean of Students in coordination with Athletics will be responsible for implementing the Civility in Athletics campaign and for developing, implementing and evaluating the alcohol education class. The University of Oregon Police Department will be responsible for providing game day ejection data.

Timeline:

- 1) 2013 football season- implement Civility in Athletics campaign
- 2) 2014 football season – implement education class as a requirement for re-entry into Autzen after fan has been ejected
- 3) Following each season, evaluate potential changes in number of incidents and ejections

Assessment:

- 1) Track incidents, citations and ejection data for Autzen Stadium
- 2) Explore options for assessing high-risk alcohol consumption and alcohol-related harm and consequences associated with game days and tailgating

Key performance indicator: Number of incidents and ejections will decrease by 10%

Approximate Cost (s) Associated with Recommendation (and if the costs are re-occurring or one-time costs): Civility in Athletics campaign estimate to be about \$15,000 to implement with matched funds coming from Athletics (e.g. to replace current signage in the stadium). The estimated cost to develop, implement and evaluate the alcohol and civility education class is about \$5,000.

PREVENTION RECOMMENDATION 7: Review all written and online materials with references related to alcohol and drug education information, policies and laws (e.g., Residence Hall contracts, Orientation and Admissions information, Office of the Dean of Students website, Autzen stadium student emails, etc.) to ensure that information is easy to find and consistent across campus for students and staff.

Rationale: Locating information about alcohol and drugs is difficult in some current University publications. In addition, it is difficult to find information on the University's website regarding alcohol and other drugs. The University website is an effective and efficient communication tool that is easily accessible to students, faculty and staff and is universally integrated into today's university culture. Lastly, students, staff and parents may not be aware of alcohol and drug related campus policies and/or city, state and local alcohol and drug related ordinances. Based on initial review, there is a concern that existing information about alcohol and drug related policies and laws are not communicated in a thorough and consistent manner.

The NIAAA Tier 1 recommends interventions challenging alcohol expectancies and Healthy Campus 2020 sets targets for reaching the percentage of students who report receiving alcohol related information.

Mechanism for implementation:

- 1) The Substance Abuse Prevention Coalition will implement a thorough review of all written and online materials with reference to alcohol and drug education information, policies and laws
- 2) Departments within the Division of Student Affairs will be expected to help the Substance Abuse Prevention Coalition's efforts and make appropriate modification, as needed.
- 3) As a result of the review, it will be expected that the UO's alcohol and drug philosophy and policies will be articulated throughout the university's website, including sharing information related to alcohol policies on and off campus. The UO Prevention committee recommends that more consideration is given to information provided to prospective students (or the lack of information) and their families about the university's commitment to a healthy campus environment. This information will be repeated at IntroDUCKtion and during the first six weeks of Fall Term.

Responsible person/ group: University Health Center's Health Promotion Department, Office of the Dean of Students, Substance Abuse Prevention Coalition, Orientation Office

Timeline:

- 1) University Health Center's website can link to the Office of Dean of Student's website containing alcohol related information. Web pages and site integration developed during Summer 2013.
- 2) Implementation online beginning Fall 2013; updated periodically.
- 3) Summer of 2013 and fall 2013 provide students with information during IntroDUCKtion and Week of Welcome.

Assessment: Utilize the NCHA data for 2014 to determine an increase in the number of students who have received alcohol related information.

Key performance indicator: A 10% increase in the number of students reporting receiving alcohol related information from the NCHA

Approximate Cost (s) Associated with Recommendation (and if the costs are re-occurring or one-time costs): No cost except staff time to link information on the web and create a rotating slide show for norms correction. Cost of NCHA survey is approximately \$5,000 and is already budgeted.

PREVENTION RECOMMENDATION 8: Implement a party registration program to serve as a campus community prevention effort to help address noise complaints.

Rationale: Parties held in near campus neighborhoods can result in high-risk drinking, noise, violence, property damage, drunk driving, and other reckless behaviors that affect neighborhood livability and the safety of students and neighbors. A party registration program would address a wide audience of students through education and law enforcement. A party registration program is an environmental prevention strategy that would provide benefits to students, neighbors and the Eugene community.

Party registration programs have successfully been implemented across the country. Flagship programs include those at Colorado State University and University Colorado at Boulder. The idea is to offer a year round opportunity to educate students on how to party smart. The Office of the Dean of Students would provide a daily service where students stop by register their event, receive a “party pack” and other handouts. Dean of Student provides party registration information (e.g. address of the party, name of the host and two phone numbers) to the Eugene Police Department dispatch unit which enters the data into their system. When a neighbor calls in about a noise complaint, dispatch calls the party host to give them a warning. From the call, the party host will have 20-minutes to break up their party.

Benefits of the program include: help save party hosts money possibly up to \$1,000 fine (e.g. Ordinance on Unruly Gatherings), reduce the time in which a party is broken up as neighbors will not have to wait for the police to arrive, save Eugene Police Department money in officer overtime during party patrol.

Mechanism for implementation:

- 1) Work with Eugene Police Department to design program components and procedures
- 2) Educate all UO students on the benefits to registering their parties
- 3) Create all educational material needed
- 4) Implement program and create ongoing evaluation efforts to determine program effectiveness and benefits

Responsible person/ group: Division of Student Affairs, The Office of the Dean of Students will be responsible for providing the registering parties and coordinating program components and procedures with Eugene Police Department. Other additional groups likely to be involved: Office of Government and Community Relations, Eugene Police Department, Eugene Prevention Coalition.

Timeline:

- 1) Summer 2013- develop program components, marketing materials and protocol for implementing the program
- 2) Fall 2013- launch pilot program
- 3) Spring 2014- evaluate program effectiveness

Assessment:

- 1) Determine estimate of costs for Eugene Police Department party patrol pre- and post-program implementation
- 2) Compare number of Ordinance on Unruly Gatherings citations pre- and post-program implementation
- 3) Determine number of noise complaints (i.e. party complaints) during academic calendar

Key performance indicator:

- 1) A 10% increase in the number of students reporting receiving alcohol related information from the NCHA
- 2) Decrease number of noise complaints by 10%

Approximate Cost (s) Associated with Recommendation (and if the costs are re-occurring or one-time costs): Contingent on the approval of additional full-time, professional staff member that will assist with the AOD prevention efforts in the Office of the Dean of Students. Program costs include marketing and education materials and are estimated at \$10,000.

PREVENTION RECOMMENDATION 9: Enhance Peer Health Education program efforts in order to provide peer-led alcohol prevention and education to UO students.

Rationale: Peer health educators provide a valuable service in educating their peers. Peer health students are provided the education and tools to assist professional staff in reaching college students and in reducing harm and increasing awareness around alcohol. Peers play the most significant role in an undergraduate's growth and development during college (Astin, 1993; Pascarella & Terenzini, 2005). Peer educators can communicate with other students in ways that faculty and administrators cannot. Peer educational programs are economical and provide leadership opportunities for students (Nichols & Lumley, 1999).

Toxic drinking is an epidemic on campuses all across America. Onn the UO campus, staff members have been closely tracking alcohol transports from the campus to the University District Hosptial since January 2010 (Appendix D). The Red Watch Band (RWB) movement is designed to end alcohol overdose deaths by teaching students how to handle alcohol emergencies and summon professional help. The primary component of the program is a four-hour training session in which participants learn how to recognize alcohol emergencies and respond effectively. All participants who complete the RWB training receive CPR certification and are able to understand how alcohol emergencies are medical emergencies that require immediate, professional care.

Mechanism for Implementation:

- 1) 100% of peer health students will receive training on motivational interviewing.
- 2) 100% of peer health educators will know and understand the social norms data from the NCHA and will utilize when working with students one-on-one or during outreach.
- 3) UO professional staff will work with peer health educators to institute the Red Watch Band Program as part of the existing Peer Health Education program.
- 4) *See Appendix D UO Alcohol-Related Medical Transports and ER Visits* for current alcohol emergency data.

Responsible Person/Group: University Health Center's Health Promotion Department, Healthy Oregon and the Peer Health Educators, Office of the Dean of Students Substance Abuse Prevention program,

Timeline:

- 1) Fall of 2013 the new peer health educators will receive training on motivational interviewing as well as NCHA social norms data and receive instruction on how to utilize effectively
- 2) Fall of 2013 alcohol peer educators will receive training on the Red Watch Band Program
- 3) 2013-2014 implement Red Watch Band Program with various student organizations on campus
- 4) Summer 2014 evaluate effectiveness of new Peer Health Education training components
- 5) Summer 2014 evaluate the change in the number of alcohol transports and ER visits
- 6) Fall 2013 Establish a tracking mechanism for all class participants and cross-reference with ER and Alcohol transport data.

Assessment:

- 1) Compare changes in alcohol-related medical transports on campus and alcohol-related ER visits
- 2) Establish learning outcomes for new training components for Peer Health Education
- 3) Evaluate effectiveness of new Peer Health Education training components
- 4) Evaluate effectiveness of Red Watch Band program implementation

Key performance indicator:

- 1) Increase of 10% in calls (indicating an increase in awareness) related to alcohol-related emergencies
- 2) Decrease the number of alcohol-related transports and ER visits by 10%

Approximate Cost (s) Associated with Recommendation (and if the costs are re-occurring or one-time costs): Staff time to train peer health educators. Costs to implement Red Watch Band program is estimated to be about \$5,000 to cover print and marketing material as well as CPR training components.

PREVENTION RECOMMENDATION 10: University Health Center's medical staff, doctors and nurse practitioners will educate students on the harm of high risk drinking and refer as necessary.

Rationale: The NIAAA Tier 1 recommends norms clarifications and motivational enhancement interventions to reduce harm and increase awareness around alcohol. The University Health Center (UHC) is an optimal arena to screen alcohol high-risk, misuse and abuse behaviors of UO students. The additional screening will provide the UHC with the information needed to assess the student's drinking and refer the student to an appropriate intervention. Ideally, Motivational enhancement interventions would occur early on in a student's college experience resulting in harm reduction and increased protective behaviors. Appendix C provides findings from the National College Health Assessment (NCHA) conducted in Spring 2010 and 2012 that show UO usage rates and academic impacts, usage rates and perceptions, protective strategies, and negative consequences of UO students. Health Center doctors can utilize this data in gaining a better understanding of the current profile of health trends on campus. This information, along with their new training in motivational interviewing will help the doctors in referring high-risk students to the University Counseling and Testing Center for follow up.

Mechanism for implementation:

- 1) 75% of UHC's doctors and nurse practitioners will receive training in motivational interviewing.
- 2) 75% of UHC's doctors and nurse practitioners will utilize MI techniques, when appropriate; to assist students in self identifying harm reduction strategies.
- 3) 75% of UHC's doctors and nurse practitioners will refer students identified as high-risk drinkers on the General Health Update form to the University Counseling Center for assessment and follow-up.
- 4) 100% of the UHC's doctors and nurse practitioners will know and utilize the NCHA social norm data to clarify student's misperceptions around college drinking.

Responsible person/ group: University of Oregon Health Center's Medical Staff

Timeline: Implement by Fall 2013

Assessment:

- 1) Summer and Fall 2013- doctors and nurse practitioners will be trained in motivational interviewing. NCHA data will be included in the training to provide information on norms clarification.
- 2) Fall 2013 - Evaluate success of motivational interviewing training with medical staff
- 3) Establish baseline screening referral rates from University Health Center to University Counseling and Testing Center
- 4) Data will be evaluated 12 months after implementation of these new screening strategies to see if referrals have increased

Key performance indicator: Increase number of referrals from University Health Center to University Counseling and Testing Center by 10%

Approximate Cost (s) Associated with Recommendation (and if the costs are re-occurring or one-time costs): Motivational Interviewing training costs to doctors and nurse practitioners approximately \$10,000. No costs to receiving NCHA data or for staff time for data collection and analysis.

PREVENTION RECOMMENDATION 11: Create and administer a “pilot” survey to College of Education teaching faculty to measure engagement and curriculum infusion.

Rationale: Faculty members are important stakeholders in efforts to reduce substance use on campus. Faculty engagement and curriculum infusion are two ways that faculty can contribute. Faculty that engage with students in their courses on any issues related to alcohol can provide a positive influence in encouraging students to make responsible choices and help in drawing attention to this significant social problem. Faculty increasing students’ knowledge of alcohol and related issues from a wide variety of disciplines of students begin to see their faculty members playing a role through instructional design and application. Data relating to faculty engagement and curriculum infusion is sparse. A short survey administered on-line with Survey Monkey will collect information about faculty engagement and curriculum infusion. Surveying a small group of teaching faculty will serve as a pilot assessment that will be used to inform a larger, campus-wide faculty survey.

Mechanism for implementation: Create a short Survey Monkey survey.

Responsible person/ group: Kevin Alltucker, College of Education, will work with College of Education faculty to create and administer the pilot survey.

Timeline: This short pilot survey could be created, administered and summarized by April 30, 2013.

Assessment: This is a one-time activity. The assessment would be merely if the survey was completed per the recommendation. No ongoing assessment would be required.

Key performance indicator: Complete the pilot survey as recommended before April 30, 2013.

Approximate Cost (s) Associated with Recommendation (and if the costs are re-occurring or one-time costs): The pilot survey for College of Education would incur minimal costs. Kevin Alltucker’s time to create, administer and summarize results will be donated. College of Education teaching faculty will be able to complete the short survey during the course of their normal daily activities.

PREVENTION RECOMMENDATION 12: Create and administer a university-wide survey to teaching faculty to measure engagement and curriculum infusion.

Rationale: Faculty members are important stakeholders in efforts to reduce substance use on campus. Faculty engagement and curriculum infusion are two ways that faculty can contribute. Data relating to faculty engagement and curriculum infusion is sparse. Results from the pilot survey will be used to inform the campus-wide teaching faculty survey.

Mechanism for implementation: Create a short survey based on the previously completed pilot survey of College of Education teaching faculty.

Responsible person/ group: Kevin Alltucker, College of Education, would provide consultation/collaboration with the Office of the Dean of Students.

Timeline: This campus-wide survey could be created, administered and summarized by June 30, 2013.

Assessment: This is a one-time activity. The assessment would be merely if the survey was completed per the recommendation. No ongoing assessment would be required.

Key performance indicator: Complete the survey as recommended before June 30, 2013.

Approximate Cost (s) Associated with Recommendation (and if the costs are re-occurring or one-time costs): Staff time estimated at roughly \$4,000. Kevin Alltucker's time would be donated.

PREVENTION RECOMMENDATION 13: Create and administer a university-wide survey to teaching faculty to obtain data regarding faculty attitudes/perceptions/opinions regarding Friday classes and exams.

Rationale: The literature regarding campus substance abuse contains evidence that a full slate of classes and exams Monday through Friday decreases binge drinking episodes on what are called "Thirsty Thursdays." Academic departments can play an important role in reducing substance abuse by making sure the academic calendar supports the "full engagement of students in the intellectual life of the institution" (www.collegedrinkingprevention.com) through a rigorous academic calendar (including night classes and classes/exams on Fridays).

Mechanism for implementation: Create a survey that would be administered to University of Oregon teaching faculty.

Responsible person/ group: Kevin Alltucker would provide consultation/collaboration with the Office of the Dean of Students.

Timeline: This campus-wide survey could be created, administered and summarized by December 15, 2013.

Assessment: This is a one-time activity. The assessment would be merely if the survey was completed per the recommendation. No ongoing assessment would be required.

Key performance indicator: Complete the survey as recommended before December 15, 2013.

Approximate Cost (s) Associated with Recommendation (and if the costs are re-occurring or one-time costs) Staff time estimated at roughly \$5,000. Kevin Alltucker's time would be donated.

PREVENTION RECOMMENDATION 14: Increase funding annually to enhance/strengthen/provide late-night programming as alternatives to alcohol activities on and off campus.

Rationale: Students that attend late night programs are less likely to drink on nights where late-night alternative activities are offered. Late-night programming allows students to become

engaged with peers in a safe environment, which supports harm reduction. Providing alcohol-free options is becoming a commonly adopted prevention strategy, strongly supported by ASUO. Late night activities support healthy student behavior and contribute to healthier campus norms.

When looking at other campuses that provide robust alcohol free alternatives, data shows a decrease in alcohol-related incidents. For example, UNC Chapel Hill in North Carolina saw a decline in alcohol related medical visits on the nights of alcohol free programs. Purdue University was able to show a decrease of approximately 30% in the number of arrests made during a high risk event week when they hosted alcohol free activities. On the UO campus, incidents involving alcohol have been quite high compared to other research institutions (see Appendix E for data involving alcohol violations)

The NIAAA indicates that late-night/ alcohol-free programming efforts are a Tier 3 prevention strategy. Further research is needed to determine if this strategy will decrease the intensity of alcohol consumption among students and can be just as effective at decreasing the number of alcohol related negative behaviors.

Mechanism for implementation:

- 1) Utilize Alcohol EDU data from UO to determine what students are looking for in terms of activities (*See Appendix B 2011-2012 UO AlcoholEdu Executive Summary*)
- 2) Extend hours of campus recreation facility and offer a range of alcohol free late-night social and recreational activities
- 3) Provide a social outlet to all students, with a particular focus on the majority of the student population (i.e., low-risk/ social drinkers and abstainers)
- 4) Deliver quality entertainment, providing a variety of alcohol free programs that meet the interests of a diverse student body
- 5) Encourage student involvement in design and implementation and increase awareness of programs
- 6) Create and support alcohol free events offered during prime time social hours (9pm-2am)
- 7) Enlist the support of peer educators or graduate students conducting research in this area to conduct focus groups and provide feedback on ideas for alcohol free events
- 8) Publicize data on student interest to promote healthy norms
- 9) Collaborate with ASUO to match funding dollars for these programming efforts

Responsible person/group: Division of Student Affairs, the EMU Student Programming Coordinator and Student Programming Board, Healthy Campus, ASUO, Campus Recreation and the Office of the Dean of Students Substance Abuse Prevention program.

Timeline:

- 1) Hire new Student Programming Coordinator by July 2013
- 2) Implement second consecutive year of Ducks After Dark programming
- 3) Increase funding for late-night programming in Fall of 2014

Assessment:

- 1) Data needs to be collected to determine student driven late-night programs. Administer student surveys by asking questions on perceptions, attitudes and enjoyment of an event.
- 2) Determine effectiveness of late-night programming efforts on student alcohol usage rates.
- 3) Use UO card swipe system in late-night/ alcohol-free programs to collect demographic information about the students attending.
- 4) Conduct end of term web-based survey sent to email addresses of all students attending a late-night/ alcohol-free programs (as identified by a card swipe system).

Key performance indicators:

- 1) Establish baseline data for number of alcohol-related violations and citations (e.g. Thursday- Friday nights between 9-2 AM)
- 2) Increase the number of students attending Ducks After Dark late-night programs by 10% in Fall 2013

Approximate Cost (s) Associated with Recommendation (and if the costs are re-occurring or one-time costs): New Student Activities Coordinator with a programming budget of \$60,000 was recently approved. Funding was secured from Division of Student Affairs and ASUO. Division of Student Affairs should assist in increasing total programming budget to be at least \$100,000 per year.

PREVENTION RECOMMENDATION 15: Establish a mandatory employee training program to increase opportunities to identify and intervene with high-risk students and fellow employees.

Rationale: School personnel are often faced with challenges associated with substance abuse among students, yet they are not adequately prepared to identify, address or assist. Because of their availability and daily contact with students, faculty and staff may be able to recognize and act on substance abuse problems in students. Substance abuse interventions implemented within the university setting possess uniqueness like direct access of care to those who need it and improvements within various domains of functioning. There are also many levels at which to intervene (individual, classroom, existing social groups, etc.)

Workplace programs to prevent and reduce alcohol-related problems among employees have considerable potential. For example, because employees spend a lot of time at work, coworkers and supervisors may have the opportunity to notice a developing alcohol or other drug problem. In addition, employers can use their influence to motivate employees to get help for an alcohol problem. Many employers, including the UO, offer employee assistance programs (EAPs) as well as educational programs to reduce employees' alcohol problems.

Mechanism for Implementation: All new employees must attend substance abuse training course offered through Human Resources Department. Continuing education can be conducted online or through a professional development series offered through Human Resources

All new employees must attend substance abuse training upon hire. All current employees must attend same training at least once every 5 years to maintain current levels of knowledge around AOD issues and resources. Continuing education modules will be available through online coursework or through a personal development series offered through Human Resources and designed/developed by the Healthy Campus Initiative in collaboration with the Office of the Dean of Students

Responsible Person/Group: Division of Student Affairs, Healthy Campus Initiative in collaboration with the Division of Finance and Administration Human Resources

Timeline:

- 1) Work with Student Affairs IT to create online substance abuse training course
- 2) Implementation of employee training by Fall 2015

Assessment:

- 1) Pre-and post- evaluation of substance abuse training course (e.g. employee knowledge around high-risk behaviors) using a knowledge exam at the end of the training course

- 2) Establish baseline Establish baseline screening referral rates from University Health Center to University Counseling and Testing Center
- 3) Data will be evaluated 12 months after implementation of these new screening strategies to see if referrals have increased

Key performance indicator:

- 1) All employees must receive a passing grade of 80% or higher on the knowledge exam
- 2) Decrease high-risk drinking on campus by 10% - See Appendix
- 3) Increase number of referrals from University Health Center to University Counseling and Testing Center by 10%

Approximate Cost (s) Associated with Recommendation (and if the costs are re-occurring or one-time costs): UO staff time including several professional staff in Student Affairs IT, Healthy Campus Initiative, and Human Resources. Will likely have additional costs associated with managing this program- costs unknown at this time.

PREVENTION RECOMMENDATION 16: Support a positive community norms campaign to help reduce high-risk drinking within the Eugene community.

Rationale: Growing evidence supports the effectiveness of changing behaviors through the use of positive community norms efforts. The Substance Abuse and Mental Health Services Administration, SAMHSA, defines prevention evidence-based strategies that support positive community norms, represented by the Montana Institute and ‘The Science of the Positive’. “...apply(ing) the Science of the Positive® to efforts to improve health and safety, and look at the work of prevention through the framework of spirit, science and action, we arrive at the Positive Community Norms (PCN) model. The core tenet of the PCN approach is that to improve health and safety, we must focus on growing positive community norms through cultivating cultural transformation.” (Positive Community Norms Overview, July 2012)

Mechanism for implementation:

- 1) The subcommittee identified the immediate need for President Gottfredson to acknowledge the substance abuse prevention community efforts and the benefits of University of Oregon staff working with Lane County Prevention Program to establish a positive norms campaign.
- 2) Use social norming techniques to educate the Eugene community through a variety of marketing opportunities about the positive social behaviors of young adults in the community.
- 3) Provide positive community norms communication with students on campus each year.

Responsible person/ group: Lane County Prevention Program, in partnership with the Division of Student Affairs, Office of the Dean of Students and the Substance Abuse Prevention Director and UO students.

Timeline: Begin fall 2013 through 2015

Assessment: Community survey administered by Lane County Public Health Prevention Program

Key performance indicator: Reduce high-risk drinking among Lane County adults, 18 years of age and older, by 5% by 2015.

Approximate Cost (s) Associated with Recommendation (and if the costs are re-occurring or one-time costs): UO staff and student time to assist in campaign development. Other costs covered by Lane County Prevention Program.

PREVENTION RECOMMENDATION 17: Sustain and expand the Eugene Prevention Coalition.

Rationale: Community based prevention efforts are part of an effective, comprehensive prevention strategy. These efforts include community engagement through prevention coalitions. Coalitions help to examine local data, develop strategic plans, identify prevention best practices, implement and advocate for prevention activities. Lane County Prevention Program, a program within Lane County Public Health, will continue to support and work to expand the Eugene Prevention Coalition, EPC. The University of Oregon is a key partner on this community wide coalition currently addressing high-risk drinking among 18-24 year olds.

In addition, excessive alcohol consumption is the third leading cause of preventable death in the United States and is a risk factor for many health and societal problems. In 2006, the estimated economic cost of excessive drinking in the U.S. was \$223.5 billion (Bouchery et al., 2011)

On the basis of the reviewed evidence, the Task Force found sufficient evidence of a positive association between outlet density and excessive alcohol consumption and related harms to recommend limiting alcohol outlet density through the use of regulatory authority (e.g., licensing and zoning) as a means of reducing or controlling excessive alcohol consumption and related harms.

Mechanism for implementation:

- 1) The subcommittee identified the immediate need for President Gottfredson to acknowledge the benefits of University of Oregon staff working with the Eugene Prevention Coalition to help reduce high-risk drinking in the Eugene community.
- 2) University of Oregon staff and students will be members on the Eugene Prevention Coalition.
- 3) Collaborate with the Lane Livability Consortium and the City of Eugene to address alcohol density issues. Lane County Prevention Program staff will work with city and county planners to ensure health is considered in urban planning.

Responsible person/ group: Lane County Public Health Prevention Program, in partnership with the Division of Student Affairs, Office of the Dean of Students and the Substance Abuse Prevention Director and UO students. Collaboration with Lane Livability Consortium will rely on the Lane County Public Health Prevention Program, in partnership with the Lane Livability Consortium and the City of Eugene.

Timeline: On-going

Assessment:

- 1) Eugene Prevention Coalition evaluation; including membership, implementation and evaluation of specific prevention activities
- 2) Review of Lane County Epidemiological Report
- 3) Ongoing data collection of Lane County usage rates (*See Appendix G for Lane County Usage Rates*)
- 4) Inclusion of health in urban planning efforts

Key performance indicator:

- 1) Increase membership of EPC

- 2) Reduce high-risk drinking by 5% by 2015
- 3) Inclusion of health indicators in urban planning

Approximate Cost (s) Associated with Recommendation (and if the costs are re-occurring or one-time costs): Staff time.

PREVENTION SUBCOMMITTEE

APPENDIX A: CURRENT UO PREVENTION STRATEGIES

Overview

At the UO, both harm reduction and primary preventative approaches are used when addressing alcohol issues. Harm reduction is a public health philosophy that seeks to lessen the dangers around alcohol use and risk of harm. Primary prevention works to prevent alcohol and other drug use and abuse. The Substance Abuse Prevention and Student Success program promotes a responsible behavior around alcohol use including awareness, education, and compliance with campus policies and state and federal law.

Current Programs

At the UO, alcohol prevention efforts operate through the Office of the Dean of Students, Substance Abuse Prevention and Student Success program in collaboration with other departments on campus (e.g., UO Health Center, Healthy Campus, etc). The university uses evidenced-based and best practice efforts to address alcohol and other drug abuse on and off the campus. Examples of existing UO prevention programs and services include the following:

Current Assessment/Education/Treatment Programming

- 1) Adopted and implemented the Substance Abuse Prevention and Student Success program to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees
- 2) Hired the University's first full-time Substance Abuse Prevention and Student Success director within the Office of the Dean of Students, *July 2011* (previously the program was run by the Associate Dean of Students)
- 3) Oversight by the Substance Abuse Prevention and Student Success program of the *AlcoholEdu for College* program and *Sexual AssaultEdu for College* program, *August 2011* (Note: the on-line program is mandated for all incoming students under the age of 21 years, effective Fall 2012)
- 4) Intervention provided by the University Counseling and Testing Center through the *Brief Alcohol Screening and Intervention of College Students* (BASICS) program (Note: theoretical orientation to address substance abuse includes: (1) Harm Reduction, 2) American Society of Addiction Medicine Criteria, (3) Continuum of Addiction, (4) Motivational Interviewing, and (5) Stages of Change)
- 5) Collaborate with Lane County Prevention Department to work on the Oregon Strategic Prevention Framework State Incentive Grant (SPF SIG) and implement the SPF planning model at both the state and community levels in Oregon: target problem, alcohol abuse or dependence resulting from high-risk drinking among 18-25 years old (Note: Grant funding received by the Federal Substance Abuse Mental Health Services Administration (SAMSA) in July 2009)
- 6) The University Health Center implements the American College Health Association National College Health Assessment every two years, the data guides any work on alcohol and other drug prevention
- 7) The University Health Center provides: (1) Peer Health Education program, (2) clinical intake forms include screening for alcohol, tobacco, and other drugs, and (3) free nicotine replacement therapy for students
- 8) Consistently use data to inform decision-making (e.g., data from local law enforcement and campus police reports, alcohol transports, student self-reported data, neighborhood complaints, qualitative information from focus groups, student retention data, etc.)

Promotion of a Normative Environment

- 1) UO creates a social, academic, and residential environment that supports health-promoting norms
- 2) The Campus Debrief Group meets weekly and discusses concerns including behavioral indicators, student norms, and cultural attitudes related to high-risk or illegal use of alcohol
- 3) UO implements Drug Free Schools and Campuses recommendations, in regards to marketing and promotion of alcohol on campus
- 4) UO sets clear substance use policies and violation sanctions, in accordance with the Drug Free Schools and Campuses regulations: alcohol policies and disciplinary sanction protocol in place on campus for Housing, Athletics, Fraternity and Sorority Life, students, and employees
- 5) Using *Sexual Assault Edu for College*, the Substance Abuse Prevention and Student Success program educates about the connection between sexual assault and alcohol use to assist in reducing assaults
- 6) Students attend mandated peer theater performance on alcohol and sexual assault at Summer Orientation for all incoming first year students
- 7) The Substance Abuse Prevention and Student Success program educates and engages faculty, staff, students, parents, and alumni about substance abuse and involves them in prevention efforts
- 8) In collaboration, the School of Journalism and School of Communication, the Substance Abuse Prevention and Student Success program is conducting “*Balance the Buzz*,” a social norms campaign (Note: Secured grant funding through the Century Council and Oregon Liquor Control Commission, December 2011- July 2013)
- 9) The academic schedule offers core classes on Thursdays, Fridays, and Saturdays
- 10) UO Housing provides substance-free residence options
- 11) Students are educated about the misperceptions of drinking norms through: (1) *Alcohol Edu for College*, (2) Orientation, (3) the University Health Center peer education presentations to various students and student groups on campus, and (4) the University Counseling and Testing Center BASICS program
- 12) The University hired the first, full-time Healthy Campus Initiatives Director focused on students and employee health and wellness, *February 2011*
- 13) In collaboration with the University Health Center, the Healthy Campus Initiative program and the Office of the Dean of Students pro-health messages are publicized through campus and community media channels
- 14) Created the Smoke and Tobacco Free University policy, *Effective Fall 2012*
- 15) The Office of the Dean of Students and Government and Community Relations create positive, collaborative community relationships and open communication with local government, surrounding neighborhoods, neighborhood associations, civic and community based organizations, and the local business community
- 16) The Campus-Community Partners Coalition meets twice each term to discuss problems and opportunities impacting the university and surround community
- 17) The Office of the Dean of Students, CommUniversity Assistant Program targets off campus students living in neighborhoods adjacent to the UO and uses community-based strategies of education, policy, and enforcement to assist students in becoming engaged, responsible citizens in the community
- 18) The Good Neighbor hotline addresses problematic behavior occurring in neighborhoods adjacent to the University
- 19) The Good Neighbor Work Group meets weekly and provides GIS mapping of student density and problematic behaviors (noises, alcohol, theft, etc.) in four neighborhoods surrounding the University
- 20) The Office of the Dean of Students, the Department of Public Safety, and Government and Community Relations are members of the Neighborhood Livability Work Group to

- address town-gown efforts and issues in the Eugene Community including neighborhoods adjacent (*created in 2010*)
- 21) The Substance Abuse Prevention and Student Success program collaborates with Housing to promote alcohol prevention messaging (*evaluation efforts to follow in Spring 2013*)
 - 22) UO Substance Abuse Prevention Coalition including faculty, staff, students, community members, and more
 - a. 1st Tuesday of the month from 3:30-5 PM (Metolius/Owyhee River Rooms, EMU)
 - 23) Received a CoorsMiller Grant to fund the Designated Ducks (DD) program. The DD program uses student-athlete leaders to work with their peers to reduce high-risk alcohol consumption, alcohol-related consequences and improve resistance to identify high-risk drinking context and the use of prevention strategies.
 - a. Awarded \$10,000 for 2012-2013
 - b. Stay in Bounds Campaign was developed by the student-leaders and continues to provide substance abuse prevention messaging/ norms clarification on campus
 - c. Currently applying for an additional \$10,000 to fund this project an additional year 2013-2014 – exploring the option of expanding this program into club sports

Promotion of Alcohol-Free/ Late-Night Programming Options

- 1) The Late Night Programming Work Group: Ducks After Dark was convened (comprised of several departments on campus), *Fall 2011*
- 2) The Late Night Programming Working Group: Ducks After Dark has successfully expanded late-night programming on campus
 - a. Ducks After Dark (double header) movie series is presented every Thursday and maintain about 200 student attendees for each event
 - b. Currently have several student paid internships overseeing the success of the Ducks After Dark program
 - c. Received a grant through US Bank of America to fund the project (*Fall 2012*)
 - d. The Office of the Dean of Students and the EMU continue to advocate for: (1) the expansion of campus-based late night, alcohol-free events and activities, (2) the need for a full-time Student Activities Coordinator, (3) the need for a Student Activities Board, and (4) ongoing funding to create sustainable late-night, alcohol free programming
 - e. The EMU Senate Board Committee will decide the approval of \$122,375 to pay for a new full-time Student Activities Coordinator, a programming budget and the creation of the new Student Activities and Resource Center (SARC). Pending approval (*February 2013*) EMU will donate funding to start a new SARC office in the EMU.
- 3) The Holden Leadership Center and Office of the Dean of Students creates, publicizes and promotes student service learning and volunteer opportunities
- 4) Community service work is required as part of the academic curriculum (within Intercollegiate Athletics, Fraternity and Sorority Life, and various student organizations on campus)
- 5) The Student Recreation Center offers expanded hours (open until midnight) and some late night programming options
- 6) Non-alcoholic beverages are promoted at events on campus

Policy Development/ Enforcement/ Limit of Alcohol Availability/ Environmental Strategies

- 1) The Alcohol Policy Group provides consistent policies and regulation of alcohol events on the campus
- 2) The Office of the Dean of Students collaborates with Student Conduct and Community Standards, University Housing, and Department of Public Safety to (1) create and

- maintain consistent and equitable enforcement of policies and (2) create uniform messaging about policies and disciplinary sanctions
- 3) Fraternity and Sorority Life is committed to holding Greek chapter houses through new standards of accountability that focus on their values of leadership, scholarship, and philanthropy
 - 4) The Eugene Police Department (EPD) conducts Party Patrols that occur on football game weekends, Halloween, and other events and weekends where high-risk alcohol use is anticipated (Note: the Substance Abuse Prevention and Student Success program collaborates with the EPD, University Liaison Officer for outreach and prevention efforts)
 - 5) The UO Police Department continues to expand initiatives to create a campus safety program that impacts the quality of life within the core and edge campus communities and decreases the number of complaints forwarded to the University
 - 6) The Neighborhood Livability Work Group passed a new ordinance for unruly gatherings to help address neighborhood livability issues in the Eugene Community including neighborhoods adjacent
 - a. Work session in October 2012
 - b. Public Hearing in November 2012
 - c. City Council unanimous decision in favor of the ordinance in January 2013
 - d. Ordinance is enforced April 2013
 - 7) The Civility in Athletics Work Group continues to evaluate and update policies, enforcement, and messaging to help reduce high-risk alcohol use and/or related consequences at sporting events
 - 8) The Substance Abuse Prevention and Student Success program collaborates with the campus newspaper to limit the marketing and promotion of alcohol
 - 9) Environmental prevention strategies through work with the Eugene Prevention Coalition
 - a. Data collection for 18-25 year olds in the Eugene community (e.g. alcohol related emergency hospital visits, MIPs, DUIs and other alcohol related violations in the community).
 - b. Work with Eugene Police Department to establish a stronger perception of enforcement
 - c. Point of purchase education efforts- work with OLCC to hand out information in liquor stores and key store locations
 - d. Joint letter sent from UO and Lane County Prevention store managers asking them to take down displays encouraging high-risk drinking (will follow up with store managers throughout the year)
 - e. Advocate for the Social Host Ordinance and help with education efforts in the community
 - 10) CommUniversity Assistant Program
 - a. CommUniversity assistants continue to attend neighborhood association meetings to hear the concerns of neighbors adjacent to campus
 - b. Implement programs in the neighborhoods surrounding campus to help education students on how to party responsibly
 - i. Project 1- "Take it to the streets"- students walk door to door in surround neighborhoods around campus
 - ii. Project 2 – "Friday night talks" – students will work with Eugene Police Department to pass out information to students in the surrounding campus neighborhoods from 10-2 PM

New Prevention Leads/ Efforts for the 2013

- 1) Work with Higher Education Center through a grant to help implement party checklist
 - a. UO has been selected as one of the possible sites to implement an off-campus party and DUI checklist which is a new environmental strategy being researched

- b. If the Higher Ed. Center's project is funded, the University of Oregon would get a small (\$5,000) budget to implement the checklists (off-campus party and DUI) and any training and technical assistance you would need to implement it.
- 2) Party Registration Program
 - a. Working with Eugene Police Department to explore a possible party registration program
 - b. Protocol would include the UO "registering student parties", EPD dispatch would call students (if they received a complaint on a registered address) to give a 20 minutes window to clear window
 - c. If dispatch receives a second neighbor complaint then officer responds and higher likelihood of "host" receiving a citation
 - d. Provide party packs including information for the non-emergency EPD number
 - 3) Looking to expand intramural sports to include more Fraternity and Sorority Life involvement
 - 4) The Office of the Dean of Students is looking to create a community standards and values campaign with the goal of 1) creating more knowledge and awareness of the code of conduct and 2) knowledge and awareness for what it means to be a duck.
 - 5) Collaborating with Eugene Prevention Coalition to implement Extend Your Weekend campaign

APPENDIX B: 2011-2012 UO ALCOHOLEDU EXECUTIVE SUMMARY

This Executive Summary contains data from the University of Oregon’s 2011-2012 implementation of AlcoholEdu for College. Findings are based on self-reported data obtained from 2,962 first-year UO students (freshmen and transfer students under the age of 21 years old) who completed all three AlcoholEdu for College surveys. Part 1 of AlcoholEdu for College contained all alcohol education modules as well as survey 1 and survey 2. The data collected in Part 1 reflects the information collected from students pre-matriculation. Part 2, implemented 30-45 days after students completed Part 1, contained a short education module and survey 3.

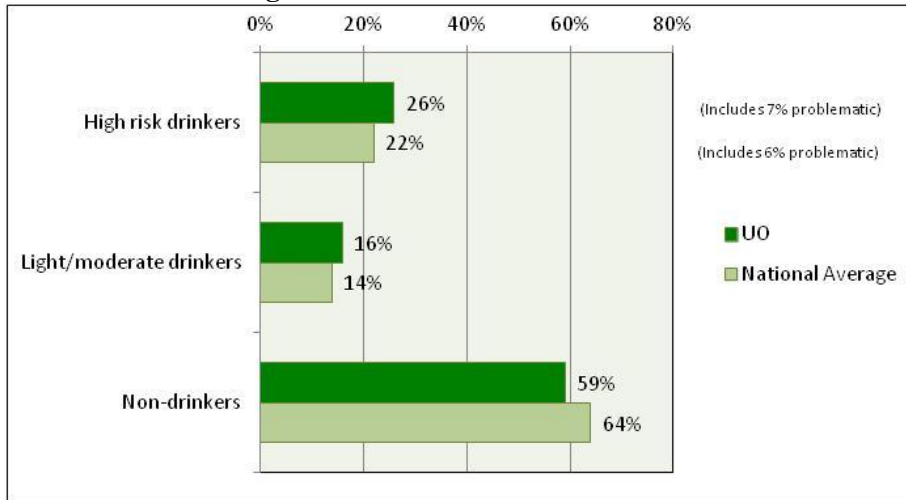
Note: An additional 969 students completed Part 1 of the course, but did not complete all three surveys and were, therefore, not included in the final data set.

Profile of Incoming UO Students’ Drinking Behaviors

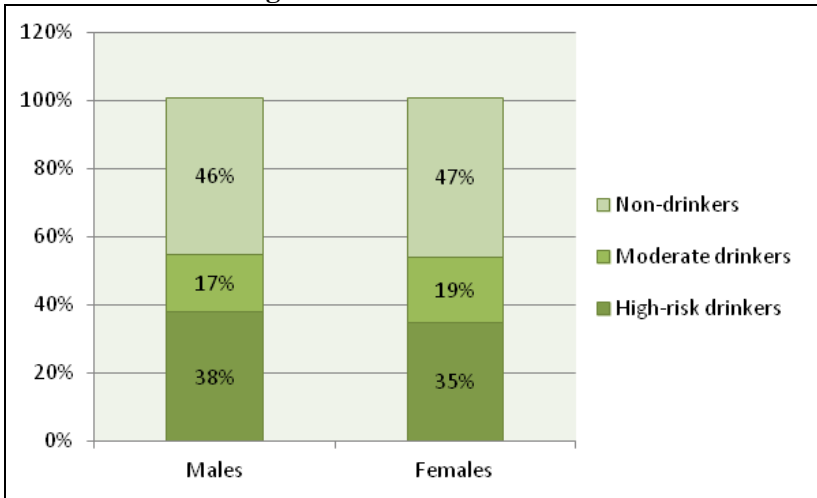
What are the drinking behaviors of students before they arrive on campus?

- Transferring juniors tend to drink less than transferring sophomores. Transferring sophomores tend to drink less than incoming freshmen.
- On average, females reported consuming more alcohol in a sitting compared to males.
- 70% of first-year students reported drinking alcohol before their entrance into the UO.
- 26% of first year students having engaged in binge drinking * at least once in the past two weeks (compared to 22% of most first-year college students in the United States), including 7% problematic drinkers**. (* Consuming 4 or more drinks for women and 5 or more drinks for men in one sitting; ** Problematic drinking defined as 8 or more drinks for women and 10 or more drinks for men at least once in the past two weeks)

Part 1 Data: Drinking Behaviors of UO Students



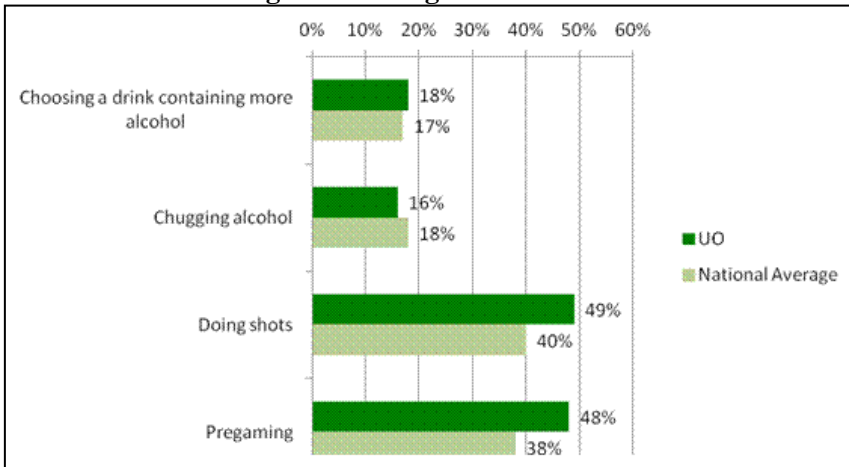
Part 1 Data: Drinking Behaviors of UO Students – Gender Differences



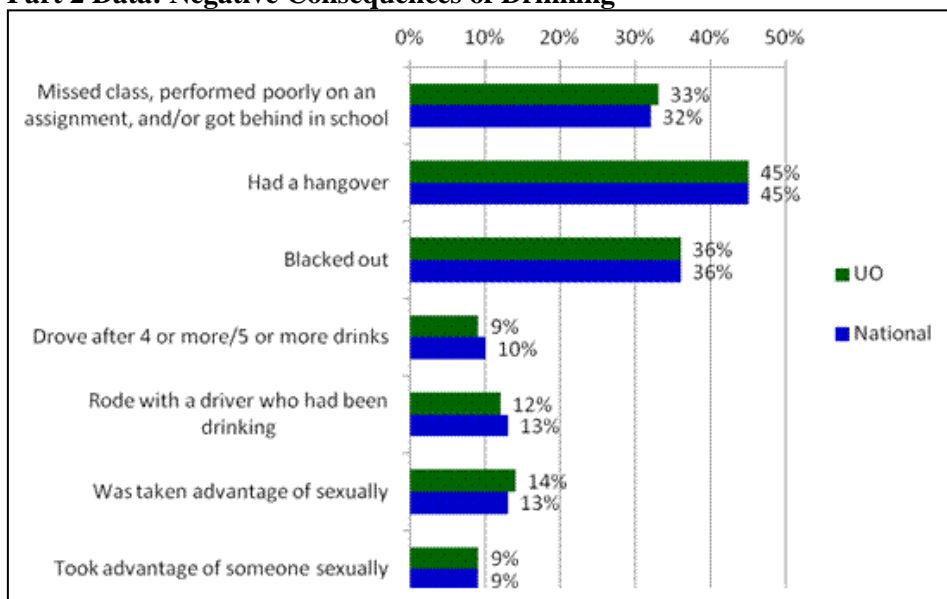
How do UO students compare to the national average?

- First-year freshmen and transfer students, under the age of 21 years old, at the UO are above the national average for high-risk drinkers.
- Results indicate the UO students are engaging in high-risk behaviors such as doing shots and “pre-gaming” and at rates higher than the national aggregate data.

Part 2 Data: Drinking-Related High-Risk Behaviors



Part 2 Data: Negative Consequences of Drinking



Part 2 Data: Where Students Drink

	UO	National
Off-campus residence	70%	41%
On-campus residence	15%	21%
Fraternity/sorority house	5%	15%
Outdoor setting	5%	7%
All other locations	4%	16%

How often, who, where, when and why do first year students drink?

- Men reported a higher frequency of high risk drinking compared to females; however drinking rates are similar for males and females.
- UO students are most commonly drinking at an off-campus residence or an on-campus residence. UO students are above the national average for off-campus residence drinking behaviors.
- UO students have an increase in the number of drinks consumed per day on Thursday, Friday and Saturday.

What is the impact of high-risk drinking?

- *Males* reported engaging in more protective and caretaking behaviors than *females*. Genders did not differ in terms of reported engagement in risky behaviors or in experiencing negative consequences from drinking.
- People who self-identify as being a member of a *volunteer* or *community service organization* reported engaging in more protective and caretaking behaviors than do people who are not members of such organizations. Volunteers did not differ from non-volunteers in terms of reported engagement in risky behaviors or in experiencing negative consequences from drinking.
- People who self-identify as being a *member of a fraternity or sorority* reported engaging in more risky behaviors than do people who are not members of fraternity or sorority organizations. Fraternity and sorority members did not differ from other people in terms

- of reported engagement in protective or caretaking behaviors or in experiencing negative consequences from drinking.
- *Intercollegiate athletes* and *intramural athletes* reported engaging in more caretaking behaviors than o people who are not intercollegiate athletes. Intercollegiate athletes did not differ from other people in terms of reported engagement in protective or risky behaviors or in experiencing negative consequences from drinking.

Impacting Culture

What did students gain from taking AlcoholEdu?

- AlcoholEdu has provided students with a baseline of knowledge and decision-making strategies around alcohol use.
- AlcoholEdu made an impact on those students with the greatest risk (i.e. high-risk drinkers), in that, students indicated their readiness to change after completing the course.
- After completing AlcoholEdu, UO students reported an increase in several positive behavioral intentions after completing the program including: setting a limit, avoiding drinking games, pacing drinks, alternating drink types, reducing frequency and the number of drinks consumed.
- After taking SexualAssaultEdu, UO students reported 1) an increase in identifying alcohol as the number one date rape drug and 2) increase in knowing the definition of rape.

How can the UO engage students to change the culture?

- More than 400 students indicated an interest in planning alcohol-free events and activities.
- UO students are most interested in the following activities on the UO campus: movie nights, live music, outdoor adventures, fitness classes, intramural sports tournaments, and nothing specific “just a cool place to hang out”.

APPENDIX C: 2010 & 2012 NATIONAL COLLEGE HEALTH ASSESSMENT FINDINGS

The following results come from the National College Health Assessment (NCHA) conducted in Spring 2010 and 2012. The American College Health Association NCHA supports health prevention efforts on campus by gaining a current profile of health trends with the campus community. In 2010, there were 837 respondents and in 2012 there were 1442 respondents. The results listed do not distinguish if finding from 2010 to 2012 were statistically significant.

2010 & 2012 National College Health Assessment – Usage Rates and Usage Perceptions

Question:	NCHA 2010:	NCHA 2012:	Perceived: 2010	Perceived: 2012
Within the last 30 days, on how many days did you use alcohol?	Never 13.3% Used, but not in last 30 days 9.8% 1-9 days: 57.4% 10-29 days: 18.6% 30 days: 1%	Never: 14.3% Used, but not in last 30 days: 10.1% 1-9 days: 55% 10-29 days: 19.1% 30 days: 1.5%	Never: 1.5% Used, but not in last 30 days: .4% 1-9 days:29% 10-29 days:57.1% 30 days: 12.1%	Never: 2.8% Used, but not in last 30 days: 1.2% 1-9 days: 33.5% 10-29 days: 54.4% 30 days: 8.2%

2010 & 2012 National College Health Assessment – Usage Rates and Academic Impacts from AOD Behaviors

Question:	NCHA 2010:	NCHA 2012:
Within the last 30 days, on how many days did you use alcohol?	Never 13.3% Used, but not in last 30 days: 9.8% 1-9 days: 57.4% 10-29 days: 18.6% 30 days: 1%	Never: 14.3% Used, but not in last 30 days: 10.1% 1-9 days: 55% 10-29 days: 19.1% 30 days: 1.5%
Students who reported that within the last 12 months alcohol use has affected their academic performance	7%	5.4%
Any use within the last 30 days	77%	75.6%
Reported number of drinks consumed the last time students “partied” or socialized.	4 or fewer: 47.8% 5: 10.2% 6: 6.9% 7 or more: 16.1%	4 or fewer: 48.1% 5: 8.8% 6: 6.2% 7 or more: 16.4%
Reported number of times college students consumed five or more drinks in a sitting within the last two weeks.	N/A don’t drink: 15.2% None: 48% 1-2 times: 24.4% 3-5 times: 10.1% 6 or more times: 2.3%	N/A don’t drink: 15.8% None: 44.9% 1-2 times: 27.1% 3-5 times: 10.3% 6 or more times: 1.9%

2010 & 2012 National College Health Assessment –Protective Strategies and Negative Consequences

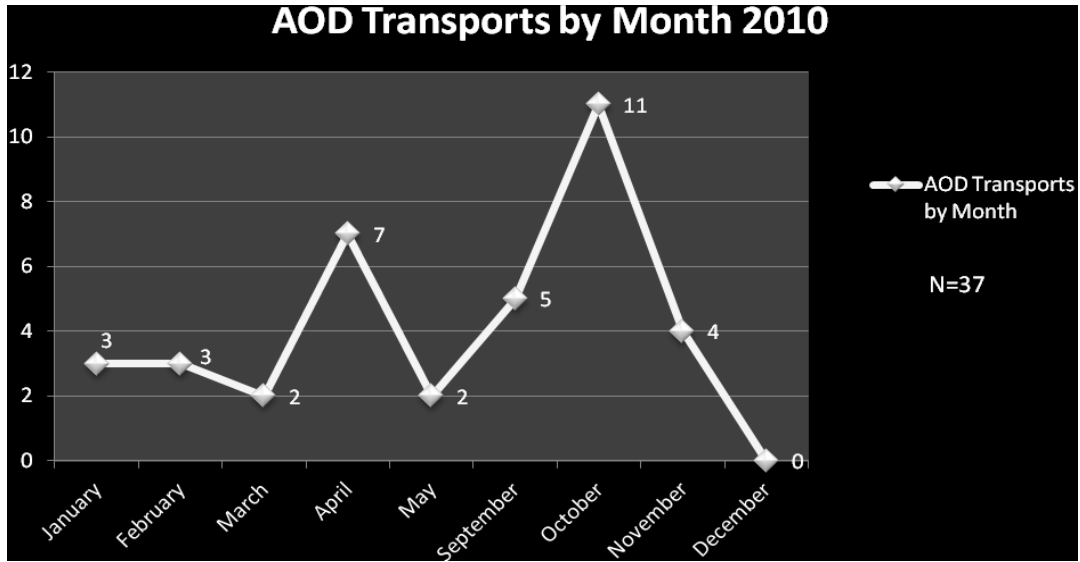
Question:	NCHA 2010:	NCHA 2012:		
College students reported doing the following most of the time or always when they “partied” or socialized during the last 12 months	Alternate non-alcoholic with alcoholic beverages:	35.6%	36.2%	
	Avoid drinking games:	41.5%	39.3%	
	Choose not to drink alcohol:	20.3%	18.7%	
	Determine in advance not to exceed a set number of drinks:	35.5%	38.1%	
	Eat before and/or during drinking:	82.7%	81.1%	
	Have a friend let you know when you have had enough:	30.4%	31.1%	
	Keep track of how many drinks being consumed:	68.9%	69.1%	
	Pace drinks to one or fewer an hour:	25.9%	30.9%	
	Stay with the same group of friends the entire time drinking:	86.7%	82%	
	Stick with only one kind of alcohol when drinking:	52.7%	51%	
	Use a designated driver:	78.4%	79.5%	
	College students who drank alcohol reported the following consequences occurring in the last 12 months as a result of their own drinking	Did something you later regretted:	36.5%	39.3%
		Forgot where you were or what you did:	33.7%	33.2%
Got in trouble with the police:		3.6%	5.2%	
Had sex with someone without giving your consent:		3.6%	1.5%	
Had sex with someone without getting their consent:		1%	0.3%	
Had unprotected sex:		16.1%	19.2%	
Physically injured yourself:		21.1%	15.6%	
Physically injured another person:	2.6%	2.2%		
Seriously considered suicide:	2%	1.7%		

National College Health Assessment – University of Oregon 2012

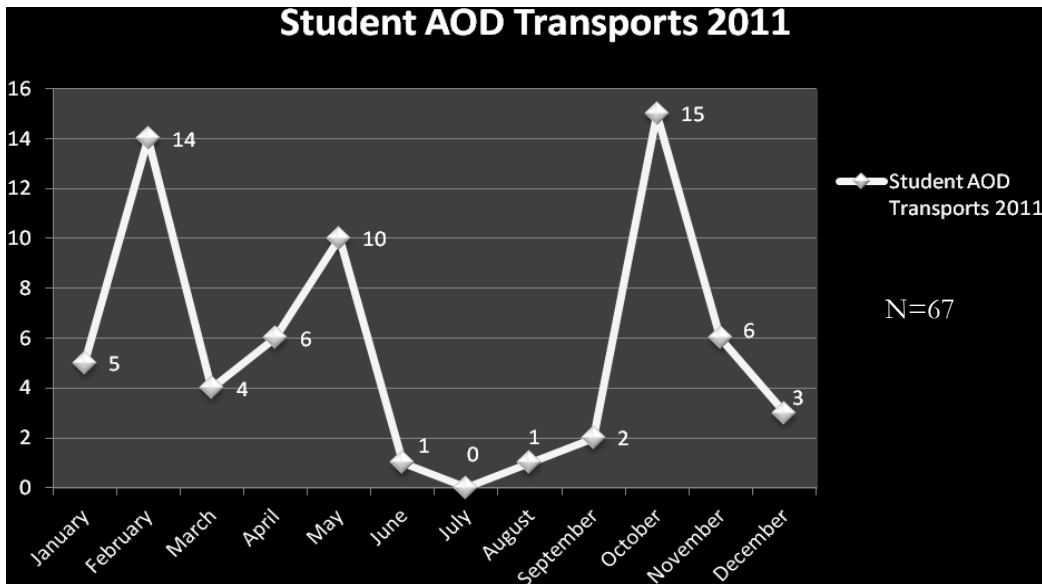
Consumption Pattern	University of Oregon 2012	National Reference Group 2012
Any use of alcohol	75.6%	65.9%
Binge drinking in last 2 weeks	39.3%	34.1%
Driving after any drinking	28.4%	23.9%
Average estimated BAC when partying	0.06	0.07

APPENDIX D: UO ALCOHOL-RELATED MEDICAL TRANSPORTS & ER VISITS

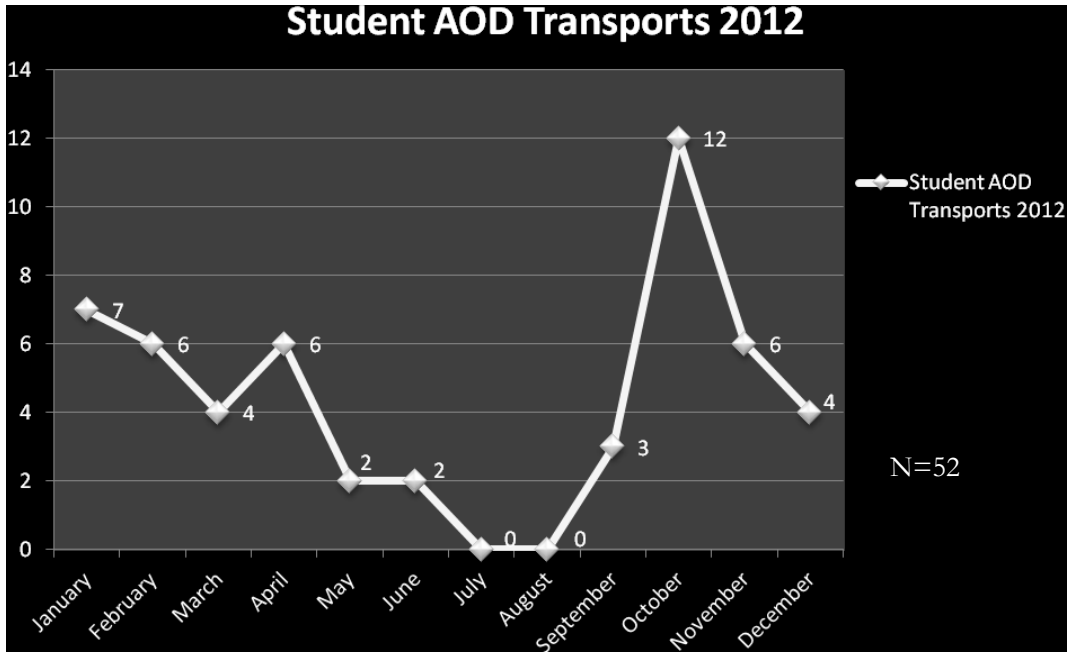
UO (On Campus) Alcohol-Related Medical Transports for 2010



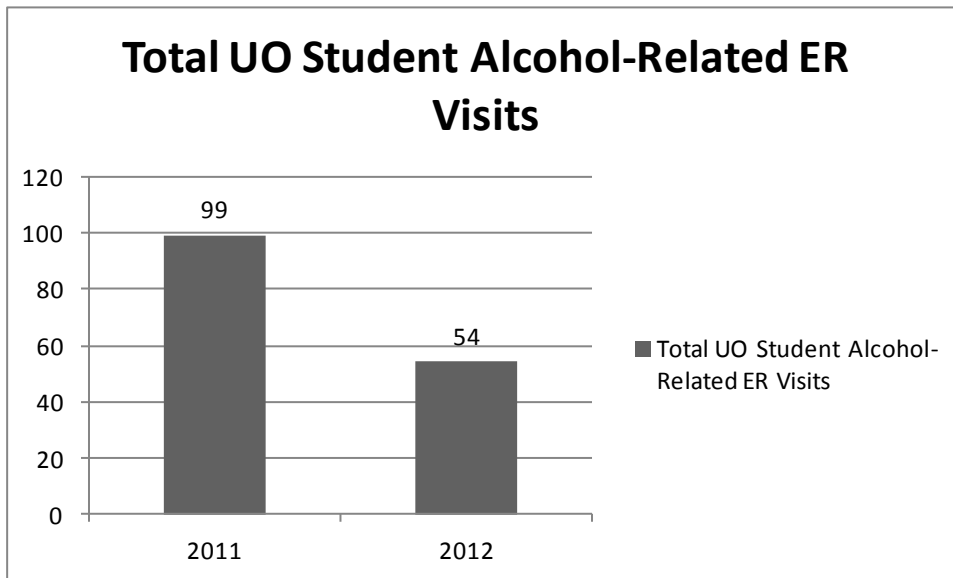
UO (On Campus) Alcohol-Related Medical Transports for 2011



UO (On Campus) Alcohol-Related Medical Transports for 2012



Alcohol-Related ER Visits for UO Students in 2011 and 2012



**APPENDIX E: STUDENT CONDUCT AND COMMUNITY STANDARDS – AOD
VIOLATIONS**

**Student Conduct and Community Standards
Data for Incidents Involving Alcohol**

Incidents= the number of events/parties/disturbances

Accused students= the individual students charged with a violation

So, one incident may include 5 students and each student may be charged with one or more violations.

Alcohol Incidents = incidents where alcohol was cited as a factor by the documenting party.

	AY 10-11	AY 11-12	AY 9/1/2012 - 2/10/13*
Alcohol Incidents	573	442	262
called UOPD ¹	210	197	121
called EMS ²	49	48	38
incidents involving > 5 students	124	79	58
accused students	1644	1182	779
M/F	1036/599	758/425	488/291
found Responsible for violation(s) ³	1254	1183	420 (132 undecided)

LOCATIONS⁴ (Occupancy)

Non-Residence Hall Campus	86	81	18
Autzen Stadium	4	53	77
Barnhart Hall- 451	147	144	39
Bean Hall- 708	283	162	63
Carson- 317	149	92	49
Earl-301	139	115	9
Global Scholar Hall-457	-	-	66
Hamilton- 800	416	305	123
LLC-435	207	116	159
Riley-151	110	59	50
Walton-604	112	56	126

Month⁵

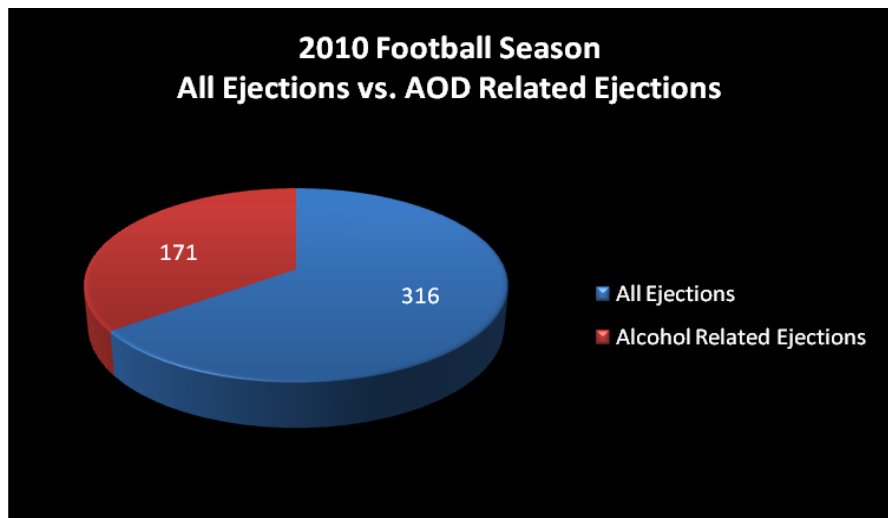
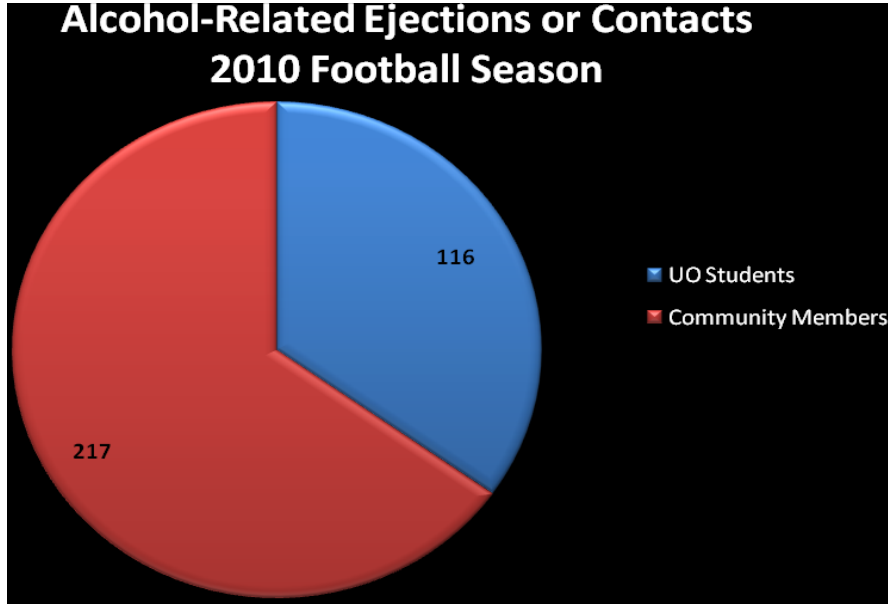
	AY10-11	AY11-12	AY9/2012-2/10/2013
Sept	22	24	37
Oct	71	98	88
Nov	49	47	56
Dec	52	21	18
Jan	83	48	41
Feb	80	47	22
March	68	57	-
April	65	28	-
May	60	40	-
June	20	29	-
Summer	3	4	-

EHIBIT 2

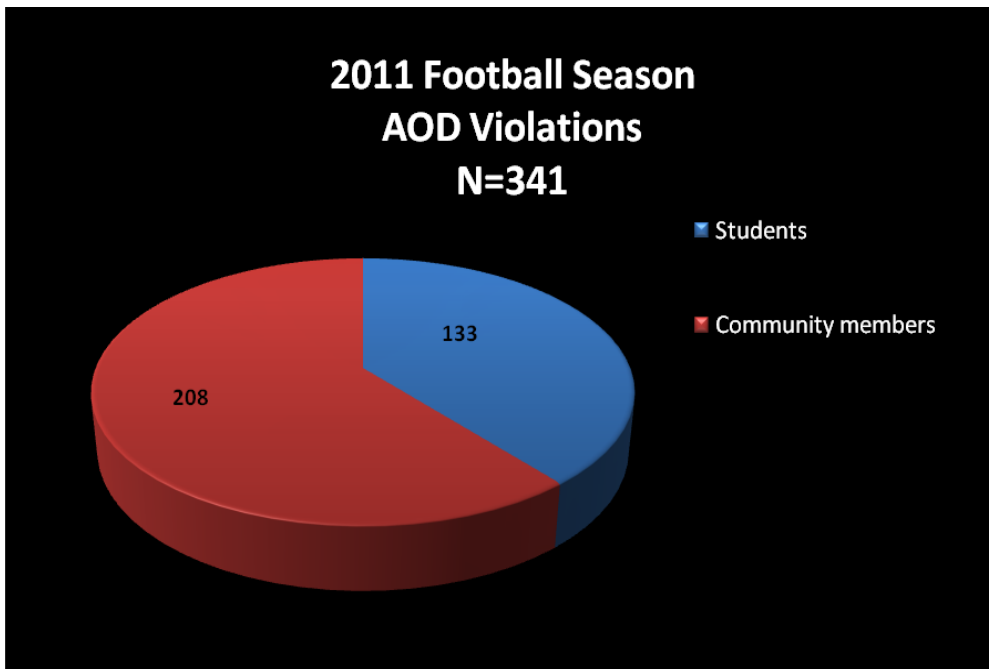
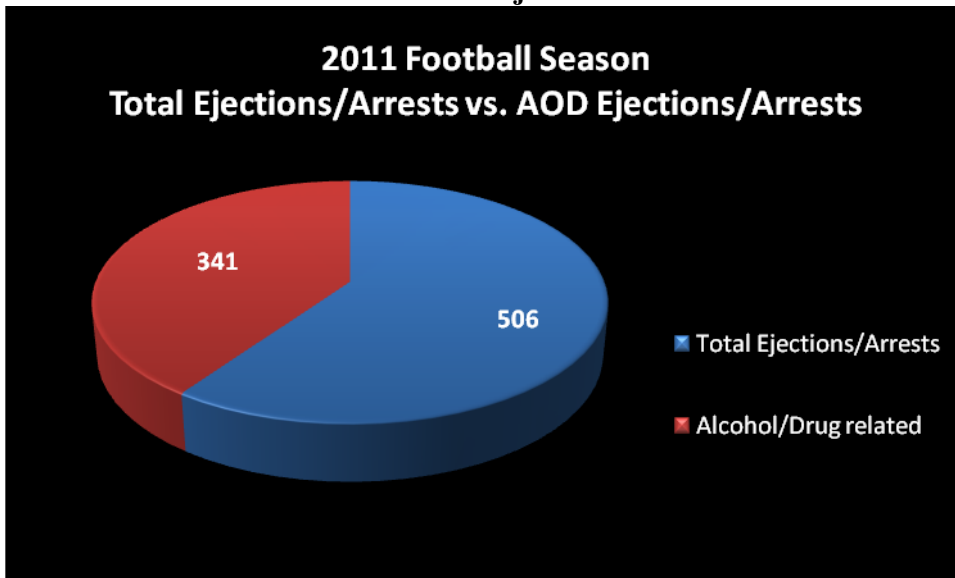
1. UOPD is automatically called to an incident when marijuana is present in addition to incidents that rise to a level that require officer assistance.
2. EMS is Emergency Medical Services. This would be likely for a wellness check or when other medical attention is needed. Some of these students may have been transported, but not all of them.
3. Accused student was found responsible for one or more violations of the code during the incident. It is possible that a student documented in an alcohol incident was found responsible for non-alcohol charges.
4. 2010/11 football season SCCS sent warning letters to potential violators rather than charging them with conduct violations.
5. Incident occurred in this month. Note that Dec and June have long non-school breaks.

APPENDIX F: AUTZEN STADIUM FOOTBALL SEASON- AOD EJECTION DATA

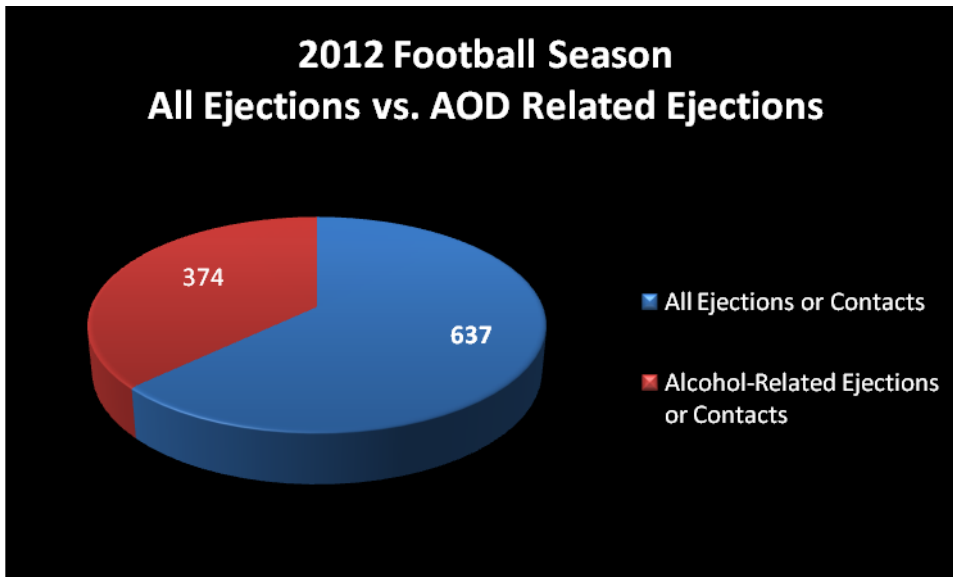
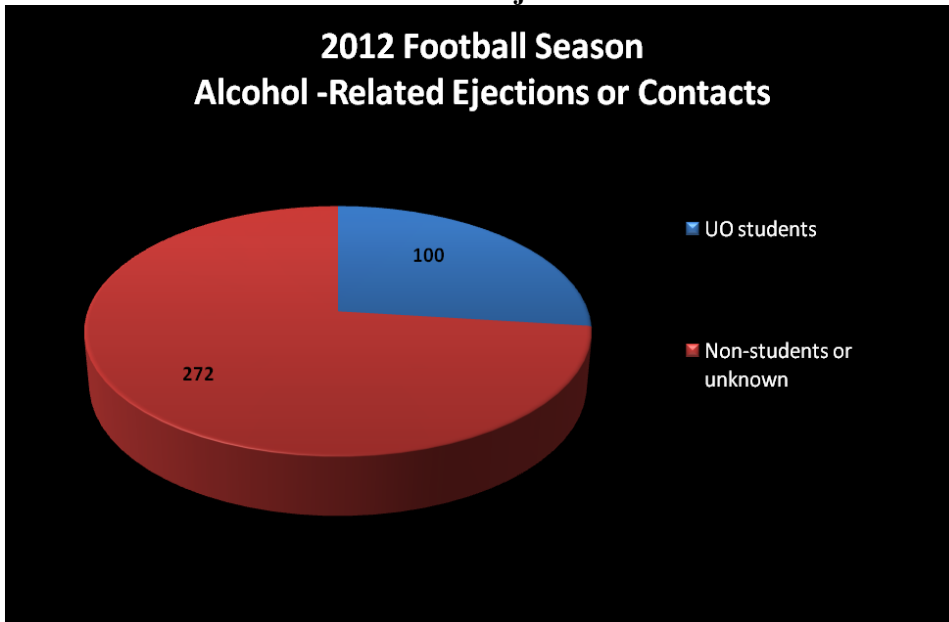
2010 Football Season- Autzen Stadium Ejection Data



2011 Football Season- Autzen Stadium Ejection Data



2012 Football Season- Autzen Stadium Ejection Data



APPENDIX G: LANE COUNTY ALCOHOL USAGE RATES**Behavioral Risk Factor Surveillance System (BRFSS) 2010**

Consumption Pattern	Lane	Oregon	National
Adults Who Drink	54.5%	58.2%	54.6%
Adult Heavy Drinking	5.8%	6.2%	5.0%
Adult Binge Drinking	13.0%	14.3%	15.1%

Additionally, according to the **2009 National Vital Statistics Report**, alcohol induced deaths in Lane County are more than twice as high as the national rate (16 per 100,000 and 7.4 per 100,000, respectively).

Oregon Student Wellness Survey 2012: Youth Alcohol Use – Past 30 Days

Consumption Pattern	Lane – 6th	Oregon – 6th	Lane – 8th	Oregon – 8th	Lane – 11th	Oregon – 11th
Any Use	5.8%	6.7%	23.7%	19.6%	38.0%	35.9%
Binge Drinking	1.6%	1.7%	10.4%	8.1%	24.6%	21.4%

In 2010, the average age of initial alcohol use in Lane County was 11.6 years old.
(*OHA State Epidemiological Report – Lane County*)



UNIVERSITY
OF OREGON

The background of the entire page is a photograph of the Administration Building at the University of Oregon. The building is a large, two-story red brick structure with a prominent portico supported by six white columns. The entrance is reached via a wide set of stone steps. The words "ADMINISTRATION BUILDING" are inscribed on the pediment above the columns. The building is surrounded by green lawns and manicured hedges.

Exhibit 3

University of Oregon
Off-Campus Behavior Subcommittee
Final Report and Recommendations
March 2013

OFF-CAMPUS BEHAVIOR SUBCOMMITTEE, FINAL REPORT AND RECOMMENDATIONS

SUBCOMMITTEE MEMBERS

Paul Shang – *Assistant Vice President and Dean of Students, Student Affairs (Convener)*

Caitlan Hendrickson – *Director of Conflict Resolution Services, Office of the Dean of Students*

Carl Yeh – *Director of Student Conduct and Community Standards, Office of the Dean of Students*

Carolyn McDermed – *Interim Police Chief/Interim director of Public Safety, UO Police Department*

David Natt – *Sergeant, Eugene Police Department*

Karen Hyatt – *Assistant Director of Government and Community Relations/Neighborhood Liaison, Public and Government Affairs*

Ken Kato – *Associate Director, InfoGraphics Lab, Geography; South University Neighbors Association*

Lisa Peterson – *Senior Associate Athletic Director, Intercollegiate Athletics*

Malcolm Wilson – *Associate Professor, Classics; South University Neighbors Association*

Nick McCain – *Vice President, Associated Students of the University of Oregon*

William Campodonico-Burnett – *Pan-Hellenic/Greek Life Leadership Student Representative*

RECOMMENDATIONS

RECOMMENDATION 1: Expand the University of Oregon Police Department's authority to work with the Eugene Police Department in nearby off-campus neighborhoods with large concentrations of students.

Rationale: In addition to education, enforcement of University and municipal codes must be done consistently, in ways that are educational and make use of the University's Code of Conduct and support the commitment to provide services to students.

Mechanism for implementation: Develop a Memorandum of Understanding (MOU) between the City of Eugene and the University of Oregon (UO) which will outline how the Eugene Police Department (EPD) and the University of Oregon Police Department (UOPD) will work together, the jurisdictional boundaries, and the application of the code of conduct and the citations to be included; then educate UO students and the campus and Eugene Community about the agreement. Appropriate numbers of armed UOPD and sworn officers would be required or UOPD could not participate.

Responsible person/group: The Division of Student Affairs, Office of the Dean of Students (DOS), Finance and Administration, Office of Government and Community Relations, University of Oregon Police Department, City of Eugene, Eugene Police Department, and the Eugene Municipal Court.

Timeline: Implementation by Fall 2015.

Assessment:

1. Compare the number of incidents resulting in citations (MIP, Noise, etc.) and number of Code 20504 violations.
2. Establish a benchmark from other schools regarding the number of incidents of a similar social host ordinance and compare every 3 years or less.

Key performance indicators:

1. Short Term: Increase of 10% in calls (increased awareness) related to noise and unruly gatherings.
2. Short Term: Decrease in number of incidents related to noise and unruly gatherings that result in a citation; 5% each year for first 3 years.
3. Long Term: Three Year average of 20504 incidents or citations (however defined) equal to or less than overall average.

Approximate Cost(s) Associated with Recommendation (and if the costs are re-occurring or one-time costs): A portion of staff time from the Office of the Dean of Students, UOPD and EPD will be devoted to carrying out and monitoring the arrangement once it is implemented. UOPD will have costs associated with hiring additional officers to provide coverage off campus.

RECOMMENDATION 2: Extend the Code of Conduct to include adjacent off-campus neighborhoods with high concentrations of students to address behavior with a rational nexus to the University involving any student enrolled and/or registered for one or more credit hours or in special non-credit programs approved by the University, and any organization deemed to be a UO student organization.

Rationale: By expanding the Student Conduct Code, the University can hold students and student organizations accountable and provide educational redress for behaviors that would be violations on campus. This would also improve the University's relationship with adjacent neighborhoods and the overall reputation of the University's students.

Mechanism for implementation: Incorporate a section allowing for expanded applicability of the Student Conduct Code in the Oregon Administrative Rules.

Responsible person/group: The Division of Student Affairs, Office of the Dean of Students in collaboration with University General Counsel, and relevant University committees and advisory bodies.

Timeline: Implementation by Fall 2013; updated periodically.

Assessment:

1. Three Year comparison of number of Off-Campus Violations (OCV).
2. Establish a benchmark from other schools regarding number of OCV and compare every 3 years or less.

Key performance indicator:

1. Short Term (Year 1): Number of Spring incidents less than number of Fall incidents.
2. Short Term (Year 2 and Year 3): Number of total incidents less than prior year's total.
3. Long Term: Three year average of number of OCV less than or equal to overall average OCV.
4. UO frequency of OCV is less than benchmark average.

Approximate Cost (s) Associated with Recommendation (and if the costs are re-occurring or one-time costs): Two additional staff persons for the Conduct Office in the Office of the Dean of Students.

RECOMMENDATION 3: Expand the number of staff working with University of Oregon fraternities and sororities to provide closer mentoring and fostering of positive fraternal values.

Rationale: With almost 2600 members, fraternities and sororities play a key role both on and off campus. To provide a greater connection to the University and thus to the surrounding community, more interaction with staff is essential. Although fraternities and sororities are much more organized and observant of neighborhood expectations, they can become even more so with greater interaction with staff.

Mechanism for implementation: In addition to adding more staff to serve fraternities and sororities, these staff must exist in a framework such as the Office of the Dean of Students where they have greater access to colleagues with a variety of responsibilities which can be focused upon the development of all students.

Responsible person/group: The Division of Student Affairs, Office of the Dean of Students.

Timeline: Add one full-time adviser and one full-time staff assistant to the one staff person currently assigned to work exclusively with fraternities and sororities by the 2014 Fall Term.

Assessment:

1. Number of disciplinary cases (*probably need to define types of cases so as to ensure consistency*).
2. Track overall GPA for Greek students, Greek leaders, or both.

Key performance indicator:

1. Short Term (Year 1): Increase of 10% in number of cases (increased staffing and interaction with groups will likely increase detection and reporting of incidents).
2. Short Term (Year 2 and Year 3): Decrease of 5% in number of cases from previous year.
3. Short Term (Year 2): Increase growth of fraternity and sororities; especially fraternities by 20%.
4. Long Term: Three year average less than or equal to overall average.
5. Short Term (Years 1-3): Average GPA will increase compared to the previous year.
6. Long Term: Three year average will equal or exceed the overall average.

Approximate Cost (s) Associated with Recommendation (and if the costs are re-occurring or one-time costs): One full-time officer of administration position and one full-time classified staff position.

RECOMMENDATION 4: Expand the advising system for University student clubs and organizations so that every club and organization including fraternities and sororities will have an official adviser who is a member of the faculty or staff.

Rationale: Student organizations and their leaders need a sense of continuity, to bridge changes in student leadership, and access to someone to help them navigate access to funding, the appropriate channels for getting things done such as reserving rooms, ordering food, etc. Also, faculty and staff advisers can convey University values and help students set reasonable expectations for their own behavior.

Mechanism for implementation: Announce the expectation that each student organization have an adviser, solicit volunteers, and if necessary use staff from the Division of Student Affairs. Adviser training will be provided by ASUO staff and by the Office of the Dean of Students.

Responsible person/group: The Division of Student Affairs and Office of the Dean of Students.

Timeline: Recruit and train advisers throughout the 2013-14 Academic Year and implement in the 2014 Fall Term.

Assessment:

1. Track and compare the number of procedural or policy violations between clubs and organizations with advisors and without. (*Note: if advisors are truly required of ALL clubs and organizations as the recommendation states, there should be no clubs without advisors. This assessment would be moot in that case.*)
2. Track overall GPA for students, leaders, or both who are involved in clubs and organizations (if advisors are promoting university values, one of those is academic success).
3. **Long Term:** Establish a student leader and Student Affairs staff (DOS, Holden, EMU) committee to establish a developmental evaluation system between advisors and club/organizational leadership, so that advisors have a formal way of providing feedback to the club or organization's leadership, the club/organizational leadership has a formal way to provide feedback to the advisor, and ASUO and DOS would get data on the overall effectiveness of the relationships and structure. It might also be designed to show organizational development over time to some degree. The process of establishing the evaluation might also help develop trust and investment in the new structure.

Key performance indicator:

1. Short Term: Properly advised entities will show 15% fewer policy/procedural violations than non-advised groups.
2. Long Term: Three year average of policy/procedural violations equal to or less than overall average.
3. Short Term (Years 1-3): Average GPA will increase compared to the previous year.
4. Long Term: Three year average will equal or exceed the overall average.
5. Three year average of overall evaluation ratings equal or exceed overall average.

Approximate Cost (s) Associated with Recommendation (and if the costs are re-occurring or one-time costs): Costs will be absorbed during the first year of training and recruitment of advisers but there will be a budget of at least \$10,000 for food, training materials, room reservations, and other training related expenses.

RECOMMENDATION 5: Create an office of off-campus student services.

Rationale: To continue the momentum of outstanding programs such as the Off Campus Housing Fair and Communiversity, it is necessary to have staff whose primary responsibilities are focused on helping students transition responsibly from the residence halls to more independent living, if this is their choice. An office of off campus student services could also support experiments with such programs as party registration and orientation programs for students moving off campus.

Mechanism for implementation: This office could be an extension of the Office of the Dean of Students.

Responsible person/group: The Division of Student Affairs and the Office of the Dean of Students.

Timeline: Identify office space, recruit and train staff throughout the 2013-14 Academic Year and implement in the 2014 Fall Term.

Assessment:

1. Develop a “Good Neighbor” survey asking neighborhood residents for feedback about their UO student neighbors (it may be something to collaborate with NCC and LCC and broaden its scope and perspective). The survey could focus on the degree to which students are perceived to be considerate neighbors, invested in their neighborhood, responsive to concerns, etc.
2. Focus and integrate the three or more existing groups dealing with off campus behavior and neighborhood relations into one group that involves equal numbers of Off Campus Students, Neighborhood Residents, and University staff working together as an Advisory Council (e.g. Good Neighbor Advisory Council). That group could work with data from surveys, consult on incidents (based on public knowledge not confidential information), develop plans to work with the University and neighborhood residents, etc.
3. Develop or utilize an Off-Campus Support survey soliciting feedback on specific support services for the new office.

Key performance indicator:

1. Short Term (Year 2-3): Annual scores will exceed the previous year.
2. Long Term: Three year averages will equal or exceed overall average.
3. Short Term (Year 2-3): Annual scores will exceed the previous year.
4. At least one service is enhanced or initiated due to survey data.
5. Long Term: Three year averages will equal or exceed overall average.

Approximate Cost (s) Associated with Recommendation (and if the costs are re-occurring or one-time costs): Three full-time officer of administration positions, two for program development and education and the other to serve as office manager and supervisor of student staff plus a general expense budget of \$25,000.

RECOMMENDATION 6: To improve livability of the West Eugene Neighborhood and increase the UO's connections with students, academic and student affairs departments should build an "EMU extension" that would house student-run businesses, offices and meeting/study rooms, and a UOPD substation.

Rationale: Students living in the West Eugene Neighborhood find themselves in a sea of single-family homes with few student services and activities. Building an "EMU extension" a student-run building with a grocery and sundry store, bowling alley, electronic game center, billiards, movie theater, food court, study and meeting rooms and an UOPD substation, could provide students with a late night gathering spot and less need to go from street to street looking for something to do. Concentrating on the West Eugene Neighborhood-with the high concentration of students who wish to be social-and high property crime rates, this extension could experiment with having later hours and serving beer thus facilitating off campus student engagement with expanded opportunities for recreation and studying while providing work experience and the promotion of entrepreneurial efforts.

Mechanism for implementation: The Division of Student Affairs partnering with the ASUO and the Lundquist Business College and other partners perhaps in the City of Eugene, and the UO Office of Campus Planning and Real Estate, would explore either building or purchasing an existing building, design and construction of the facility, employ and train student staff for building operation.

Responsible person/group: The Division of Student Affairs, including EMU and Office of the Dean of Students, and UOPD.

Timeline: Implementation Fall 2017.

Assessment:

1. Track patrons of Extension.
2. Extract OCV related to West Eugene residents and locality from overall campus data.
3. Compare rate of OCV among Extension patrons against overall rate of OCV among off campus student population.
4. Calculate ratio of OCV violations to overall population (for campus wide and West Eugene).

Key performance indicator:

1. Short term (Year 1-3): Extension rate will be lower or equal to overall rate.
2. Long Term: Three year Extension rate will be lower than both the overall Extension rate and the overall rate of OCV among all off campus students.
3. Ratio of violations to population for West Eugene is lower than or equal to overall campus wide.

Approximate Cost (s) Associated with Recommendation (and if the costs are re-occurring or one-time costs): Costs would depend on property, type and size of building, etc. and staff necessary to maintain and operate such a facility.

RECOMMENDATION 7: To increase civility of students at UO football games by using wristbands for students sitting in student sections.

Rationale: Providing wristbands for students will assist in not overcrowding the student section, allowing students to use facilities without losing a seat which will lead to less behavior problems in the student sections.

Mechanism for implementation: UO Athletics will create the policy, educate the students, and be responsible for policy enforcement.

Responsible person/group: UO Athletics, Office of the Dean of Students, UOPD, Office of Government and Community Relations, Eugene Police Department, Eugene Prevention Coalition.

Timeline: Implementation by Fall 2013.

Assessment:

1. Track incidents and ejections.

Key performance indicator:

1. Short Term (Year 1-3): Number of incidents and ejections will decrease by 5%.
2. Long Term: Three year average number of incidents and ejections will be equal to or lower than overall average of incidents and ejections.

Approximate Cost (s) Associated with Recommendation (and if the costs are re-occurring or one-time costs): Cost of wristbands and potential need to hire more staff from Crowd Management Services (CMS) and/or law enforcement for events.

RECOMMENDATION 8: Create a Restorative Justice Partnership (RJP) with the City of Eugene Municipal Court.

Rationale: Restorative justice processes support student success and strengthen community by providing a rich learning experience that heightens student awareness of the impacts of their behaviors, creates a platform for them to give back to the community and repair the harm caused, and provides a forum for them to progress in their development towards a sense of interdependence. A Restorative Justice Partnership can strengthen UO-neighbor relations as a result of the aforementioned student learning and the community-building nature of the approach, both of which lead to reduced recidivism. The implementation of this program has been requested by students and neighbors, as well as the City of Eugene.

Mechanism for implementation: Development and integration of a restorative justice diversion option as well as an MOU between the Eugene Municipal Court and the University of Oregon that describes the roles and responsibilities of each agency in relation to the partnership.

Responsible person/group: Conflict Resolution Services in the Office of the Dean of Students, City of Eugene, Eugene Municipal Court.

Timeline: Implementation by Fall 2013.

Assessment:

1. Track satisfaction.
2. Track recidivism.
3. Adapt Good Neighbor Survey to serve as a Pre/Post measure of participant's perspective of each other.
4. Establish learning outcomes around "taking responsibility," and "recognizing their impact on others."

Key performance indicator:

1. 80% of participants will have an overall favorable level of satisfaction.
2. Recidivism among RJP participants will be lower than overall campus recidivism rate.
3. Post perceptions will be more favorable than Pre-test perceptions.
4. 80% of students will demonstrate at least "average competency" in both learning outcomes.

Approximate Cost (s) Associated with Recommendation (and if the costs are re-occurring or one-time costs): Costs would be approximately \$125,000 annually for personnel and administrative expenses. Personnel will include a Restorative Justice Coordinator (1.0 FTE) and an Assistant Coordinator (0.5 FTE).

RECOMMENDATION 9: Review OAR 580-013-0030 and OAR 571-020-0180 to ascertain whether they are unnecessarily more limiting than FERPA and should be amended.

Rationale: FERPA allows the contacting of parents and families when students are charged with Minor in Possession and similar charges but interpretations of OAR 580-013-0030 and OAR 571-020-0180 prevent this practice. According to best practices information, students state that the most effective deterrents to underage drinking are strict enforcement and parental notification.

Mechanism for implementation: The Division of Student Affairs, the Office of the Dean of Students, and the Office of the General Counsel shall review all relevant statutes and legislative remedies if appropriate.

Responsible person/group: The Division of Student Affairs, the Office of the Dean of Students, and the Office of the General Counsel.

Timeline: Implementation by Fall 2014.

Assessment:

1. Track recidivism.
2. Track number of MIPs, both regarding off Campus and on Campus locations.

Key performance indicator:

1. Recidivism among participants where parents are notified will be lower than overall campus recidivism rate.
2. Short Term (Year 1 – 3): Number of MIPs will be 5% less than previous year.
3. Long Term: Three year average number of MIPs will be equal to or less than overall average number.

Approximate Cost (s) Associated with Recommendation (and if the costs are re-occurring or one-time costs): It is anticipated that there would be recurring costs to develop and administer a parental participation sign-off system, working with municipal police or court authorities, and the mailing of notices of students receiving MIP's.

RECOMMENDATION 10: The Office of Government and Community Relations, the Office of the Dean of Students and UOPD, continue efforts to communicate with neighbors, the City of Eugene, and University students, to share different perspectives and arrive at reasonable solutions to shared concerns.

Rationale: Much progress and momentum has been developed over the past four years to address longstanding concerns which are complicated and for which there are no easy solutions. This recommendation acknowledges that the current expertise, efforts and energy should be committed and sustained as no amelioration of the concerns has occurred yet despite the impressive progress that has been made.

Mechanism for implementation: The Office of Government and Community Relations, the Division of Student Affairs, and the Office of the Dean of Students will continue and even increase ongoing efforts.

Responsible person/group: The Office of Government and Community Relations, the Division of Student Affairs, the Office of the Dean of Students.

Timeline: Ongoing.

Assessment:

1. Compare number of incidents resulting in citations (MIP, Noise, etc.) and number of Code 20504 violations.
2. Establish a benchmark from other schools regarding the number of incidents of a similar social host ordinance and compare every 3 years or less.
3. Use Good Neighbor Survey.

Key performance indicator:

1. Short Term: Increase of 10% in calls (increased awareness) related to noise and unruly gatherings.
2. Short Term: Decrease in number of incidents related to noise and unruly gatherings that result in a citation of 5% each year for first 3 years.
3. Long Term: Three year average of 20504 incidents or citations (however defined) equal to or less than overall average.
4. UO frequency is less than benchmark average.
5. Short Term (Year 2-3): Annual scores will exceed the previous year.
6. Long Term: Three year averages will equal or exceed overall average.

Approximate Cost (s) Associated with Recommendation (and if the costs are re-occurring or one-time costs): No additional cost involved for the next fiscal year as the work that is currently occurring has been funded.