



SAN DIEGO STATE UNIVERSITY

Drug Free Schools Act Biennial Review

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review requirement

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AOD program goals

Alcohol and Other Drug (AOD) use and abuse pose a potential risk to the health, safety and educational/occupational experience of our students and staff. Further, the negative impact of student AOD abuse is often felt in the broader community through noise, vandalism, vehicle crashes, and use of community resources such as police and paramedics. Therefore, we seek through our AOD programs to reduce and prevent problems associated with alcohol and other drug use by students of SDSU.

Description of AOD Program Elements

San Diego State University traditionally operated AOD abuse prevention/intervention activities in a decentralized manner. Programs emerged from departments or faculty interest, often in response to a current need or funding opportunity. While this has led to a great deal of activity, and some stellar innovation, it has also resulted in inefficiencies, duplication of effort and serious gaps in the campus's approach to the problem. Therefore, over the course of the past two years, a cohesive model for AOD prevention/intervention has been adopted so that each program operating on campus synergistically fits with other programs, maximizing the effectiveness of all related effort.

The comprehensive AOD strategy includes elements from five interacting domains (see Figure). The idea of the model is to put into place a system whereby (1) student attitudes and motivations to use or abuse AODs are changed, (2) opportunities for students to act responsibly while fulfilling developmental and social needs are provided, and (3) access to AODs is reduced to limit excessive consumption. These domains act both within the campus and at the broader



community level and thus often require community action and involvement. Finally, all programmatic activity should be developed and evaluated within an environment of rigorous scientific methods that enable measurement of improvements in individual and public health outcomes, cost-efficiencies, program sustainability, and continuous program improvement.

Management structure

SDSU added a Coordinator of AOD Initiatives position during the 2001-2002 academic year. Dr. James Lange continues to fill this position. The Coordinator is a faculty-level position housed within the Health Promotion department of the Student Health Services. The Coordinator is a resource for campus constituents developing and implementing AOD programs within the comprehensive plan described above. The Coordinator also spearheads program, research and funding development for AOD programs. Dr. Lange also functions as a community representative for the university in AOD related community-wide prevention efforts.

The Coordinator also chairs a committee on AOD issues, the AOD Priority Team. This committee includes representatives from all the divisions of Student Affairs as well as faculty, public safety, students and Associated Students.

Most AOD programs implemented on campus remain within specific divisions of Student Affairs. Fraternity and Sorority Life, Residential Education, and Counseling and Psychological Services are the predominate purveyor of AOD programming. Many of the programs include the involvement of Public Safety and the office of Student Rights and Responsibilities. Additional programming occurs within Athletics as well as Student Health Services. Another source of programming comes from faculty grant and research interests. The generation of needs assessment, program development and implementation remains within the realms of the specific divisions and departments. However, with the development of the AOD Priority Team, and the Coordinator position, there is now better communication between interested parties regarding such programming.

Individual Focus Example Programs

The following are examples of SDSU programs currently being offered that have a focus on individual student's knowledge, beliefs or attitudes.

- Alcohol and other Substance abuse Prevention Intervention Re-directive Effort (ASPIRE)

For over 10 years, prior to the development of ASPIRE, many SDSU students cited for alcohol violations were mandated to attend a 'Saturday school' educational group conducted by a private off-campus agency. Students were required to attend an 8-hour educational group and write a 500-word essay. While no outcome data were collected, anecdotal reports and observations regarding efficacy of the program (recidivism rates) were disappointing. It should be noted that more recent research shows little support for the efficacy of group educational approaches. Strictly didactic approaches to prevention/intervention yield little to no change in problematic drinking of college students (Walters & Bennett, 2000). Research supports the notion that personalized feedback regarding alcohol use is linked to decreases in drinking as opposed to general information provided in a lecture (Miller & Willbourne, 1995). Furthermore, from an organizational perspective, the referral process frequently resulted in several months delay before students received the intervention.

Therefore, SDSU's Counseling and Psychological Services developed a model program called the Alcohol and other Substance abuse Prevention Intervention Re-directive Effort (ASPIRE). The program continues the overriding goal of the original program, which is to change the behaviors of those violating campus alcohol policies. However, now a treatment modality is used, where students are first assessed, then assigned appropriate treatment protocols. This *step-care* model allows for different levels of intensity for students depending on their assessed needs. Under the ASPIRE system, mandated students are typically assigned into a one, two or three session treatment plan. Each session is guided by the Motivational Interviewing (MI) style of interaction, with a focus on bringing the students into a reflective state concerning their goals and behaviors.

Initially, a student mandated to the ASPIRE Program pays a fee of \$100.00 at the university Cashier's office. Next, he/she presents to Counseling & Psychological Services to complete written assessment measures and to schedule an appointment for an initial assessment with a trained therapist. Assessment measures include a Personal Data Questionnaire for demographic data, the Check-up-to-go (CHUG) to assess drinking patterns, and the Brief Symptom Inventory to assess psychological symptoms.

The initial appointment consists of an overall exploration of the student's drinking patterns and use of other drugs using a Motivational Interviewing approach. Psychological issues commonly co-occurring with substance abuse are also assessed, such as depression, anxiety, relationship problems, and anger management issues. Results of the assessment session and written measures are evaluated and used to generate individualized treatment protocols that may include some or all of the following: (1) Alcohol 101 CD-Rom interactive computer program (Reis et al., 2000) with accompanying worksheet; (2) up to two additional Motivational Interviewing sessions; (3) referrals for adjunct or long-term therapy. If the student is referred for a second Motivational Interviewing session, feedback regarding the assessment measures is provided in the session. If the student is not referred for additional sessions, feedback regarding the Check-up-to-go is mailed to the student. The clinical decision regarding the specific protocol assigned will be based upon the extent of alcohol abuse identified, the nature of co-morbid conditions, and the student's apparent stage of change.

After the initial appointment, most students are expected to be assigned the two additional MI sessions because we expect that most will present a history of serious alcohol abuse. The first of these additional sessions is scheduled for one week after the initial appointment. At this time, alcohol use is reassessed and additional feedback is provided. The final follow-up session is scheduled for six weeks after the second session. Again, at that appointment assessment, instruments are administered and feedback is provided through a MI technique.

When the student has completed the requirements of the program, a progress report documenting completion is sent to the referral source and the student is given a certificate of completion. An initial evaluation of the ASPIRE program is included in Appendix A.

- Check Up to Go (CHUG) and eCHUG

The Counseling and Psychological Services (C/PS) has begun to use the CHUG and eCHUG procedure for quick alcohol and marijuana related assessment and feedback. The eCHUG is a web-based version of the instrument (see Appendix B). An experimental evaluation of the e-CHUG is currently underway within the Freshman Success program. The eCHUG system is also now being marketed by the C/PS to all colleges and universities nationwide.

- Choices Peer Education Trial

Beginning in the fall 2002, a project was initiated to test a new alcohol curriculum within the Freshmen Success classes. The curriculum was centered on materials developed by The Change Companies™ called CHOICES. While the basis of the curriculum is sound science, the CHOICES program has not been rigorously tested for efficacy. Therefore, it is important to test the efficacy of the curriculum before offering it widely. The project therefore seeks to support the limited release of the CHOICES program, and its careful evaluation.

The Choices developer, Dr. George Parks, trained Peer Educators from both the Counseling and Psychological Services, and the Student Health Services. Following training, the Peer Educators made presentations to a limited number of Freshmen Seminar classes. Students who participated in the CHOICES program were asked to voluntarily provide additional data that will be used to assess the effectiveness of the program. Additionally, data were requested from volunteers attending some Freshmen Seminar classes that did not receive the CHOICES program.

A report documenting the major findings of this evaluation is included in Appendix C. This experiment is being repeated during the fall 2004 semester because many of the experimental cells in the original design were not filled due to the campus closure during the October 2003 fires.

- 21st Birthday Letters

All students receive a letter from the Vice President of Student Affairs, just prior to their 21st birthday. A copy of the letter is included in Appendix D. The effectiveness of this program is not yet evaluated.

- Other Programs

Campus organizations and departments conduct focused interventions designed to serve specific constituencies. These include various Residential and Greek programs. The GAMMA has been chartered since before 1993, and during the 2002 and 2003 spring semesters there were Safe Spring Break programs. Heretofore, none of these programs have been evaluated, and many of them are student initiated.

Behavioral Alternatives Example Programs

- Safe Rides

The Associated Students initiated a Safe Ride program, offering free transportation home to students from various locations around San Diego on weekend nights. The program was funded by AS, SDSU Student Affairs and contributions by local beer distributors.

An evaluation of the Safe-Rides program was conducted with funding from the NIAAA (Appendix E).

Due to the costs associated with the increased patronage, the Associated Students has been forced to modify the Safe-Ride program beginning with the fall 2004 semester. The new program will likely continue to use a taxi service, however, the Safe-Ride registration will have a fee, and a limit to the cost of the ride will be imposed.

- Other Associated Student activities

Many of the on-campus, substance-free, recreational activities are organized by the Associated Students. These include movies and sporting events.

- Other off-campus sources

San Diego offers a wide variety of recreational activities that are—or can be—free from AODs. Efforts to assure that students can avail themselves of these opportunities could be enhanced however. There are also many alternatives to driving a motor vehicle while intoxicated that students could use. Such transportation alternatives will be greatly enhanced by the trolley that will soon be arriving to the campus.

Currently, the Safe-Ride program is the only *behavioral alternative* program to have been evaluated.

Enforcement & Access Example Programs

- SDSU and other entities' policy

There are a number of policies that SDSU has that address student access to alcohol. In addition to the omnibus policies, there are specific policies for dormitories, fraternities and sororities, athletics, and Associated Student groups.

Alcohol is readily available to those over 21 on campus. There is a pub on campus with a prominent location and the faculty lounge also sells alcohol. There is liquor and beer sold at a convenient store across an ally from the major dormitory complex.

Since most SDSU students live and party off campus, many of the efforts within this domain necessarily overlap with the community action discussed below.

The Daily Aztec undertook one recent positive change in policy. It has decided to prohibit advertising for bars and nightclubs in Tijuana that may be perceived as encouraging those under 21 to consume alcohol.

- Special enforcement activity

- COPP - DUI Checkpoints
- Shoulder-tap style enforcement
- CAPP ordinance enforcement
- Coordinated MIP enforcement
- RBS training

Community Action Example Programs

- Collegiate Alcohol Research and Prevention Initiative (CARPI)

Building off of the award winning C-CAPP program, CARPI was formed to reduce AOD problems experienced by students attending colleges and universities in San Diego County. CARPI members represent every major university in San Diego, local and state law enforcement and regulatory agencies, student groups, community groups, businesses, and student affairs. CARPI supports the Community Oriented Policing Project (COPP) and the Responsible Hospitality Coalition (RHC) to implement such prevention strategies.

- Presidential activity

President Stephen Weber is a leader within the “College Presidents Forum” and was recently named to the Higher Education Center’s Presidents Leadership Group. Dr. James Kitchen, Vice President for Student Affairs, has been working side-by-side with other CSU vice presidents for student affairs on the Chancellor’s Alcohol and Other Drug Initiative to reduce alcohol abuse and to combat underage and binge drinking among college students throughout the system.

Research and Innovation Examples

Research on all aspects of campus AOD use and prevention has been enhanced through several externally funded research projects. The Safe-Ride and E-CHUG evaluation (see Appendices) are examples of such research.

The research conducted at SDSU has also served to highlight the programmatic innovation that has occurred here. The E-CHUG program is just one example, where over 100 campuses nationwide have adopted it as part of their alcohol prevention strategy. Another example is the Community-College Alcohol Prevention Partnership (C-CAPP) which was awarded a Model Program award by the U.S. Department of Education.

Summaries of AOD Program Strengths and Weaknesses

SDSU implements a diverse set of programs for preventing AOD abuse. It is a recognized leader in the community-environmental management approach to AOD prevention. Dr. James Lange, the Coordinator of AOD Initiatives, was recently selected by NIAAA to serve as one of 5 expert researchers to evaluate their collegiate alcohol prevention grant programs. Through this leadership, the office of AOD Initiatives has grown to include a Health Educator, and two part-time masters-levels assistants. SDSU has also fostered an environment that has lead to truly impressive innovations. The C-CAPP project, ASPIRE program and e-CHUG are excellent examples of this innovation.

There are two main weaknesses with the programs: (1) most are not evaluated, and (2) the heavy reliance on external funding for some of the most innovative programs has placed some in jeopardy of vanishing.

Procedures for Distributing AOD Policy to Students and Employees

The AOD Initiatives office has now launched an AOD website (<http://aod.sdsu.edu>) that contains alcohol policies for the university. The policy statement is also currently included in the student guidebook and course schedule. The guidebook is available to all students for a small fee. The entire guidebook is also available on the SDSU web site. All students have free access to the computer lab, and thus all students have access to the internet. Further, all students are sent an e-mail to their address of record pointing them to the place within the AOD website that contains the policy statement. Since all students must have an official email address of record, this mode of contact seemed both cost effective and likely will assure more successful contact. Past attempts to mail letters containing the statement to land-addresses proved to miss many students because parent-addresses were on record instead of student addresses.

Previously, the only statement regarding AOD policy being distributed to faculty and staff is a statement included within the Clery Act compliance document. That statement is posted on a university web site and faculty and staff are directed to that site through statements included on pay stubs and campus-mailed postcards. After the AOD priority team determined that this was an inadequate form of notification because it (a) did not assure that all faculty and staff viewed the AOD portion of the document, (b) the statement was not specifically tailored to the policies and services related to SDSU faculty and staff, and (c) the Clery notification to faculty and staff does not mention that AOD related information is available within the report, the AOD Coordinator recommended modifications to staff and faculty notification procedures to the Dean of Faculty and the Associate Vice President of Business Enterprises. Responding to this recommendation, the Human Resources department now mails all faculty and staff a statement previously approved by the campus senate. While the policy statement mailed is useful, there are acknowledged weaknesses in its content vis-à-vis the DFSA requirements.

Copies of the Policies Distributed to Students and Employees

See Appendix F

Recommendations for Revising AOD Programs

The comprehensive plan allows for a continuous process of needs assessment and evaluation, allowing for the AOD prevention programs to be more responsive to the SDSU community. Therefore the primary recommendations for AOD programs are as follows:

1. Expand the peer education program to include an AOD component that will be applicable to the diverse student body.
2. Continue to improve communication and coordination of campus AOD programs.
3. Continue to develop the infrastructure for improving the scientific basis for AOD programs.
4. Continue to improve the distribution of AOD policies to all students, faculty and staff.
5. Develop a campus-wide assessment of AOD program implementation

References

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Walters, S.T., & Bennett, M.E. (2000). Addressing drinking among college students: A review of the empirical literature. *Alcoholism Treatment Quarterly*, 18(1), 61-77.

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Appendix A – ASPIRE Evaluation

ASPIRE Evaluation

In the first four semesters of implementation since the spring of 2002, more than 600 SDSU students (63% male) were mandated to participate in the ASPIRE program. Most were referred to the program by the Office of Housing and Residential Life (62%) and the remainder by the Center for Student Rights and Responsibilities (37%) and other sources (2%). Referrals were based on violations of alcohol and other drug policies on campus. Some students were concurrently involved with the legal system, as they had been cited for Minor-In-Possession of alcohol, possession of illegal substances, or Drunk In Public.

Treatment

Students were first administered a short battery of written assessment measures (Check-up-to-go, Brief Symptom Inventory, Personal Information Questionnaire). Using these measures and at least one face-to-face interview, all students were screened for co-occurring mental health disorders, risky behavior and other psychosocial concerns that might compromise their academic performance and progress. Then, a stepped-care model was used; students were assigned to interventions appropriate to their assessed level of alcohol abuse and need. Approximately half of students (51%) were seen for the maximum of three mandated intervention sessions. Each individual session used the Motivational Interviewing (MI) approach. Thirty-four percent (34%) were seen for two sessions and the remainder (15%) were seen for one session only. Those requiring only one session completed the Alcohol 101 interactive CD-Rom (Reis et al., 2000) program and submitted their completed personal worksheets. All students, regardless of the number of sessions attended, were provided individualized feedback regarding the “Check-up-to-Go” (CHUG) intervention/assessment instrument and the Brief Symptom Inventory (Derogatis, 1975).

Results

Preliminary analyses of data taken from students assigned to and completing the three-session protocol, including the six-week follow-up assessment, are quite promising. At 6-week follow-up, 83% of students reduced their use of alcohol, with a decline of an average of 12 drinks per week per person. Furthermore, 73% of these students reported decreasing the number of drinks consumed on their heaviest drinking episode in the past month, by an average of 5.0 drinks per episode per person. The money spent on alcohol reported by participants declined by an average of \$11.38 per week.

Of the students who reported they had driven while under the influence of alcohol in the past month, 79% decreased the number of drinking and driving incidents to zero. Similarly, of students who reported riding with drivers who had been drinking, 62% decreased the number of incidents of riding with a driver who had been drinking to zero. These results suggest that students, after completing the ASPIRE program, are engaging in fewer behaviors that put themselves and the community at risk.

In addition to the statistical outcome data presented above, anecdotal evidence of positive outcomes is also quite strong. The Director of Residential Education for the over 3,000 students living on campus reported notable reductions in recidivism of alcohol and other drug violations in the residence halls subsequent to the ASPIRE program's implementation. Furthermore, the therapists treating students through the ASPIRE program consistently reported positive process outcomes beyond the numerical data. Even the students, who did not report actual changes in their patterns of use of alcohol and other drugs, were noted to have made substantial progress on indicators of "readiness for change".

Furthermore, many students assessed not to be using alcohol and other drugs in a problematic fashion, benefited from the ASPIRE intervention in a number of ways that potentially impact retention to the university. The context of the program with normative feedback provided an arena to reinforce students' choices to avoid risky or problematic use of alcohol. Additionally, many students were referred to other resources, such as for further psychotherapy regarding personal and/or family problems that were found to be interfering with their academic performance or to the Disabled Student Services Office to be screened for learning disabilities and/or to a Career Services counselor to sharpen their academic and career goals.

Conclusions and limitations

The results of this evaluation of ASPIRE are very promising. We demonstrated that, at least on a limited basis, the processes put in place to handle the administration of ASPIRE were effective. However, it is clear that this trial fails to demonstrate the causative connection between participation in ASPIRE and positive change. There was no comparison or control condition for the pilot trial.

Consistent with their drinking rates, students living in the residence halls, a primary source of ASPIRE referrals, report alcohol problems at rates much higher than the general SDSU population. For instance, 19% of the students living in the residence hall sample reported trouble with authorities in the past year, compared to 4.7% in the general student population. Given that approximately 3,600 students live in campus housing, if almost 20% are getting into trouble because of alcohol, it is easy to see why our Office of Student Rights and Responsibilities is reporting that over 700 cases of alcohol-related violations are handled per year, particularly since that office adjudicates non-residential cases as well.

Appendix B – CHUG and eCHUG

Check-Up to Go

One STANDARD DRINK equals:

1 shot or mixed drink
5 ozs. wine or 1 cooler
10-12 ozs. beer

In order to provide you with the most accurate feedback, please answer the following questions honestly. Remember that your answers are CONFIDENTIAL. Please put your name and mailing address below:

What is your gender? _____ Weight? _____ Currently taking prescription medications? _____

1. For the PAST MONTH, please describe a TYPICAL DRINKING WEEK. For each day, fill in the number of STANDARD DRINKS of each type of alcohol you consumed on that day and the TYPICAL NUMBER OF HOURS you drank on that day.

	MONDAY	TUESDAY	WED.	THURS.	FRIDAY	SAT.	SUNDAY
BEER?							
WINE?							
SPIRITS?							
HOURS?							

2. Think of the one occasion during the PAST MONTH where you drank the most. Fill in the number of standard drinks of each type you consumed.

BEER? _____
WINE? _____
SPIRITS? _____
HOURS? _____

3. Think about the number of your BLOOD RELATIVES who are now, or have been in the past, problem drinkers or alcoholics.

	NUMBER
Number of parents?	_____
Number brothers or sisters?	_____
Number grandparents?	_____
Number uncles or aunts?	_____
Number first cousins?	_____

4. During the PAST MONTH, how many days did you drive a vehicle shortly after having three or more drinks? _____

5. During the PAST MONTH, how many days were you a passenger in a vehicle when the driver had three or more drinks? _____

6. How much would you estimate you spend on alcoholic beverages per week? _____ \$

7. For each of the following, estimate how common these behaviors are:
- What percent of U.S. college students (same sex) drink more than you?
- What percent of SDSU students have two drinks or less in a typical week?
- What percent of SDSU students do not drink at all in a typical week?
- What percent of SDSU students smoke marijuana at least once a month?

8 Please circle the answer that is correct for you:

a.	How often do you have a drink containing alcohol?	Never	Monthly or less	Two to four times a month	Two to three times a week	Four or more times a week
b.	How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
c.	How often do you have six drinks or more on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
d.	How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
e.	How often during the last year have you failed to do what was normally expected from you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
f.	How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
g.	How often during the past year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
h.	How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
i.	Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year
j.	Has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year

AOD World Health Organization. Used by permission.

9. During the PAST MONTH, how many cigarettes did you smoke on a typical day?
10. If a smoker, for how many years have you smoked regularly?
11. After school expenses, how much money do you have to spend in an average month? \$

Appendix C - Evaluation of e-CHUG

Evaluation of e-CHUG Integrated Into Two Classroom-Based Alcohol Interventions

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Abstract

An experiment was conducted to test the effectiveness of three interventions—alone and in combination—available to prevent college student alcohol abuse. The interventions were (1) CHOICES, a unique alcohol-prevention education that employs interactive journaling and elements of the Alcohol Skills Training Program, (2) Alcohol 101plus CD-ROM developed by the Century Council, and (3) e-CHUG, an online alcohol assessment/motivational enhancement feedback system developed at SDSU. A new program that combines CHOICES with E-CHUG was also tested within the context of a random-trial evaluation conducted at SDSU. The primary dependent variable was alcohol consumption on a four-week follow-up survey. Results indicate that regardless of classroom presentation curriculum (either CHOICES or Alcohol 101plus), the addition of the E-CHUG significantly reduced reported consumption. The research is limited by the low response rates that were the result of student noncompliance and the SDSU's campus closure due to fires during the research period.

Background

The current college alcohol research field has some solid epidemiological evidence. O'Malley and Johnston (2002) analyzed the five extant national data sources that measure alcohol and other drug use among college populations. This analysis showed that the prevalence of any alcohol use among college students is considerable (69.6% for last 30 days), with half of these drinkers being high risk (five or more drinks on an occasion) drinkers. O'Malley and Johnston found consistency across data sources, in terms of demographics: men drink more than females; white students drink more heavily than all other groups; students living in the north east drink the most while students in the west drink the least. Using secondary analyses of extant data, a recent study by Hingson and associates (2002) estimated that approximately 1400 college students die each year and another 500,000 students are involved in alcohol-related trauma as a result of alcohol consumption. In a review of studies, Perkins (2002) delineated several types of alcohol-related consequences experienced by college students including: 1) damage to self, 2) damage to

others, and 3) institutional costs. Damage to self included interpersonal problems, health problems, suicide, accidental deaths, and legal problems.

In 2002, the National Institute on Alcohol Abuse and Alcoholism identified the following common elements of the most effective alcohol abuse prevention programs for college students.

1. Combine cognitive behavioral skills with norms clarification and motivational enhancement
2. Offer brief motivational enhancements
3. Challenge alcohol expectancies

Most of the research using these strategies has used either high risk populations (such as Greek members) or those identified as heavy drinkers. There have been fewer programs for a general student population evaluated. The research presented here tests three interventions in a freshman orientation class.

Curriculum

CHOICES: Alcohol Abuse Prevention and Harm Reduction Program

The CHOICES program was designed by the Change Companies in partnership with Drs. Alan Marlatt and George Parks of the Addictive Behaviors Research Center at The University of Washington. This program uses a facilitated small group process to guide students through information, reflective journaling, and group discussion to help students internalize risk reduction information and personalize the experience by “trying-on” strategies to reduce risk through journaling and discussion with other students. The program uses a motivational, cognitive skills-based, harm-reduction model developed at the University of Washington. For this SDSU intervention, Peer Counselors facilitated all groups.

A modified version of this program was developed that integrated the E-CHUG feedback into the content of the CHOICES journal. This was intended to increase the salience of the E-CHUG feedback and deepen its cognitive processing within those students assigned that condition.

The program was further modified to shorten the presentation time to fit within the 45 minutes available within the freshman orientation class schedule. Thus, the program presented within this study was 50% the duration of the typical presentation as designed.

Alcohol 101 CD-Rom Presentation

Alcohol 101plus is an interactive alcohol education computer program developed by the Century Council. We created an in-class presentation using this program focusing on alcohol situations in the first year residence hall, a party dealing with alcohol poisoning, and a scenario discussing the consequences of driving under the influence. Students watched

different video clips and as a group had an opportunity to make some choices for the main characters at certain key points during the presentation. Once a video clip had concluded, the facilitators used discussion questions to encourage students to reflect on their own views of alcohol, their drinking habits, and the choices they are presented within any given situation.

The E-CHUG Intervention

The electronic-Check-Up to Go is the web-based version of the Check-Up to Go (CHUG) mailed feedback instrument (Walters, 2000; Walters, Bennett & Miller, 2000). This assessment and feedback tool is derived from widely-used Drinker's Check-Up format. The electronic Check-Up to Go (E-CHUG) combines a brief assessment with motivational feedback tailored to college students. The E-CHUG helps students understand their drinking patterns relative to other college students, and indicates specific risk factors. Further, the tool provides targeted information about how the student can reduce their level of risk. The assessment and feedback is completed individually, using the Internet.

Methods

A randomized trial was conducted through the SDSU freshman orientation class. While the original design included seven conditions, circumstances beyond our control limited the useful conditions to those reported here. The remaining design was a 2 X 2 factorial design (Curriculum X E-CHUG). We also varied the presentation of a pretest, to control for measurement effects on follow-up outcome data. Because a pretest was not present for each subject, analyses that include a pre-test have substantially fewer subjects. Follow-up measurement was conducted four weeks after the interventions via web and telephone surveys.

Participation in an alcohol wellness workshop was made a requirement of the freshmen orientation class. Participation in the data collection component however was voluntary, and followed standard informed consent procedures. There were 1,529 (34.4% male) students enrolled in the freshmen orientation class and though it was a requirement, only 782 (51.1% of the total; 29.4% male) of the students visited the scheduling website and signed up for a wellness workshop. Males were statistically over-represented among those not scheduling a workshop, accounting for 39.7% non-compliant students. Since assignment to conditions occurred during the scheduling process, the lack of compliance does not threaten the validity for any between-condition comparisons; however, it does threaten the generalizability of these data to the freshmen-orientation population as a whole.

Of those signing up for a workshop, 333 (29.4% male) were assigned into an "e-chug-required" workshop. Consent to complete the research elements of this project occurred either immediately following workshop scheduling (non e-chug-required conditions) or immediately following the e-chug (e-chug-required conditions). A \$50 lottery (1:99 odds of winning) was offered as an incentive. E-Chug required students were less likely to consent to the research than non e-chug participants. While 65.8% of the non e-chug required students agreed to participate, only 35.3% of the e-chug required students consented. It is

likely that this resulted from fatigue induced by the e-chug administration prior to requesting additional (voluntary) tasks. There were no differences in consent rates by sex.

Finally, 112 participants were left in four condition combinations who attended the workshop, and completed the post-test (24.1% male). Cell size varied from 20 to 44 within the remaining factorial design. Clearly, this small subset of the original sample limits this study. However, the random assignment nature of this design and the ability to test for pre-test differences makes the results more compelling, at least for a preliminary study.

Measures

To avoid duplicative items, the measures were primarily based upon those within the E-CHUG. The primary dependent measure consisted of a computed typical drinks per hour (DPH). DPH was used because (a) it is easily calculated using the response matrix provided within the measure, and (b) it has some correspondence with the NIAAA recommended definition of binge drinking, since DPH has a direct relationship with resulting BACs.

Results

Though there were substantially different compliance rates by condition, there were no substantive or significant differences on any of the measures reported here at the pre-test. As such, unless otherwise stated, pre-test measures were not included as covariates in the analysis because doing so would have diminished the sample to only those in the condition that included pre-tests.

SOCRATES

There were no differences by condition on any of the three subscales of the SOCRATES (19-item version 8A). For each subscale, the participants' mean score placed them within the "very low" decile. This was true even when abstainers and light drinkers (less than 1 drink per hour) were removed from the analyses.

AUDIT

A marginally significant E-CHUG main effect was observed in post-test total AUDIT scores ($p=.056$). However, for all conditions, the mean AUDIT score was below 8, the lowest risk zone. Further, a similar difference was present in the pre-test data which entirely explained the post-test effect. Note that controlling for the pre-test AUDIT does not significantly diminish the DPH findings described below.

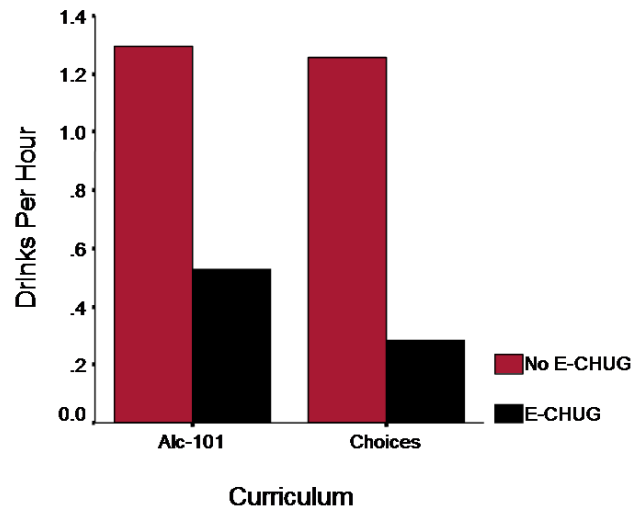
Drinks Per Hour (DPH)

A significant and substantial difference was observed on post-test DPH (Figure 1). Regardless of curriculum, those in the E-CHUG conditions reported fewer drinks, and fewer drinks per drinking hour, $F(1, 109)=9.495, p<.01$.

Pretest Effects

There were no significant effects on post-tests DPH or AUDIT from the presence or absence of a pretest.

Figure 1 Reported Drinks by Curriculum



Conclusions

Though this research fell short of the anticipated design, the remaining 2X2 factorial experiment that included two curriculums crossed with E-CHUG offer intriguing results. Clearly, the response rates call into question the effects reported, however, the lack of pre-test differences makes this less of a concern. However, we acknowledge the importance of replicating the findings presented here.

Alcohol consumption was markedly affected by the E-CHUG. Unfortunately, since a no-treatment control group was not retained within the design, we cannot be certain that E-CHUG is effective as a stand-alone intervention for this population. Instead, we conclude that E-CHUG in combination with either educational program produces beneficial effects.

Further, we cannot state whether or not CHOICES or Alcohol 101plus have independent effects on alcohol consumption. Without knowing what non-treated students would have reported, we cannot know whether the results reported here represent any beneficial effect. Shortening the CHOICES curriculum to fit within the required timeframe may have also affected its impact.

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Acknowledgments

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Appendix D - 21st Birthday Letter



Vice President for Student Affairs
San Diego State University
5500 Campanile Drive
San Diego CA 92182-7430
TEL 619-594-5211
FAX 619-594-7089

Happy 21st Birthday From the Division of Student Affairs at San Diego State University

Dear (Student's Name),

Congratulations on reaching this milestone in your life! This is truly a time to celebrate with your family and friends, creating special and memorable moments. I'm sure it's been a long journey with many hardships to confront and many successes to be proud of.

Among all of the wonderful birthday wishes and gifts you have received, you have also undoubtedly endured your share of lectures regarding the responsibility that comes with your new legal right to consume alcohol. I also hope that you have received and accepted some good advice about drinking responsibly.

Now that you have reached a different stage in adulthood your mindset must be prepared to adapt to new changes and be ready for different types of situations that you will be faced with. Some of the situations that you will now encounter will obviously deal with choices about alcohol. You may choose not to drink at all, in which case I commend you for your decision. However, should you choose to drink please do so as a responsible and mature adult and be ready to face these situations with a clear, educated and open mind.

I hope that you have already determined to avoid major catastrophes such as alcohol poisoning and driving under the influence. I also hope that you will think twice about your circumstances and surroundings before making the decision to drink. Be sure that you are in a safe environment and that you always have at least one friend who is willing and able to look out for those of you who decide to consume.

More than anything else I want your college years to be a time that you look back on later in life and truly enjoy the memories. My wish for you this year is that every day brings you new and exciting challenges and new opportunities to enjoy your youth and create new memories. Be responsible and think about the consequences of your decisions. How will they affect you and how will they impact the lives of others?

Have a wonderful birthday and a fantastic 21st year at San Diego State University.

Best Wishes,

James R. Kitchen
Vice President for Student Affairs



THE CALIFORNIA STATE UNIVERSITY • Bakersfield • Channel Islands • Chico • Dominguez Hills • Fresno • Fullerton • Hayward • Humboldt • Long Beach • Los Angeles
• Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

Appendix E – Safe-Ride Evaluation

SAFE RIDE: A Harm Reducing Behavioral Alternative Program

James Lange and Susan Henry
AOD Initiatives Research

Background

Drunk Driving and the College Student

When Hingson et al (2002) estimated that over 1400 college students die each year in alcohol related incidents, they acknowledged that the vast majority of these fatalities stemmed from vehicle crashes. Drunk driving by college students represents the most life-threatening risk associated with college binge drinking. Few programs developed to prevent student DUIs have proven effective. High profile enforcement activities show some promise (e.g., Clapp et al 2004), but are both expensive, and tend to be geographically limited. Education programs have generally failed to be demonstrated effective (see NIAAA task force report). Behavioral alternative programs such as safe-ride programs have largely been left unevaluated. Safe-Ride programs offer patrons a free ride home from a drinking locale. Thus, these programs offer potentially drunk drivers a direct alternative to driving home impaired. Safe-Ride programs also offer passengers of potentially impaired drivers an alternative to riding with an intoxicated driver.

While on the surface such programs appear to be *prima fascia* effective, the reality may be quite different. It is unclear for instance, whether such programs cater to those who would have actually driven drunk, or would have instead refrained from drinking in order to avoid a DUI. Thus, programs such as these have been questioned on the grounds that they may encourage consumption excess by removing the burden of driving from at least one member of a drinking group. It remains an empirical question whether the provision of a safe ride increases consumption and/or prevents actual DUIs. Indeed, there have been so few investigations into safe-ride programs, that virtually nothing has been documented about them, especially within the college population.

SDSU *Safe-Ride*

During the spring 2001 semester, the San Diego State University Associated Students began to pilot a Safe Ride program offering a free one-way ride home to students late at night on weekends. Vans were initially contracted through a shuttle service operator to transport groups of students. While the program appeared to offer an attractive alternative to driving drunk, student utilization was poor. This led to an assessment of the impediments to more expansive utilization.

Two main types of interacting impediments were posited: psychological and procedural. Procedural impediments included (1) the requirement to pre-register for the ride, (2) the requirement that all members of the riding party be pre-registered with Safe-Ride, (3) the use of a van service increasing wait times, and (4) restricted hours of operation. Psychological impediments include (1) a desire to retain group cohesion over splitting so pre-registered members could use the service, (2) failure to remember to use the service, (3) desire to avoid leaving a vehicle at pickup location, (4) impatience for ride, (5) impaired reasoning at point of safe-ride call, and (6) low general awareness of the program's existence or features.

The weak utilization of the Safe-Ride program offered an opportunity to study efforts to enhance its use, and at the same time, better understand how a safe-ride program may impact the general problem of college student drunk driving.

Program Modifications

Documented utilization rates are not available for the first full academic year of 2001 to 2002. However, during program-year 2 (academic year 2002 to 2003) clear documentation of the dismal utilization were apparent with only 1500 students pre-registering for the service and 83 van rides provided to over 350 total students. By fall 2003, responding to student feedback, Associated Students expanded hours of service as well as geographical area served, plus contracted with a taxi service to expedite service to individuals and small groups. All students had to do to be eligible for this 'free' Safe Ride home was to register with the Associated Students office to receive a card that would be used for verification of active student status and for taxi cab billing Associated Students for services rendered. To increase utilization further, a number of new advertising approaches took place. Between the procedural changes and expanded social marketing efforts, utilization increased substantially.

Methods

Telephone Survey

Two telephone surveys, one in fall 2003 and another during spring semester 2004 were conducted. Both surveys contained identical questions and skip patterns. The fall 2003 took place between November 7 and December 15, 2003 with 404 randomly selected undergraduate student participants questioned about their opinions regarding student drinking behaviors; their own drinking behaviors; and knowledge of and utilization of the Safe Ride program. The subset of undergraduate SDSU students 18-24 years old resulted in a sample size of 334. Demographic characteristics of this subset included: 39.8% male and 60.2% female; 45.8% were ages 18 – 20 years old and the remaining 54.2% were 21 – 24 years old; 96.1% were full-time students; and 6.6% were members of a fraternity or sorority.

The spring 2004 survey questioned 400 randomly selected undergraduate students. Surveys were conducted between April 13 and April 24, 2004. The subset of students 18 to 24 years old resulted in a sample size of 321. Demographic characteristics included: 42.4% male

and 57.6% female; 44.5% were ages 18 – 20 years old and the remaining 55.5% were 21 – 24 years old; 91.9% were full-time students; and 8.7% were members of a fraternity or sorority.

Ride-Along Survey

A trained surveyor rode along on the Safe Ride and administered measures while in the taxi. After completing a paper questionnaire, students' blood alcohol concentration (BAC) levels were measured using a calibrated breathalyzer instrument. Results from the BAC measure were coded and unavailable until retrieved the next day.

The ride-along breath test survey was conducted from October 2003 to March 2004. A total of 90 students (from 42 separate rides) who were riding in a Safe Ride taxi home from an evening occasion that may have included alcohol consumption were surveyed. Findings reported are for a subset (n=87) of this sample that includes only those students between the ages of 18 to 24 years old.

This survey was very labor intensive. A surveyor waited at a predetermined location. When a request for a "Safe Ride" came in, the dispatched taxi driver picked up the surveyor then proceeded on to pick up the student(s). While riding along in the taxi, the surveyor explained the research survey to the student(s) and provided/explained the informed consent document. Upon consent, students(s) completed the survey that was followed by a breathalyzer measure.

Results

Telephone Surveys

During the fall 2003 survey, 62.6% of students acknowledged they rode in or drove a car to an occasion where alcohol was being consumed and 53.3% reported riding in or driving a car home. 19.8% of sampled students reported they had driven under the influence during the past year. The second telephone survey conducted in the Spring 2004 semester yielded comparable results.

Questions and answers targeting knowledge, attitudes, and personal utilization of the Safe Ride program are reported in the Table 1 below. If the student had not heard of the program, the surveyor skipped the remaining questions in the series.

Table 1. Safe-Ride Telephone Survey Results

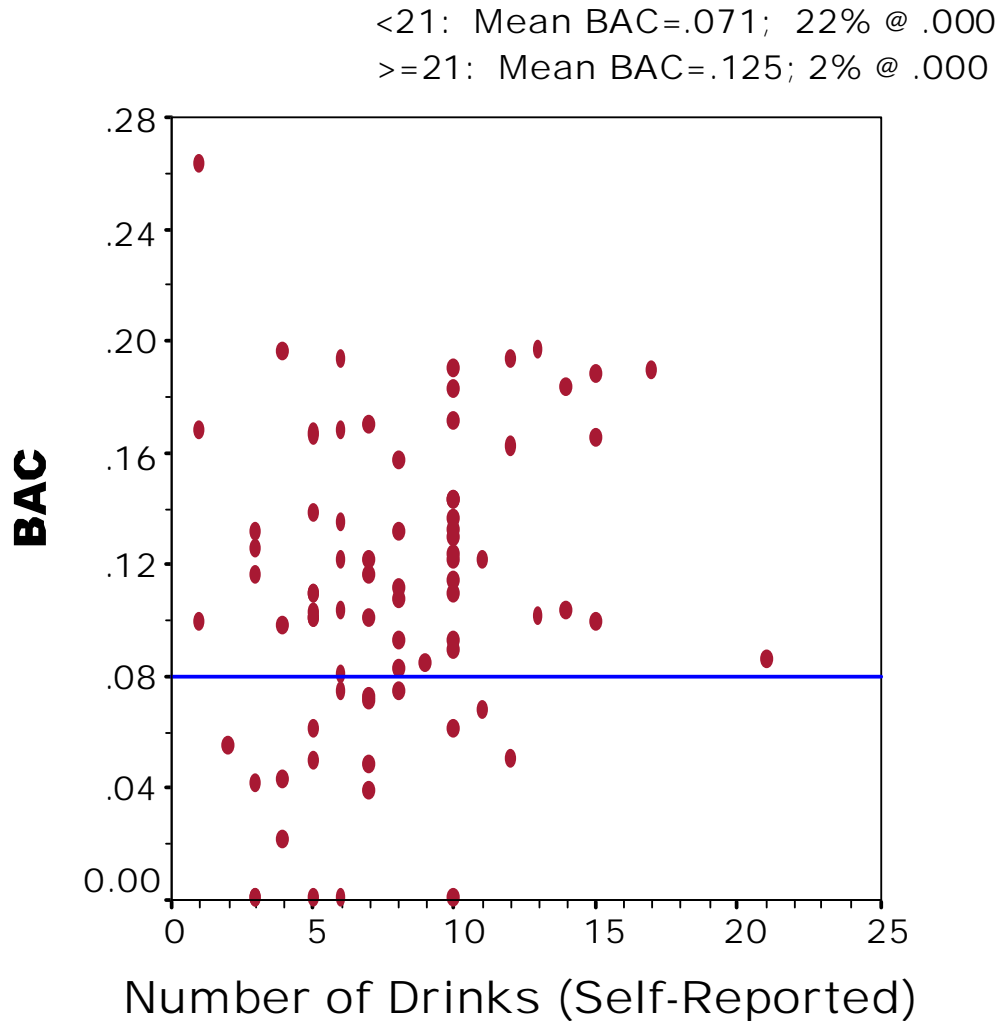
	Fall 2003		Spring 2004	
	N	Response	N	Response
Ever heard of Safe Ride?	334	56.6% Yes	321	59.8% Yes
Safe Rides is a good alternative to drinking and driving drunk.	189	97.9% Agreed	192	99.0% Agreed
I would drink more if I knew I was getting a Safe Ride home.	189	25.9% Agreed	192	26.1% Agreed
Number of times used Safe Ride (Safe Ride registered only)	21	19% >=1 time	29	44.8% >=1
Any of the following ever prevent you from using Safe Ride	21		21	
People you were with weren't registered.	42.9% Yes		48.3% Yes	
Didn't want to leave your car.	19.0% Yes		17.2% Yes	
Didn't want to wait for ride.	9.5% Yes		24.1% Yes	

Ride-Along Survey

Results of many of the survey items are listed below.

- 95.1% had planned to drink prior to the occasion prompting the safe-ride.
- 72.3% had planned to use “Safe Ride” BEFORE going out to drink.
- 75.9% reported the reason for using Safe Ride as “Drank too much to drive.”
- 49.4% reported some likelihood to drive drunk if “Safe Ride” had not been available.
- 72.6% had a Blood Alcohol Concentration (BAC) >=0.08
- Mean BAC = .110; Range .000 - .263

The graphic below depicts the BACs and reported drinks of surveyed patrons. Students were asked if anyone in their group did NOT join in the Safe Ride home. 42.7% responded that group members did not join them in the Safe Ride.



Utilization Analysis

Several new advertising approaches were used to increase utilization of the Safe-Ride program. Also, procedural changes in the operation of the program were made. Specifically, students were given a card to be used for taxi rides instead of the previously used shared-van service.

The combination of increased awareness campaigns and changes in safe-ride procedures seemed to have substantially increased utilization (see Table 2). Note that final tallies are estimates from Associated Student files. The 2003-2004 registration data are through the end of April, while the ride tallies are through May 16. Also, the contracted taxi service for 2003-2004 does not record the number of passengers per ride; therefore we have estimated the number of passengers per ride as 2.1, which is based upon results from our ride-along survey.

Note that these utilization patterns closely match those that would have been predicted from our telephone survey. The telephone survey found that approximately 5 to 7% (21 cases out of 404; 29 cases out of 400) of the students had registered (with a 95% confidence interval margin of error of about $\pm 3\%$ assuming $P=.10$). The actual number of registrants as of April 30th was about 5.5% of the SDSU student population.

Table 2. Safe-Ride Utilization

Year	Safe-Ride Registered Students	Rides	Riders
2002-2003	1,500	83	350+
2003-2004	1,887	3,670	7,707

Conclusions

We saw a dramatic increase in program awareness and utilization. What is most striking is that those registered for the program were far more likely to use the service. What is also clear is that those using the service have typically been drinking substantial amounts of alcohol. However, we cannot be certain that these students would not have changed their drinking behavior had a safe-ride not been available. Nor can we conclude that drinking was not somehow facilitated by the provision of the safe ride.

Only 5% of the students even go as far as registering for the program, despite the fact the program is favorably regarded by students. Additionally, even after a substantial increase in utilization, more than half of those who register never used the service means that more work could be done to enhance utilization. It is possible that an analysis of previous-year telephone survey data will help us understand how the provision of safe-rides affects student drinking and student drunk driving behavior. However, such correlation studies will remain suspect. What remains imperative is the development of experimental manipulations that will affect safe-ride usage so that the direct effects of such programs can be properly assessed. The research presented here perhaps helps to justify the need for such studies.

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Acknowledgments

This work was supported in part through a grant from the National Institute on Alcohol Abuse and Alcoholism (RO1 AA 12445). Opinions are solely those of the authors.

Appendix F - Student, Faculty & Staff AOD Policy Statements

Student Statement

SDSU Alcohol and Substance Abuse Policies

This statement is presented to students to provide information about (1) health risks associated with alcohol and other drugs, (2) prevention and treatment programs available on campus, and (3) applicable State laws and campus policies. For more information, please contact SDSU's coordinator of Alcohol and Other Drug Initiatives, (619) 594-4133.

Risks

Use and abuse of alcohol and other drugs can lead to accidents, injury, and other medical emergencies. Alcohol, especially in high doses, or when combined with medications or illegal drugs continues to claim the lives of college students across the nation. If you see someone unconscious, call 9-1-1-; doing so may save his or her life.

Driving after consumption of even relatively small quantities of alcohol can substantially increase your risk of crash involvement. Even after just a drink or two, drinkers may experience some loss of their ability to think about complex problems or accomplish complex tasks. Drinkers may also lose some control over impulsive behavior.

To become dependent upon chemicals such as alcohol and/or illicit drugs is to put your health and life at risk. Chemical dependency is a condition in which the use of mood altering substances, such as drugs or alcohol, affects any area of life on a continuing basis. Medical research has established very strong evidence that alcohol abuse contributes significantly to cancer and heart disease. Many illicit drugs have also been demonstrated to lead to serious short and long-term health problems. There is clear evidence of serious negative effects on babies due to use of illicit drugs and alcohol by the mother during pregnancy.

Campus Resources

Keeping yourself informed is an important step in developing a healthy lifestyle and in knowing how to cope with problems as they arise. SDSU provides useful and informative prevention education programs throughout the year. A variety of departments sponsor workshops and lectures on alcohol and drug related issues to support and encourage healthy, productive lifestyles. These programs are available through: Counseling & Psychological Services, (619) 594-5220; Office of Housing Administration, (619) 594-5742; Center on Substance Abuse, (619) 594-5472; Athletic Department, (619) 594-5164; Student Health Services, (619) 594-4133; Public Safety Department, (619) 594-1987.

For students with substance abuse problems or concerns, assistance is available at SDSU's Counseling & Psychological Services (CPS) located in the Student Services Building, Room 2109. Students who prefer an appointment with a health care provider (e.g. nurse or physician) may contact Student Health Services. If you are aware of problems with friends, roommates, or family members, we encourage you to act responsibly by consulting with Counseling & Psychological Services. Remaining silent or waiting until a situation has

escalated is not responsible behavior. SDSU supports the notion of students helping one another to cooperatively solve alcohol and substance abuse problems as they occur.

Laws and Campus Policy

With few exceptions, it is illegal for anyone under the age of 21 to purchase or possess alcohol. If you violate these laws you may face a fine of \$250 and suspension of your driving license. For more information about California laws visit the California State Bar Web site http://www.calbar.ca.gov/state/calbar/calbar_home.jsp or California Alcohol Beverage Control Web site <http://www.abc.ca.gov/>. Federal and state laws define a number of substances as “drugs” with sanctions related to their manufacture, sale, possession, and use varying by type of substance and quantity.

Campus standards of conduct prohibit the unlawful possession, use, or distribution of drugs and alcohol by students on University property or as any part of the University’s activities. Students who violate these standards of conduct may face suspension or expulsion from the University. In addition, the University will cooperate with governmental authorities in criminal and civil actions. The University does not accept alcohol or substance abuse as an excuse, reason, or rationale for any act of abuse, harassment, intimidation, violence, or vandalism.

Possession or consumption of distilled liquor on University property is prohibited at all times. Possession, consumption, or sale of beer or wine is permitted at designated campus locations and events only with prior approval of the Vice President for Student Affairs.

On campus property, the sale, distribution, knowing possession, and use of dangerous drugs or narcotics are prohibited. You are also forbidden by State and Federal laws to sell, distribute, possess, or use those drugs.

Student organizations, residence halls, athletics, and Greek Life have instituted additional policies regarding alcohol and drugs. Please contact relevant administration offices for more information.

As a student at SDSU, you are responsible for your behavior and are fully accountable for your actions. Violation of this policy statement will not go unchallenged within the SDSU community. Any University student may be expelled, suspended, or placed on probation for violating University regulations regarding alcohol or drugs. Additionally, using alcohol or drugs negatively affects your academic performance.

Students who possess, use, or distribute substances such as marijuana, cocaine, methamphetamines, or other hallucinogens and narcotics, or who violate statutes regarding alcoholic beverages, are subject to arrest, imprisonment, or a fine according to State law. The SDSU Department of Public Safety is empowered to enforce all State and Federal laws including public drunkenness, driving under the influence, and possession of alcohol by a minor.

The University’s commitment to exercising disciplinary powers in cases of illegal alcohol and drug abuse complements its full measure of support for students who seek help for themselves or their acquaintances. These two approaches, combined with an active prevention education program, provide a strong basis for maintaining University expectations for a safe, healthy, and productive campus community. We hope that you will take advantage of the programs and services available to you, and that you will join with us in creating a viable learning community.

Faculty & Staff Policy Statements



The Center for Human Resources
San Diego State University
5500 Carnegie Drive
San Diego CA 92187-1625
TEL: 619-594-6404
FAX: 619-594-1147

January 8, 2003

MEMORANDUM

TO: All SDSU Employees

FROM: Sue Blair, Director *Sue Blair*
The Center for Human Resources
Environmental Health and Safety

SUBJECT: Drug Free Schools Act

San Diego State University is dedicated to providing the best academic and professional experience that can be offered to its students, faculty, and staff. The use of illegal drugs and the abuse of alcohol are known to be at cross-purposes to this mission and are not tolerated on campus.

The Drug-Free Workplace Act of 1988 and the Drug-Free Schools and Communities Act Amendments of 1989 require all federal contractors, federal grant recipients, and recipients of any federal funds whatsoever to implement a comprehensive substance and alcohol abuse policy. The act also requires the annual distribution of the policy in writing to each employee.

Enclosed please find the Illegal Substance Abuse Policy for your review.

SB:gms

Enclosure

ILLEGAL SUBSTANCE ABUSE POLICY

San Diego State University recognizes a responsibility to provide a safe and productive work environment for all its employees. Toward this end, and consistent with its obligations under applicable state and federal law, San Diego State University, has adopted the following policy regarding illegal substance abuse.

1.0 Prohibitions

San Diego State University prohibits the unlawful manufacture, distribution, dispensation, possession, promotion, sale, or use of illegal drugs or other illegal substances, illegal drug paraphernalia, or look-alike (simulated) illegal drugs while performing work for the University or while on University property or in University vehicles.

The University expects all employees to perform at their best and in a safe manner. University employees shall not report to work, or work, under the influence of any illegal substance which will in any way affect their work performance, alertness, coordination, or response, or which will affect the safety of others on the job.

2.0 Employee Assistance

The University recognizes the importance of assisting employees in dealing with illegal substance problems and to that end offers educational and benefit programs dealing with such matters. Employees who voluntarily seek assistance for illegal substance abuse before problems associated with such abuse come to the attention of the University shall generally be permitted to continue to work provide that (1) a recognized treatment or rehabilitation program is followed; and (2) all standards of job performance and conduct are met. Employees who require time away from work to participate in a recognized treatment or rehabilitation program shall be accommodated in accordance with the University's leave of absence policy.

Information concerning employees who participate in treatment or rehabilitation programs shall be accorded confidential status. Information concerning educational and benefit programs is available from the San Diego State University Benefits Office.

The University shall establish an illegal substance awareness program for employees informing them of (1) the dangers of workplace illegal substance abuse; (2) the University's workplace policy concerning illegal substance use; (3) availability of employee assistance counseling programs; and (4) potential penalties for illegal substance abuse violations.

3.0 Disciplinary Action

An employee engaged in activities listed in 1.0 is acting unprofessionally in the University setting; such conduct is not permitted and shall be considered cause for disciplinary action. Such employees shall be required to participate satisfactorily in an illegal substance abuse assistance or rehabilitation program.

4.0 Responsibility

San Diego State University Director of the Center for Human Resources or designee shall be responsible for the administration of this policy and acting as a resource for employee assistance programs for staff employees. The Associate Vice President for Faculty Affairs or designee shall be responsible for administration of this policy and acting as a resource for employee assistance programs for faculty.

As a condition of employment, each employee shall report any illegal substance conviction to the Director of the Center for Human Resources within five days of the conviction.

5.0 Notification

This policy shall be distributed to all employees of San Diego State University.