Northwest (HHS Region 10)

PTTC Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Preventing Substance Use During Young Adulthood

April 11, 2024

Jason R. Kilmer, Ph.D.

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The Northwest PTTC is a partnership led by the Social Development Research Group (SDRG) at University of Washington (UW) School of Social Work in collaboration with the Prevention Science Graduate Program at Washington State University (WSU), and the Center for the Application of Substance Abuse Technologies (CASAT) at the University of Nevada, Reno (UNR).

Northwest partnering institutes share a vision to expand the impact of community-activated prevention by equipping the prevention workforce with the power of prevention science.

SDRG

SCHOOL OF SOCIAL WORK
UNIVERSITY of WASHINGTON

Prevention Science Graduate Program
WASHINGTON STATE UNIVERSITY

CASAT
Center for the Application of Substance Abuse Technologies
University of Nevada, Reno

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Overview of this presentation

- **Special thank you to Nicole Eisenberg**
- **Thank you, too, to Kevin Haggerty, Holly Simak, and Kathy Gardner**
- **Thank you to all of you for doing what you do to support your community**

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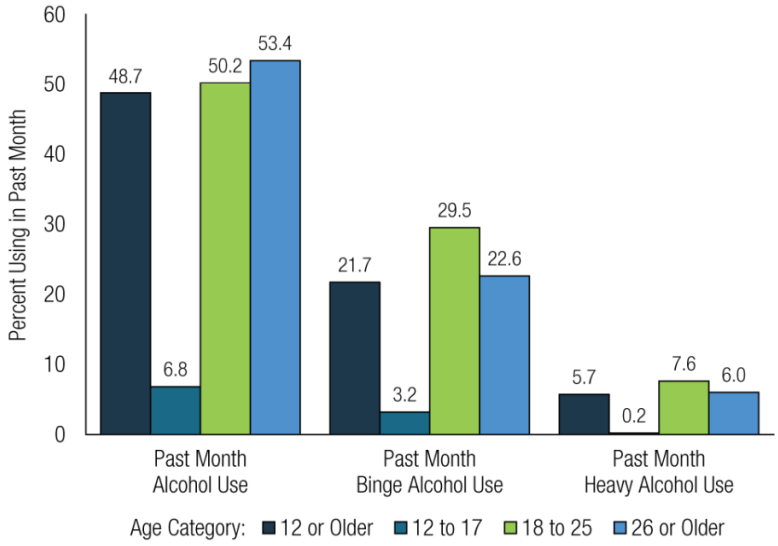

Substance Abuse and Mental Health Services Administration. (2023). *Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health* (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2022-nsduh-annual-national-report

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College Student Substance Use from Monitoring the Future Study

- Alcohol
  - Past year
    - 80.5% report any alcohol use
  - Past month
    - 62.5% report any alcohol use
  - 5+ drinks in a row in past 2 weeks
    - 27.7% at least once
  - 10+ drinks in a row in past 2 weeks
    - 5.2% at least once

Patrick, M. E., Miech, R. A., Johnston, L. D., & O'Malley, P. M. (2023). *Monitoring the Future Panel Study annual report: National data on substance use among adults ages 19 to 60, 1976-2022.* Monitoring the Future Monograph Series. Ann Arbor, MI: Institute for Social Research, University of Michigan. https://doi.org/10.7826/ISR-UM.06.585140.002.07.0002.2023

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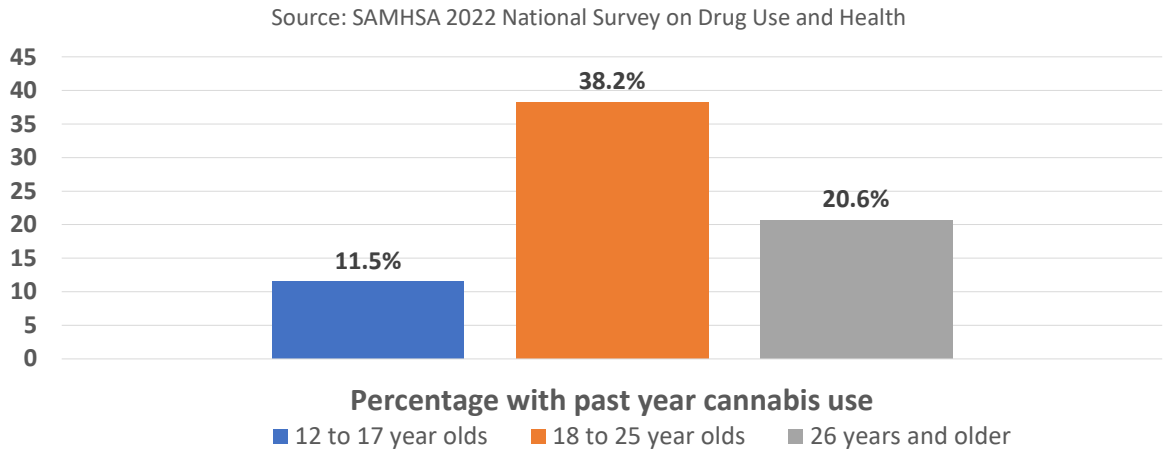
Past year cannabis use by age group



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Cannabis Use Data from Monitoring the Future Study

- **College students**
  - **40.9% report past year use**
  - **22.1% report past month use**
  - **4.7% report use 20+ days in past month**

Patrick, M. E., Miech, R. A., Johnston, L. D., & O'Malley, P. M. (2023). *Monitoring the Future Panel Study annual report: National data on substance use among adults ages 19 to 60, 1976-2022.* Monitoring the Future Monograph Series. Ann Arbor, MI: Institute for Social Research, University of Michigan. https://doi.org/10.7826/ISR-UM.06.585140.002.07.0002.2023

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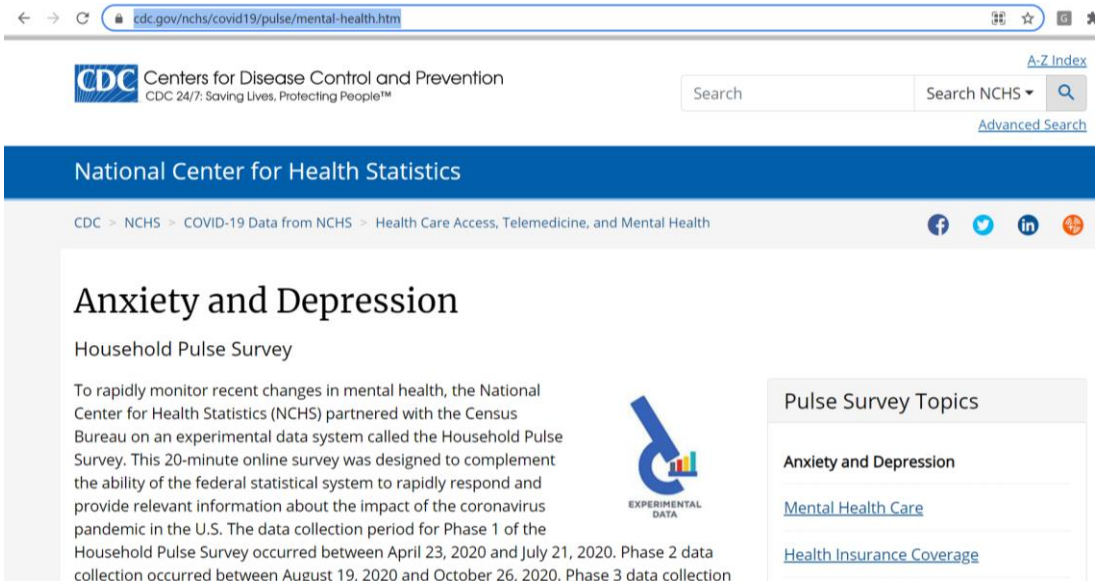
https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm



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Symptoms of anxiety disorder

January 2019 – March 2019: 8.3%

April 2019 – June 2019: 8.1%

May 14-19, 2020: 28.2%

Symptoms of depressive disorder

January 2019 – March 2019: 6.7%

April 2019 – June 2019: 6.5%

May 14-19, 2020: 24.4%

Source: National Center for Health Statistics w/Census Bureau, Household Pulse Survey

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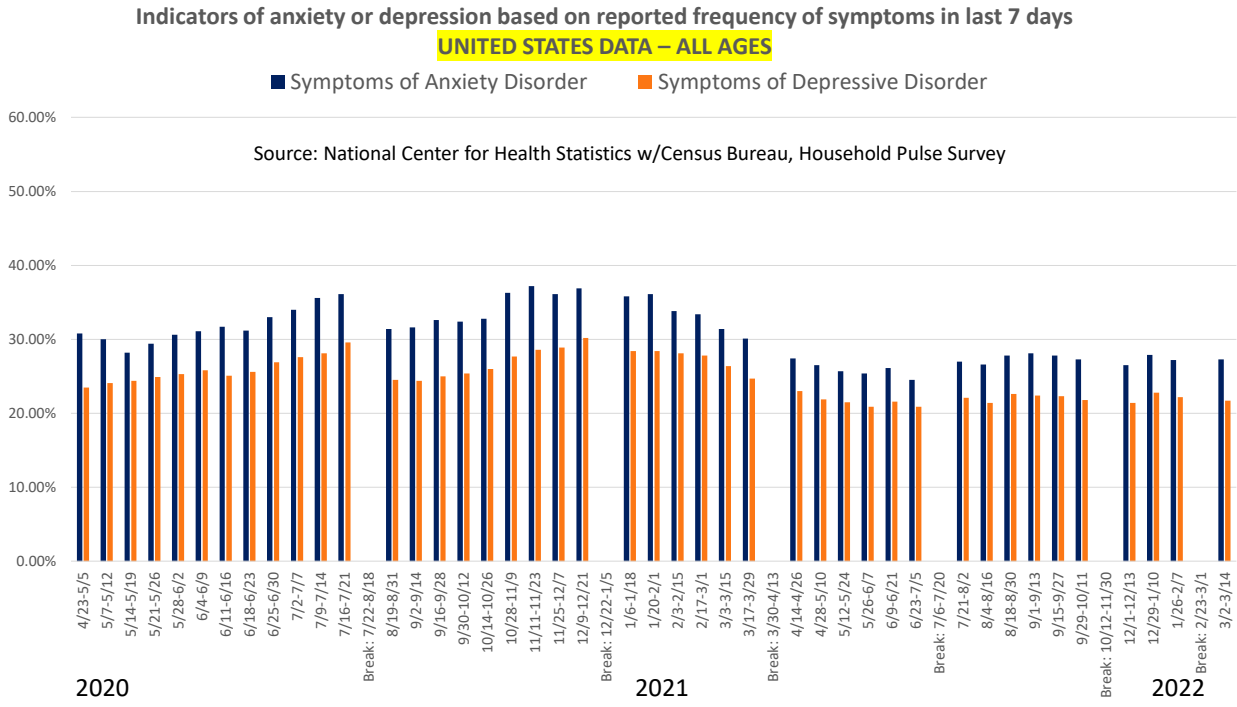
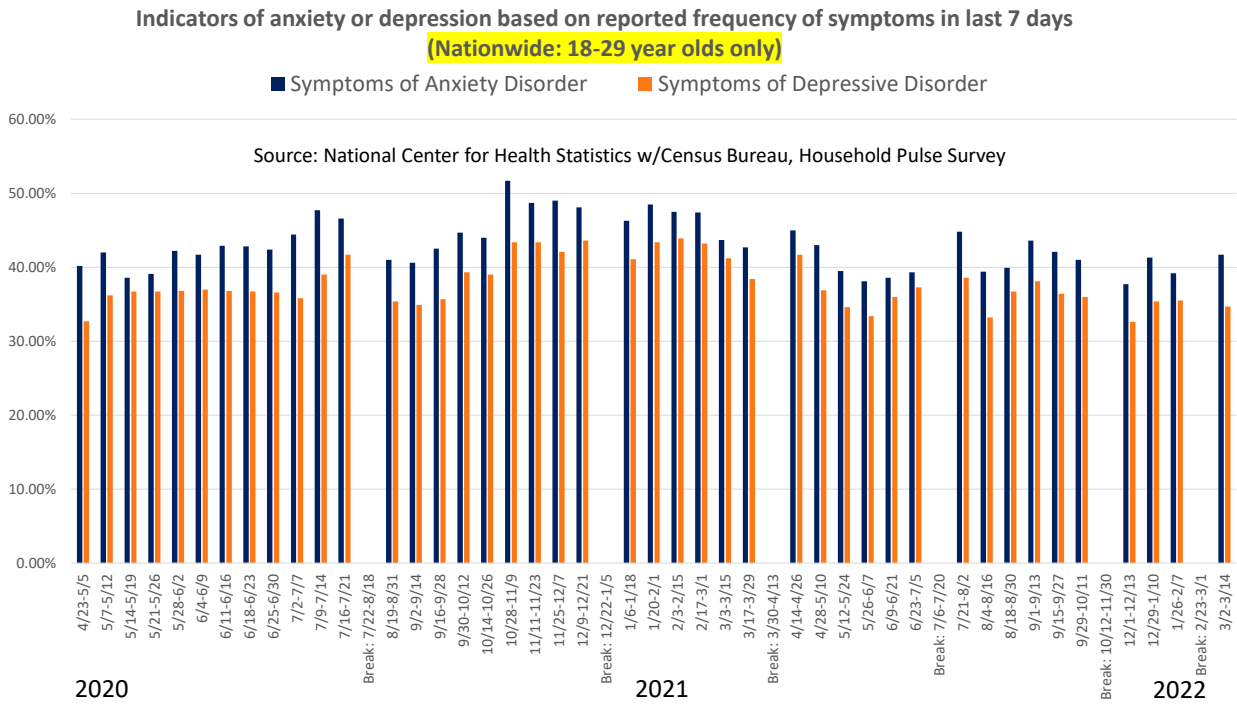

Indicators of anxiety or depression based on reported frequency of symptoms in last 7 days
UNITED STATES DATA – ALL AGES
Symptoms of Anxiety Disorder
Symptoms of Depressive Disorder
Source: National Center for Health Statistics w/Census Bureau, Household Pulse Survey
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
4/23-5/5
5/7-5/12
5/14-5/19
5/21-5/26
5/28-6/2
6/4-6/9
6/11-6/16
6/18-6/23
6/25-6/30
7/2-7/7
7/9-7/14
7/16-7/21
Break: 7/22-8/18
8/19-8/31
9/2-9/14
9/16-9/28
9/30-10/12
10/14-10/26
10/28-11/9
11/11-11/23
11/25-12/7
12/9-12/21
Break: 12/22-1/5
1/6-1/18
1/20-2/1
2/3-2/15
2/17-3/1
3/3-3/15
3/17-3/29
Break: 3/30-4/13
4/14-4/26
4/28-5/10
5/12-5/24
5/26-6/7
6/9-6/21
6/23-7/5
Break: 7/6-7/20
7/21-8/2
8/4-8/16
8/18-8/30
9/1-9/13
9/15-9/27
9/29-10/11
Break: 10/12-11/30
12/1-12/13
12/29-1/10
1/26-2/7
Break: 2/23-3/1
3/2-3/14
2020
2021
2022

11


Indicators of anxiety or depression based on reported frequency of symptoms in last 7 days
(Nationwide: 18-29 year olds only)
Symptoms of Anxiety Disorder
Symptoms of Depressive Disorder
Source: National Center for Health Statistics w/Census Bureau, Household Pulse Survey
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
4/23-5/5
5/7-5/12
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10/28-11/9
11/11-11/23
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2/17-3/1
3/3-3/15
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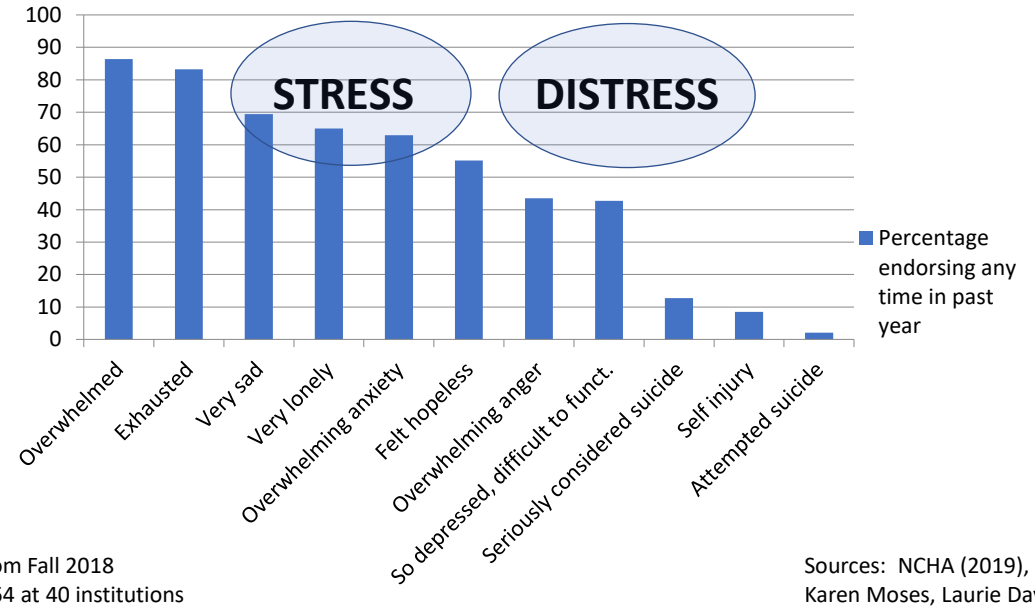
12



Data from Fall 2018
n=19,664 at 40 institutions

Sources: NCHA (2019), Karen Moses, Laurie Davidson

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There has long been the acknowledgement that what we do to address substance use will pay dividends elsewhere

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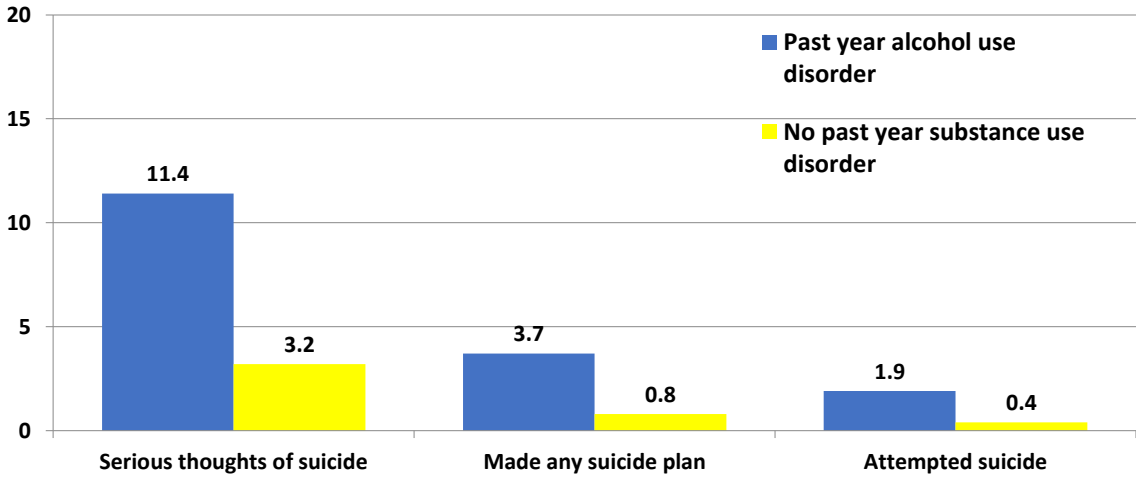
Relationship Between Substance Use and Academic Success

- **Relationship between alcohol use and sleepiness, engagement, and GPA exists in college** (Singleton & Wolfson, 2009, Porter & Prior, 2007, Pascarella, et al., 2007)
- **More frequent cannabis use is associated with skipping more classes, lower GPAs, and taking longer to graduate** (Arria, et al., 2013, 2015; Suerken, et al., 2016)
- **Students using both cannabis and alcohol at moderate to high levels have significantly lower GPAs over two years** (Meda, et al., 2017)
  - **Students who moderate or curtail substance use improved GPA** (Meda, et al., 2017)

15

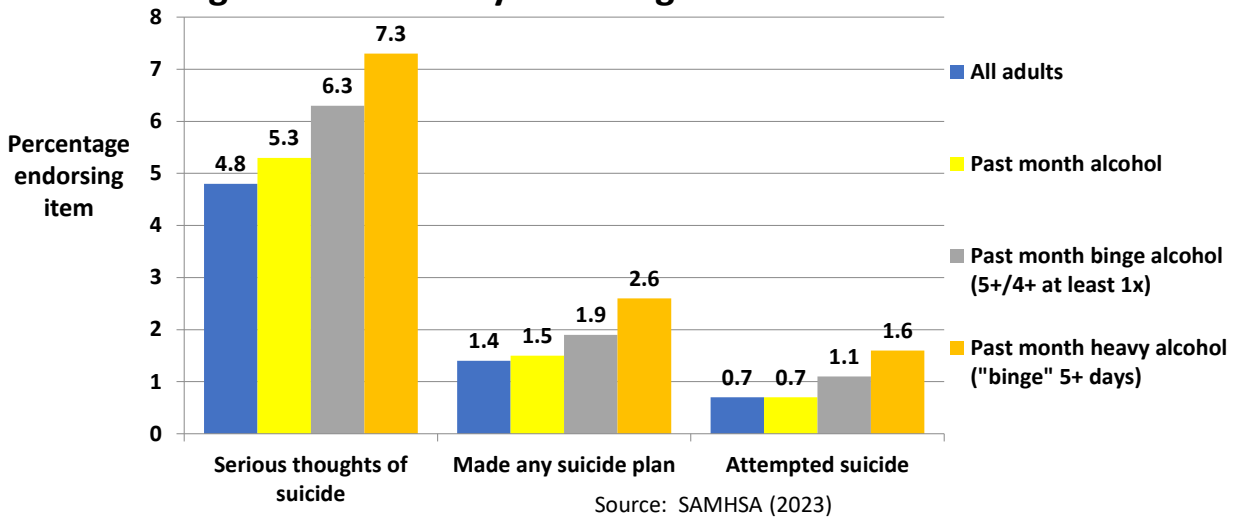
Percentage endorsing item as a function of having a past year alcohol use disorder or no past year substance use disorder



Source: SAMHSA (2023)
https://www.samhsa.gov/data/report/2021-nsduh-detailed-tables
Table 6.79 B (page 1,156 of 1,818)

16

Past month alcohol use and relation to suicide among adults over 18 years of age



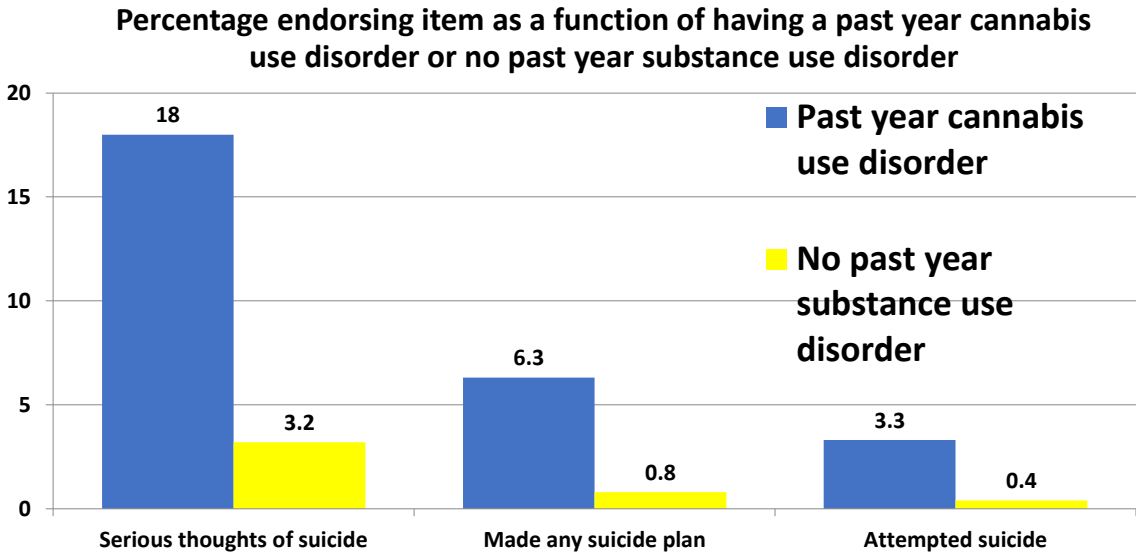
Source: SAMHSA (2023)
https://www.samhsa.gov/data/report/2021-nsduh-detailed-tables
Table 6.78 B (page 1,154 of 1,818)

17

"Alcohol prevention is suicide prevention…"

Laurie Davidson, Suicide Prevention Resource Center

18



Source: SAMHSA (2023)
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Table 6.79 B (page 1,156 of 1,818)

19

The college student drinking prevention field has grown a great deal – let's look at some select highlights

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College student drinking hit the radar of researchers in 1945

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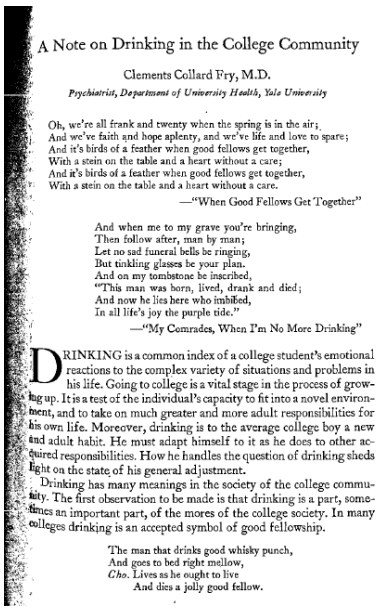

A Note on Drinking in the College Community

Clements Collard Fry, M.D.
Psychiatrist, Department of University Health, Yale University

Oh, we're all frank and twenty when the spring is in the air;
And we've faith and hope aplenty, and we've life and love to spare;
And it's birds of a feather when good fellows get together,
With a stein on the table and a heart without a care;
And it's birds of a feather when good fellows get together,
With a stein on the table and a heart without a care.
—"When Good Fellows Get Together"

And when me to my grave you're bringing,
Then follow after, man by man;
Let no sad funeral bells be ringing,
But tinkling glasses be your plan.
And on my tombstone be inscribed,
"This man was born, lived, drank and died;
And now he lies here who imbibed,
In all life's joy the purple tide."
—"My Comrades, When I'm No More Drinking"

DRINKING is a common index of a college student's emotional reactions to the complex variety of situations and problems in his life. Going to college is a vital stage in the process of growing up. It is a test of the individual's capacity to fit into a novel environment, and to take on much greater and more adult responsibilities for his own life. Moreover, drinking is to the average college boy a new and adult habit. He must adapt himself to it as he does to other acquired responsibilities. How he handles the question of drinking sheds light on the state of his general adjustment.

Drinking has many meanings in the society of the college community. The first observation to be made is that drinking is a part, sometimes an important part, of the mores of the college society. In many colleges drinking is an accepted symbol of good fellowship.

The man that drinks good whisky punch,
And goes to bed right mellow,
Cho. Lives as he ought to live
And dies a jolly good fellow.

Fry, C.C. (1945) A note on drinking in the college community. *Quarterly Journal of Studies on Alcohol, 6,* 243-248.

22

Fry (1945)

- **"These parties are often attended by faculty members, some of whom are selected to respond to the chant, 'Old Prof. _____ is in the alcohol ward _____, Drink, Drink, Drink.' Cheers, or moans, and laughter follow this performance according to the speed with which the professor empties [their] glass. These parties break up after a few hours of song and good fellowship.**

***They do not occur often, but are part of the life of colleges and are accepted by the community as such.*" (p. 244)**

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Fry (1945)

- **"Wine is often served at fraternity dinners in the hope that members will learn to appreciate proper wines with food." (p. 244)**

- **"Although milk and soft drinks are extremely popular in American colleges – the consumption of them being greater than other beverages – a special snobbism is sometimes to be associated with the appreciation and knowledge of fine wines." (p. 244)**

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Fry (1945)

- Warns that a “state of intoxication” could be the primary purpose of some events.
- Discusses the opportunity for returning veterans to attend college, and speculates on the role alcohol might play related to coping when under pressure in the college setting.

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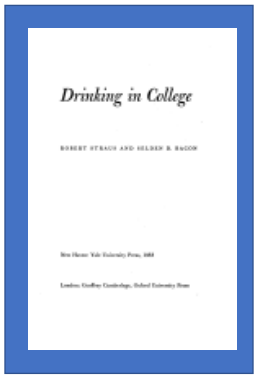
Larger, even national studies, investigate the issue

26

Strauss & Bacon (1953)

- First widespread study of drinking at 27 colleges



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Calls for effective prevention options are made, particularly as laws change

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Just Say No

- "Just Say No…"
- In 1982, while speaking with schoolchildren in Oakland, California, First Lady Nancy Reagan was asked what to do if someone were to be offered drugs.
- She answered, "Well, you just say no."
- By the end of President Reagan's term, over 12,000 "Just Say No" clubs had started

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Just Say No

- However, research at the time on prevention strategies acknowledged that while knowledge might increase following involvement in a program, attitudes were more difficult to change, and most studies showed no change in actual patterns of use (Hanson, 1982).

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College Alcohol Study: Differences from 1979 to 1985

- Task force or committee focusing on alcohol education and prevention
  - 1979: 37%
  - 1985: 64%
- Dedicated alcohol education coordinator or specialist
  - 1979: 14%
  - 1985: 48%

Gadaleto & Anderson (1986)

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College Alcohol Study: Differences from 1979 to 1985

- Top 3 most frequently endorsed activities:
  - Articles in campus publications (76%)
  - Films shown on campus (63%)
  - Speakers (63%)

- *There was recognition of the need to address college student drinking, yet no clear guidelines on how to best do this.*

Gadaleto & Anderson (1986)

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www.collegedrinkingprevention.gov

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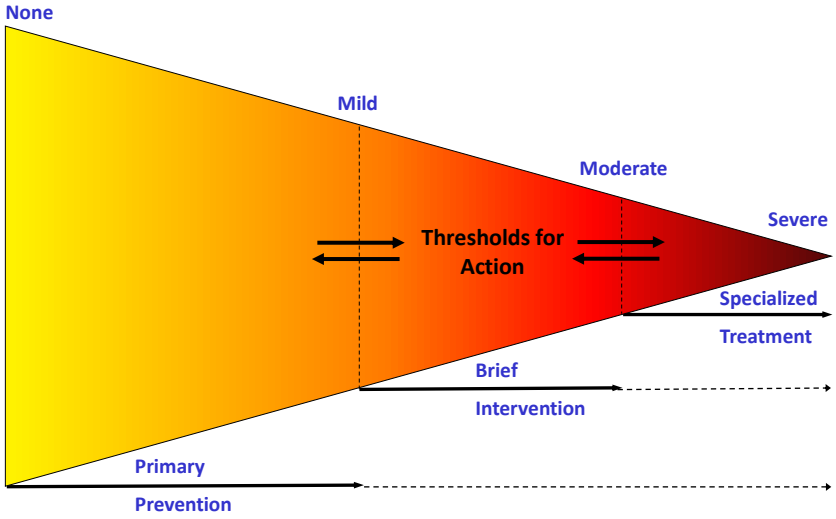
Spectrum of Intervention Response



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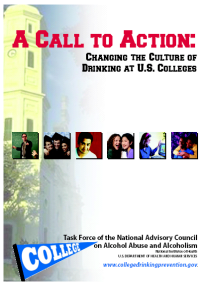
NIAAA College Drinking Task Force Tier System Emphasized Need to Use Evidence-Based Strategies, Measure Outcomes



- **Tier I: Evidence of *effectiveness among college students (≥2 studies supporting efficacy)***
- **Tier 2: Evidence of success with *general adult population* that could be applied to college environments**
- **Tier 3: Evidence of *logical and theoretical promise*, but require more comprehensive evaluation**
- **Tier 4: Evidence of *ineffectiveness***

www.CollegeDrinkingPrevention.gov

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G. Alan Marlatt, Ph.D.

November 26, 1941-March 14, 2011

"In a world so often focused on "treating" addiction with tough love, Marlatt showed through his work and his life that kindness simply works better."

Time Magazine, March 15, 2011

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“What Colleges Need to Know Now: An Update on College Drinking Research” (2007)

What Colleges Need to Know Now
An Update on College Drinking Research

The comprehensive reports released by the National Institute on Alcohol Abuse and Alcoholism's (NIAAA's) Task Force on College Drinking turned a national spotlight on the problem of harmful drinking among college students. The central report, *A Call to Action: Changing the Culture of Drinking at U.S. Colleges*, has proven influential in the college alcohol and other drug (AOD) prevention and treatment field. Statistics first introduced in the report are now routinely used to convey the magnitude of college drinking problems and their consequences. Policymakers, legal experts, and organizations that provide college programming assistance have modified their efforts to reflect the Task Force recommendations.

College drinking research remains a high priority for NIAAA, and ongoing projects continue to yield important new information. This bulletin summarizes those recent findings with updated statistics, analysis, and recommendations.

Contents

College Drinking and Its Consequences: New Data

As national headlines attest, students continue to be seriously injured or die as a result of drinking. Are these attention-grabbing headlines designed to simply sell newspapers, or is the problem as extensive today as it was in 2002 when the NIAAA Task Force first reported its findings?

The news is mixed. Among college students and other 18- to 24-year-olds, binge drinking (see the textbox, page 2, for a definition) and, in particular, driving while intoxicated (DWI), have increased since 1998. The number of students who reported DWI increased from 2.3 million students to 2.8 million (1). The number of alcohol-related deaths also have increased. In 2001, there were an estimated 1,700 alcohol-related unintentional injury deaths among students 18–24, an increase of 6 percent among college students (that is, per college population) since 1998 (1). In addition, it is estimated that each year, more than 696,000 students between the ages of 18 and 24 are assaulted by another student who has been drinking, and more than 97,000 students between the ages of 18 and 24 are victims of alcohol-related sexual assault or date rape (1). Clearly, alcohol-related problems on campus still exist (1).

Another line of research is examining how becoming intoxicated at a young age is linked to later drinking problems during the college years. The results showed that college students who first became intoxicated prior to age 19 were significantly more likely to be alcohol dependent and

Continued on page 2

U.S. Department of Health and Human Services • National Institutes of Health
National Institute on Alcohol Abuse and Alcoholism

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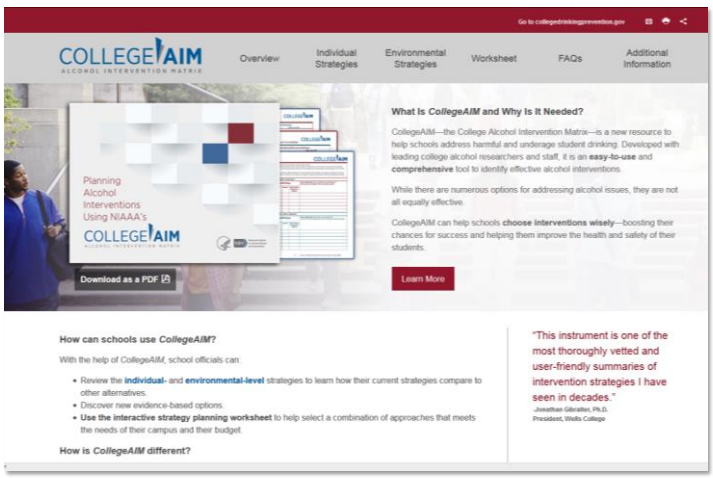
COLLEGEAIM



www.collegedrinkingprevention.gov/CollegeAIM

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INDIVIDUAL-LEVEL STRATEGIES: Revised and Updated*

Estimated Relative Effectiveness, Costs, and Barriers; Public Health Reach; Research Amount; and Primary Modality[1]

COLLEGE AIM

COSTS: Combined program and staff costs for adoption/implementation and maintenance

EFFECTIVENESS: Success in achieving targeted outcomes[1]

	Lower costs $	Mid-range costs $$	Higher costs $$$
Higher effectiveness ★★★	**IND-3** Normative re-education: Electronic/mailed personalized normative feedback (PNF)—Generic/other[2] [##, B, ••••, online/offsite] **IND-10** Skills training, alcohol focus: Self-monitoring/self-assessment alone[3] [#, F, •••, online/offsite] **IND-24** Personalized feedback intervention (PFI): eCHECKUP TO GO (formerly, e-CHUG)[2] [#, B, ••••, online]	**IND-9** Skills training, alcohol focus: Goal/intention-setting alone[3] [##, F, ••, IPI] **IND-14** Skills training, alcohol plus general life skills: Alcohol Skills Training Program (ASTP)[2] [#, F, •••, IPG] **IND-18** Brief motivational intervention (BMI): In-person—Individual (e.g., BASICS) [##, F, ••••, IPI] **IND-26** Personalized feedback intervention (PFI): Generic/other[2] [##, B, ••••, online]	**IND-19** Multi-component education-focused program (MCEFP): AlcoholEdu® for College[2] [#, B, ••, online]
Moderate effectiveness ★★	**IND-11[a]** Skills training, alcohol focus: Decisional balance exercise alone[3] [#, F, ••, online/offsite] **IND-12[a]** Skills training, alcohol focus: Protective behavioral strategies alone[3] [#, B, ••, online/offsite]	**IND-4[b]** Normative re-education: In-person norms clarification alone[3] [#, F, •••, IPG] **IND-8** Skills training, alcohol focus: Expectancy challenge interventions (ECI)—Experiential [##, F, •••, IPG] **IND-15** Skills training, alcohol plus general life skills—Parent-based alcohol communication training [#, F, ••••, offsite] **IND-16** Skills training, alcohol plus general life skills or general life skills only: Generic/other[2] [#, F, ••••, IPG] **IND-17** Brief motivational intervention (BMI): In-person—Group [##, F, •••, IPG] **IND-20[a]** Multi-component education-focused program (MCEFP): Alcohol-Wise® (contains eCHECKUP TO GO) [#, B, ••, online]	**Interventions Delivered by Health Care Professionals** Strategies in which health care professionals identify and help students whose drinking patterns put them at risk for harm, or who are already experiencing alcohol-related problems: **IND-27** Screening and behavioral treatments **IND-28** Medications for alcohol use disorder These approaches can reduce harmful drinking, according to studies conducted mainly in general adult populations (ages 18–65). *The differences in research populations, along with wide variations in costs and barriers across campuses, precluded ratings relative to other strategies. See page 18 for more information.*
Lower effectiveness ★	**IND-2** Normative re-education: Electronic/mailed personalized normative feedback (PNF) Event-specific prevention (21st birthday cards) [#, B, •••, online/offsite] **IND-13[b]** Skills training, alcohol plus general life skills: Alcohol 101 Plus™[2] [#, B, ••, online]		
Not effective X	**IND-7** Skills training, alcohol focus: Expectancy challenge intervention (ECI)—By proxy/didactic/discussion alone[3] [#, F, ••, IPG]	**IND-1** Information/knowledge/education alone[3] [#, B, ••••, IPG] **IND-5** Values clarification alone[3] [#, F, •••, IPG] **IND-6[b]** Skills training, alcohol focus: Blood alcohol concentration feedback alone[3] [#, F, ••, IPI]	
Too few studies to rate effectiveness ?	**IND-22** Personalized feedback intervention (PFI): CheckYourDrinking (beta 1.0 version)[2] [#, B, •, online] **IND-23** Personalized feedback intervention (PFI): College Drinker's Check-up (CDCU)[2] [#, B, •, online] **IND-25[a]** Electronic/mailed Personalized Feedback Intervention (PFI): Drinking Assessment and Feedback Tool for College Students (DrAFT-CS) [##, B, •, computer]	**IND-21** Multi-component education-focused programs (MCEFP): Miscellaneous[2] [#, B, •, online]	

Legend

Effectiveness rating, based on percentage of studies reporting any positive effect:
- ••• = 75% or more
- •• = 50% to 74%
- • = 25% to 49%
- X = Less than 25%
- ? = Too few studies to rate effectiveness

Barriers:
- ### = Higher
- ## = Moderate
- # = Lower

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

Public health reach:
B = Broad
F = Focused

Research amount/quality:
•••• = 11+ studies
••• = 7 to 10 studies
•• = 4 to 6 studies
• = 3 or fewer studies

Primary modality:
Computer
IPI = In-person individual
IPG = In-person group
Online
Offsite

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ENVIRONMENTAL-LEVEL STRATEGIES: Revised and Updated*

Estimated Relative Effectiveness, Costs, and Barriers; Public Health Reach; and Research Amount/Quality[1]

COLLEGE AIM

COSTS: Combined program and staff costs for adoption/implementation and maintenance

EFFECTIVENESS: Success in achieving targeted outcomes[1]

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

Legend

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

Barriers:
- ### = Higher
- ## = Moderate
- # = Lower

C/S/L = Barriers at the college/state/local levels

Public health reach:
B = Broad
F = Focused

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

Research amount/quality:
•••• = 5 or more longitudinal studies
••• = 5 or more cross-sectional studies or 1 to 4 longitudinal studies
•• = 2 to 4 studies but no longitudinal studies
• = 1 study that is not longitudinal
0 = No studies

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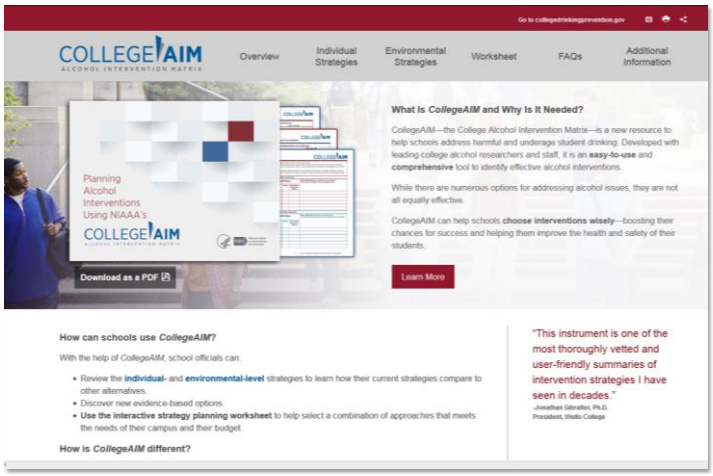
Constructing a strategic plan for alcohol prevention

41

COLLEGEAIM



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COLLEGE AIM

NIH National Institute on Alcohol Abuse and Alcoholism

Overarching Goal of College AIM

Increase the likelihood that *research* will inform interventions to address drinking on campuses by providing a framework for schools to compare and select evidence-based intervention strategies.

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NIAAA's CollegeAIM

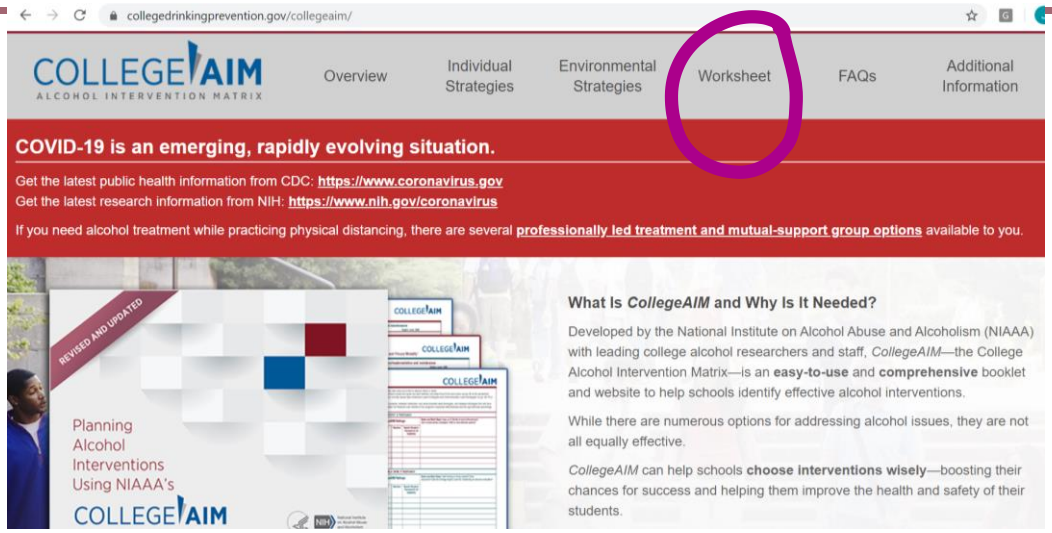
- **How can schools and/or coalitions use *CollegeAIM*?**
  - **Review individual and environmental strategies to compare approaches**
  - **Find new evidence-based options to replace less effective strategies or address gaps**
  - **Anyone reviewing CollegeAIM can use the interactive strategy planning worksheet to select a combination of approaches based on needs and budget**

44

Start with a compilation of what is already offered

45

COLLEGE AIM



www.collegedrinkingprevention.gov/CollegeAIM

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COLLEGE AIM

STRATEGY PLANNING WORKSHEET

Use this worksheet or download a copy to capture your thoughts about your current strategies and new ones you'd like to explore. Keep in mind:
Priorities: Which alcohol-related issues are of most concern to your campus? Make sure your school's needs and goals are well defined, and keep them front and center as you fill in the worksheet.
Effectiveness: Does research show that your current strategies are effective in addressing your priority issues? Might others be *more* effective?
Balance: Realistically assess what you can do with your available resources. Strike a balance, if possible, between individual- and environmental-level strategies, and between strategies that will face few barriers and can be put in place quickly and others that may take longer to implement. Consider the financial cost relative to the program's expected effectiveness and the approximate percentage of the student body that the strategy will reach.

CURRENT STRATEGIES

Strategy Name (and the IND or ENV identifier from *CollegeAIM*, if applicable)	Individual or Environmental?		*CollegeAIM* Ratings				Notes and Next Steps: Keep as is? Modify to boost effectiveness? Add complementary strategies? Shift to more effective options?
	✔ IND	✔ ENV	Effectiveness	Cost	Barriers	Reach: Broad or Focused (% of students)	

POSSIBLE NEW STRATEGIES

Strategy Name (and the IND or ENV identifier from *CollegeAIM*)	Individual or Environmental?		*CollegeAIM* Ratings				Notes and Next Steps: Staff training or hiring needed? Other resources? Does the strategy require a plan for conducting an outcome evaluation?
	✔ IND	✔ ENV	Effectiveness	Cost	Barriers	Reach: Broad or Focused (% of students)	

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Then, consult College AIM!

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INDIVIDUAL-LEVEL STRATEGIES: Revised and Updated*

Estimated Relative Effectiveness, Costs, and Barriers; Public Health Reach; Research Amount; and Primary Modality[1]

COLLEGE AIM

COSTS: Combined program and staff costs for adoption/implementation and maintenance

EFFECTIVENESS: Success in achieving targeted outcomes[1]

	Lower costs $	Mid-range costs $$	Higher costs $$$
Higher effectiveness ★★★	**IND-3** Normative re-education: Electronic/mailed personalized normative feedback (PNF)—Generic/other[2] [##, B, ••••, online/offsite] **IND-10** Skills training, alcohol focus: Self-monitoring/self-assessment alone[3] [#, F, •••, online/offsite] **IND-24** Personalized feedback intervention (PFI): eCHECKUP TO GO (formerly, e-CHUG)[2] [#, B, ••••, online]	**IND-9** Skills training, alcohol focus: Goal/intention-setting alone[3] [##, F, ••, IPI] **IND-14** Skills training, alcohol plus general life skills: Alcohol Skills Training Program (ASTP)[2] [#, F, •••, IPG] **IND-18** Brief motivational intervention (BMI): In-person—Individual (e.g., BASICS) [##, F, ••••, IPI] **IND-26** Personalized feedback intervention (PFI): Generic/other[2] [##, B, ••••, online]	**IND-19** Multi-component education-focused program (MCEFP): AlcoholEdu® for College[2] [#, B, ••, online]
Moderate effectiveness ★★	**IND-11[4]** Skills training, alcohol focus: Decisional balance exercise alone[3] [#, F, ••, online/offsite] **IND-12[4]** Skills training, alcohol focus: Protective behavioral strategies alone[3] [#, B, ••, online/offsite]	**IND-4[5]** Normative re-education: In-person norms clarification alone[3] [#, F, •••, IPG] **IND-8** Skills training, alcohol focus: Expectancy challenge interventions (ECI)—Experiential [##, F, •••, IPG] **IND-15** Skills training, alcohol plus general life skills—Parent-based alcohol communication training [#, F, ••••, offsite] **IND-16** Skills training, alcohol plus general life skills or general life skills only: Generic/other[2] [#, F, ••••, IPG] **IND-17** Brief motivational intervention (BMI): In-person—Group [##, F, •••, IPG] **IND-20[4]** Multi-component education-focused program (MCEFP): Alcohol-Wise® (contains eCHECKUP TO GO) [#, B, ••, online]	
Lower effectiveness ★	**IND-2** Normative re-education: Electronic/mailed personalized normative feedback (PNF) Event-specific prevention (21st birthday cards) [#, B, •••, online/offsite] **IND-13[5]** Skills training, alcohol plus general life skills: Alcohol 101 Plus™ [2] [#, B, ••, online]		
Not effective X	**IND-7** Skills training, alcohol focus: Expectancy challenge intervention (ECI)—By proxy/didactic/discussion alone[3] [#, F, ••, IPG]	**IND-1** Information/knowledge/education alone[3] [#, B, ••••, IPG] **IND-5** Values clarification alone[3] [#, F, •••, IPG] **IND-6[5]** Skills training, alcohol focus: Blood alcohol concentration feedback alone[3] [#, F, ••, IPI]	
Too few studies to rate effectiveness ?	**IND-22** Personalized feedback intervention (PFI): CheckYourDrinking (beta 1.0 version)[2] [#, B, •, online] **IND-23** Personalized feedback intervention (PFI): College Drinker's Check-up (CDCU)[2] [#, B, •, online] **IND-25[4]** Electronic/mailed Personalized Feedback Intervention (PFI): Drinking Assessment and Feedback Tool for College Students (DrAFT-CS) [##, B, •, computer]	**IND-21** Multi-component education-focused programs (MCEFP): Miscellaneous[2] [#, B, •, online]	

Interventions Delivered by Health Care Professionals

Strategies in which health care professionals identify and help students whose drinking patterns put them at risk for harm, or who are already experiencing alcohol-related problems:

IND-27 Screening and behavioral treatments

IND-28 Medications for alcohol use disorder

These approaches can reduce harmful drinking, according to studies conducted mainly in general adult populations (ages 18–65).

The differences in research populations, along with wide variations in costs and barriers across campuses, precluded ratings relative to other strategies. See page 18 for more information.

Legend

Effectiveness rating, based on percentage of studies reporting any positive effect:
- ••• = 75% or more
- •• = 50% to 74%
- • = 25% to 49%
- X = Less than 25%
- ? = Too few studies to rate effectiveness

Barriers:
- ### = Higher
- ## = Moderate
- # = Lower

[4] = New intervention (2019)
[5] = Intervention changed position in the matrix

Public health reach:
- B = Broad
- F = Focused

Research amount/quality:
- •••• = 11+ studies
- ••• = 7 to 10 studies
- •• = 4 to 6 studies
- • = 3 or fewer studies

Primary modality:
- Computer
- IPI = In-person individual
- IPG = In-person group
- Online
- Offsite

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ENVIRONMENTAL-LEVEL STRATEGIES: Revised and Updated*

Estimated Relative Effectiveness, Costs, and Barriers; Public Health Reach; and Research Amount/Quality[1]

COLLEGE AIM

COSTS: Combined program and staff costs for adoption/implementation and maintenance

EFFECTIVENESS: Success in achieving targeted outcomes[1]

	Lower costs $	Mid-range costs $$	Higher costs $$$
Higher effectiveness ★★★	**ENV-16** Restrict happy hours/price promotions [###, B, •••] **ENV-24** Retain age-21 drinking age [##, B, ••••]	**ENV-11** Enforce age-21 drinking age (e.g., compliance checks) [##, B, ••••] **ENV-22[4]** Establish minimum unit pricing [###, B, ••••] **ENV-25** Increase alcohol tax [###, B, ••••]	
Moderate effectiveness ★★	**ENV-17** Retain or enact restrictions on hours of alcohol sales [##, B, ••••] **ENV-21[5]** Retain ban on Sunday sales (where applicable) [##, B, ••••] **ENV-36** Enact social host provision laws [##, B, •••]	**ENV-3** Prohibit alcohol use/sales at campus sporting events [##, F, ••••] **ENV-23[4]** Conduct "reward & reminder" or "mystery shopping visit" [C/L = #, S = ##, B, •••] **ENV-27** Enact dram shop liability laws: Sales to intoxicated [##, B, ••••] **ENV-28** Enact dram shop liability laws: Sales to underage [##, B, •••] **ENV-32** Limit number/density of alcohol establishments [###, B, ••••] **ENV-37** Retain state-run alcohol retail stores (where applicable) [###, B, ••••] **ENV-39[4]** Enact false/fake ID laws [##, B, •••]	**ENV-1[5]** Restrict alcohol sponsorship and advertising [##, B, ••••] **ENV-33[5]** Enact responsible beverage service training laws [##, B, •••]
Lower effectiveness ★		**ENV-[illegible]** [illegible] [###, B, •••] **ENV-7** Conduct campus-wide social norms campaign[2] [#, B, ••••]	**ENV-14** Implement beverage service training programs: Sales to intoxicated [C = #, S/L = ##, B, ••••] **ENV-15** Implement beverage service training programs: Sales to underage [C = #, S/L = ##, B, ••••] **ENV-30** Enact keg registration laws [##, B, •••]
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Legend

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Barriers:
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Public health reach:
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[4] = New intervention (2019)
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Research amount/quality:
- •••• = 5 or more longitudinal studies
- ••• = 5 or more cross-sectional studies or 1 to 4 longitudinal studies
- •• = 2 to 4 studies but no longitudinal studies
- • = 1 study that is not longitudinal
- 0 = No studies

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COLLEGE AIM

STRATEGY PLANNING WORKSHEET

Use this worksheet or download a copy to capture your thoughts about your current strategies and new ones you'd like to explore. Keep in mind:
Priorities: Which alcohol-related issues are of most concern to your campus? Make sure your school's needs and goals are well defined, and keep them front and center as you fill in the worksheet.
Effectiveness: Does research show that your current strategies are effective in addressing your priority issues? Might others be *more* effective?
Balance: Realistically assess what you can do with your available resources. Strike a balance, if possible, between individual- and environmental-level strategies, and between strategies that will face few barriers and can be put in place quickly and others that may take longer to implement. Consider the financial cost relative to the program's expected effectiveness and the approximate percentage of the student body that the strategy will reach.

CURRENT STRATEGIES

Strategy Name (and the IND or ENV identifier from *CollegeAIM*, if applicable)	Individual or Environmental?		*CollegeAIM* Ratings				Notes and Next Steps: Keep as is? Modify to boost effectiveness? Add complementary strategies? Shift to more effective options?
	✔ IND	✔ ENV	Effectiveness	Cost	Barriers	Reach: Broad or Focused (% of students)	

POSSIBLE NEW STRATEGIES

Strategy Name (and the IND or ENV identifier from *CollegeAIM*)	Individual or Environmental?		*CollegeAIM* Ratings				Notes and Next Steps: Staff training or hiring needed? Other resources? Does the strategy require a plan for conducting an outcome evaluation?
	✔ IND	✔ ENV	Effectiveness	Cost	Barriers	Reach: Broad or Focused (% of students)	

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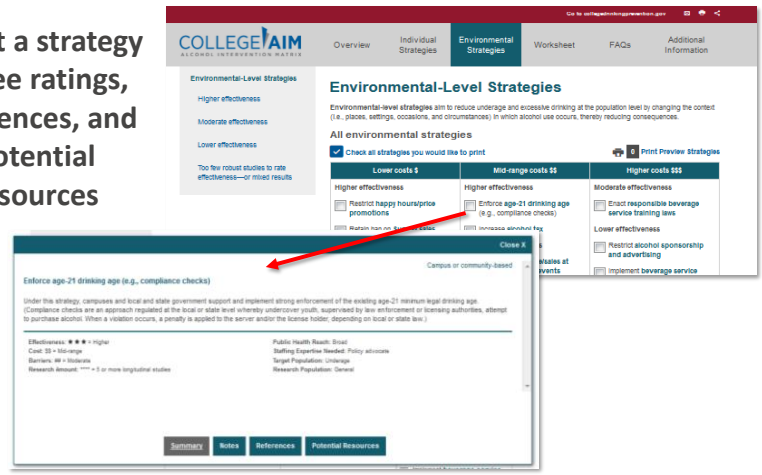
COLLEGE AIM

Select a strategy to see ratings, references, and potential resources



www.collegedrinkingprevention.gov/CollegeAIM

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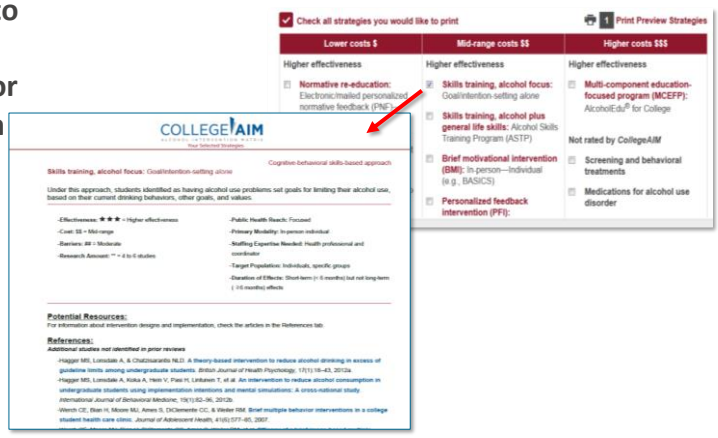
COLLEGE AIM

Click on strategies to print for reference or discussion



www.collegedrinkingprevention.gov/CollegeAIM

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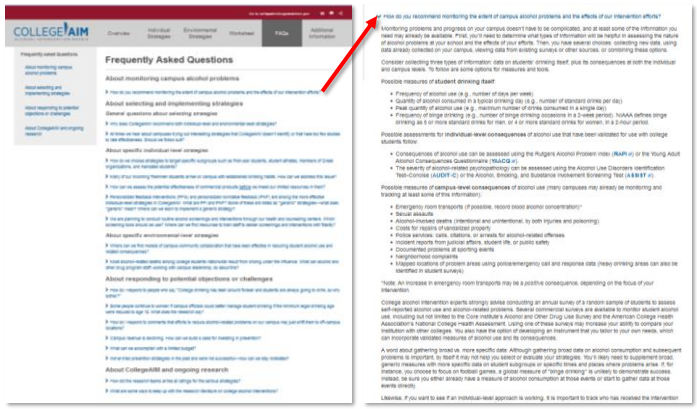
COLLEGE AIM

See detailed answers to frequently asked questions



www.collegedrinkingprevention.gov/CollegeAIM

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“Consider a mix of strategies.

Your best chance for creating a safer campus could come from a combination of individual- and environmental-level interventions that work together to maximize positive effects (p. 5).”

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This “mix” includes (but is not limited to):

- Policies
- Enforcement
- Education
- Prevention
- Intervention
- Treatment
- Recovery support

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Implementation strategies are key

"…the use of effective interventions on a scale sufficient to benefit society requires careful attention to implementation strategies as well. One without the other is like serum without a syringe; the cure is available, but the delivery system is not." (p. 448)

Fixsen, D. L., Blase, K. A., Duda, M. A., Naoom, S. F., & Van Dyke, M. (2010). Implementation of evidence-based treatments for children and adolescents: Research findings and their implications for the future. In J. R. Weisz & A. E. Kazdin (Eds.), *Evidence-based psychotherapies for children and adolescents* (p. 435–450). The Guilford Press

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ENVIRONMENTAL-LEVEL STRATEGIES: Revised and Updated*
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COLLEGE AIM

COSTS: Combined program and staff costs for adoption/implementation and maintenance

ess in achieving targeted outcomes[1]	Lower costs $		Higher costs $$$
Higher effectiveness ★★★	**ENV-16** Restrict happy hours/price promotions [###, B, •••] **ENV-24** Retain age-21 drinking age [##, B, ••••]	**ENV-11** Enforce age-21 drinking age (e.g., compliance checks) [##, B, ••••] **ENV-25** Increase alcohol tax [###, B, ••••]	
Moderate effectiveness ★★	**ENV-17** Retain or enact restrictions on hours of alcohol sales [##, B, ••••] **ENV-21**[b] Retain ban on Sunday sales (where applicable) [##, B, ••••] **ENV-36** Enact social host provision laws [##, B, •••]	**ENV-3** Prohibit alcohol use/sales at campus sporting events [##, F, ••••] **ENV-23**[a] Conduct "reward & reminder" or "mystery shopping visit" [C/L = #, S = ##, B, •••] **ENV-27** Enact dram shop liability laws: Sales to intoxicated [##, B, ••••] [##, B, •••] **ENV-32** Limit number/density of alcohol establishments [###, B, ••••] **ENV-39**[a] Enact false/fake ID laws [##, B, •••]	**ENV-12**[b] Restrict alcohol sponsorship and advertising [##, B, ••••] **ENV-33** Enact responsible beverage service training laws [##, B, •••]
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Some of the most effective strategies are carried out in the communities and states surrounding the campuses, such as enforcing the minimum legal drinking age. Campus leaders can be influential in bringing about off-campus environmental changes that protect students.

To achieve success off campus, partner with leaders and coalitions in your community and state. Building these partnerships takes time, so you may want to make it part of a long-term plan. For models of campus-community collaboration, see the Frequently Asked Questions section of the *CollegeAIM* website (see URL below).

CollegeAIM, page 6

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Environmental strategies/factors

- **Increased enforcement of minimum drinking age laws.**
  - **Studies show that increased enforcement, particularly with compliance checks on retail outlets, cuts rates of sales to minors by at least 50 percent.**

NIAAA (2002); NIAAA (2015); NIAAA (2020)

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Environmental strategies/factors

- **Restrictions on alcohol retail outlet density.**
  - **Higher density of alcohol outlets is associated with higher rates of consumption, violence, other crime, and health problems.**
  - **Higher level of drinking rates associated with larger number of businesses selling alcohol within one mile of campus**

NIAAA (2002); NIAAA (2015); NIAAA (2020)

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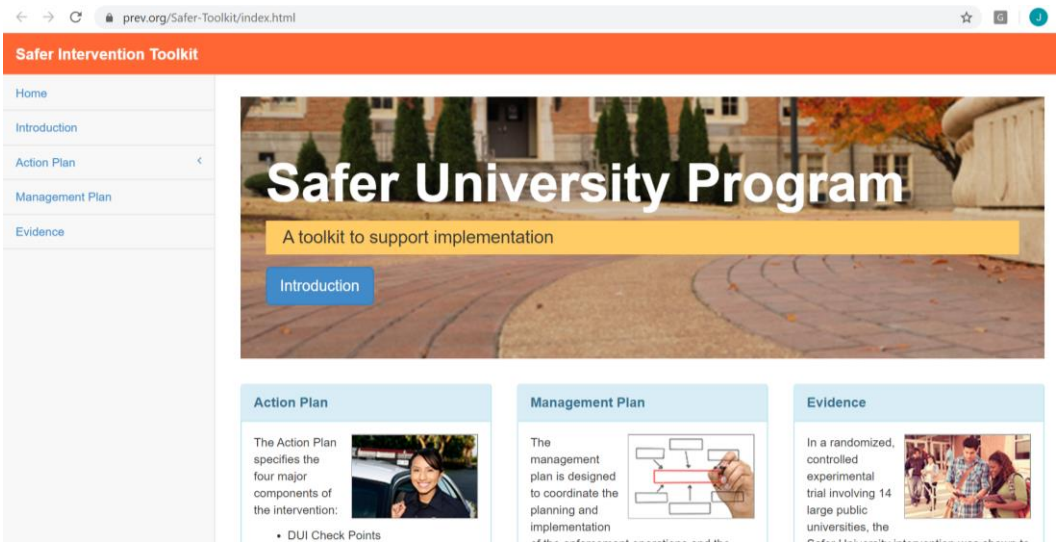

https://prev.org/Safer-Toolkit/index.html

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What has "higher effectiveness" among individually-focused strategies?

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INDIVIDUAL-LEVEL STRATEGIES: Revised and Updated*

Estimated Relative Effectiveness, Costs, and Barriers; Public Health Reach; Research Amount; and Primary Modality[1]

COLLEGE AIM

COSTS: Combined program and staff costs for adoption/implementation and maintenance

EFFECTIVENESS: Success in achieving targeted outcomes[1]

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Moderate effectiveness ★★	**IND-11[a]** Skills training, alcohol focus: Decisional balance exercise alone[3] [#, F, ••, online/offsite] **IND-12[a]** Skills training, alcohol focus: Protective behavioral strategies alone[3] [#, B, ••, online/offsite]	**IND-4[b]** Normative re-education: In-person norms clarification alone[3] [#, F, •••, IPG] **IND-8** Skills training, alcohol focus: Expectancy challenge interventions (ECI)—Experiential [##, F, •••, IPG] **IND-15** Skills training, alcohol plus general life skills—Parent-based alcohol communication training [#, F, ••••, offsite] **IND-16** Skills training, alcohol plus general life skills or general life skills only: Generic/other[2] [#, F, ••••, IPG] **IND-17** Brief motivational intervention (BMI): In-person—Group [##, F, •••, IPG] **IND-20[a]** Multi-component education-focused program (MCEFP): Alcohol-Wise® (contains eCHECKUP TO GO) [#, B, ••, online]	Interventions Delivered by Health Care Professionals Strategies in which health care professionals identify and help students whose drinking patterns put them at risk for harm, or who are already experiencing alcohol-related problems: **IND-27** Screening and behavioral treatments **IND-28** Medications for alcohol use disorder These approaches can reduce harmful drinking, according to studies conducted mainly in general adult populations (ages 18–65). *The differences in research populations, along with wide variations in costs and barriers across campuses, precluded ratings relative to other strategies. See page 18 for more information.*
Lower effectiveness ★	**IND-2** Normative re-education: Electronic/mailed personalized normative feedback (PNF) Event-specific prevention (21st birthday cards) [#, B, •••, online/offsite] **IND-13[b]** Skills training, alcohol plus general life skills: Alcohol 101 Plus™ [2] [#, B, ••, online]		
Not effective X	**IND-7** Skills training, alcohol focus: Expectancy challenge intervention (ECI)—By proxy/didactic/discussion alone[3] [#, F, ••, IPG]	**IND-1** Information/knowledge/education alone[3] [#, B, ••••, IPG] **IND-5** Values clarification alone[3] [#, F, •••, IPG] **IND-6[b]** Skills training, alcohol focus: Blood alcohol concentration feedback alone[3] [#, F, ••, IPI]	
Too few studies to rate effectiveness ?	**IND-22** Personalized feedback intervention (PFI): CheckYourDrinking (beta 1.0 version)[2] [#, B, •, online] **IND-23** Personalized feedback intervention (PFI): College Drinker's Check-up (CDCU)[2] [#, B, •, online] **IND-25[a]** Electronic/mailed Personalized Feedback Intervention (PFI): Drinking Assessment and Feedback Tool for College Students (DrAFT-CS) [##, B, •, computer]	**IND-21** Multi-component education-focused programs (MCEFP): Miscellaneous[2] [#, B, •, online]	

Legend

Effectiveness rating, based on percentage of studies reporting any positive effect:
- ••• = 75% or more
- •• = 50% to 74%
- • = 25% to 49%
- X = Less than 25%
- ? = Too few studies to rate effectiveness

Barriers:
- ### = Higher
- ## = Moderate
- # = Lower

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

Public health reach:
B = Broad
F = Focused

Research amount/quality:
- •••• = 11+ studies
- ••• = 7 to 10 studies
- •• = 4 to 6 studies
- • = 3 or fewer studies

Primary modality:
Computer
IPI = In-person individual
IPG = In-person group
Online
Offsite

64

	Lower costs $	Mid-range costs $$	Higher costs $$$
Higher effectiveness ★★★	**IND-3** Normative re-education: Electronic/mailed personalized normative feedback (PNF)—Generic/other[2] [##, B, ●●●●, online/offsite] **IND-10** Skills training, alcohol focus: Self-monitoring/self-assessment alone[3] [#, F, ●●●, online/offsite] **IND-24** Personalized feedback intervention (PFI): eCHECKUP TO GO (formerly, e-CHUG)[2] [#, B, ●●●●, online]	**IND-9** Skills training, alcohol focus: Goal/intention-setting alone[3] [##, F, ●●, IPI] **IND-14** Skills training, alcohol plus general life skills: Alcohol Skills Training Program (ASTP)[2] [#, F, ●●●, IPG] **IND-18** Brief motivational intervention (BMI): In-person—Individual (e.g., BASICS) [##, F, ●●●●, IPI] **IND-26** Personalized feedback intervention (PFI): Generic/other[2] [##, B, ●●●●, online]	**IND-19** Multi-component education-focused program (MCEFP): AlcoholEdu® for College[2] [#, B, ●●, online] **Interventions Delivered by Health Care Professionals** Strategies in which health care professionals identify and help students whose drinking patterns put them at risk for harm, or who are already experiencing alcohol-related problems: **IND-27** Screening and behavioral treatments

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- Personalized feedback intervention (PFI): eCHECKUP TO GO (formerly, e-CHUG)
- Skills training, alcohol focus: Goal/intention-setting alone
- Skills training, alcohol plus general life skills: Alcohol Skills Training Program (ASTP)
- Brief motivational intervention (BMI): In-person—Individual (e.g., BASICS)
- Personalized feedback intervention (PFI): Generic/other
- Multi-component education-focused program (MCEFP): AlcoholEdu® for College

65

	Lower costs $	Mid-range costs $$	Higher costs $$$
Higher effectiveness ★★★	**IND-3** Normative re-education: Electronic/mailed personalized normative feedback (PNF)—Generic/other[2] [##, B, ●●●●, online/offsite] **IND-10** Skills training, alcohol focus: Self-monitoring/self-assessment alone[3] [#, F, ●●●, online/offsite] **IND-24** Personalized feedback intervention (PFI): eCHECKUP TO GO (formerly, e-CHUG)[2] [#, B, ●●●●, online]	**IND-9** Skills training, alcohol focus: Goal/intention-setting alone[3] [##, F, ●●, IPI] **IND-14** Skills training, alcohol plus general life skills: Alcohol Skills Training Program (ASTP)[2] [#, F, ●●●, IPG] **IND-18** Brief motivational intervention (BMI): In-person—Individual (e.g., BASICS) [##, F, ●●●●, IPI] **IND-26** Personalized feedback intervention (PFI): Generic/other[2] [##, B, ●●●●, online]	**IND-19** Multi-component education-focused program (MCEFP): AlcoholEdu® for College[2] [#, B, ●●, online] **Interventions Delivered by Health Care Professionals** Strategies in which health care professionals identify and help students whose drinking patterns put them at risk for harm, or who are already experiencing alcohol-related problems: **IND-27** Screening and behavioral treatments

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- Brief motivational intervention (BMI): In-person—Individual (e.g., BASICS)
- Personalized feedback intervention (PFI): Generic/other
- Multi-component education-focused program (MCEFP): AlcoholEdu® for College

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Prevention strategies:

Personalized Normative Feedback (PNF) and Personalized Feedback Intervention (PFI)

67

Norms Clarification

- **Examines people's perceptions about:**
  - **Injunctive Norms:**
    - **Attitudes**
    - **Acceptability of behaviors**
  - **Descriptive norms**
    - **Perceptions about the prevalence of substance use among peers**
    - **Perception about the rate of substance use by peers**

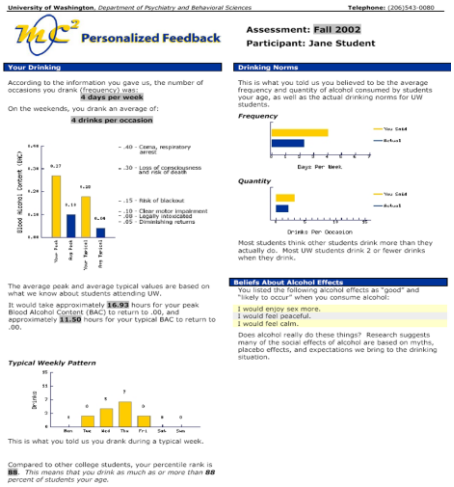
68

PNF (Personalized Normative Feedback)

Typically delivered web-based/online

69

PFI (Personalized Feedback Intervention)



Can include PNF, and can be delivered web-based/online
But…most robust findings and largest effect sizes with in-person delivery as BMI (more on this in a bit)

70

	Lower costs $	Mid-range costs $$	Higher costs $$$
Higher effectiveness ★★★	**IND-3** Normative re-education: Electronic/mailed personalized normative feedback (PNF)—Generic/other[2] [##, B, ••••, online/offsite] **IND-10** Skills training, alcohol focus: Self-monitoring/self-assessment alone[3] [#, F, •••, online/offsite] **IND-24** Personalized feedback intervention (PFI): eCHECKUP TO GO (formerly, e-CHUG)[2] [#, B, ••••, online]	**IND-9** Skills training, alcohol focus: Goal/intention-setting alone[3] [##, F, ••, IPI] **IND-14** Skills training, alcohol plus general life skills: Alcohol Skills Training Program (ASTP)[2] [#, F, •••, IPG] **IND-18** Brief motivational intervention (BMI): In-person—Individual (e.g., BASICS) [##, F, ••••, IPI] **IND-26** Personalized feedback intervention (PFI): Generic/other[2] [##, B, ••••, online]	**IND-19** Multi-component education-focused program (MCEFP): AlcoholEdu® for College[2] [#, B, ••, online] Interventions Delivered by Health Care Professionals Strategies in which health care professionals identify and help students whose drinking patterns put them at risk for harm, or who are already experiencing alcohol-related problems: **IND-27** Screening and behavioral treatments

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- Personalized feedback intervention (PFI): Generic/other
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The Alcohol Skills Training Program (ASTP)

- **A skills-training approach using motivational interviewing techniques in its delivery with a focus on drinking in less dangerous and less risky ways for those who make the choice to drink.**

72

What is Harm Reduction?

- **The most harm-free or risk-free outcome following a harm reduction intervention *is* abstinence**
- ***Any steps toward reduced risk are steps in the right direction***

73

How are these principles implemented in an intervention with college students?

- **Legal issues are acknowledged.**
- **Skills and strategies for abstinence are offered.**
- **However, if one makes the choice to drink, skills are described on ways to do so in a less dangerous and less risky way.**
- **A clinician, facilitator, student affairs professional, or program provider must elicit personally relevant reasons for changing.**
  - **This is done using the Stages of Change model and Motivational Interviewing.**

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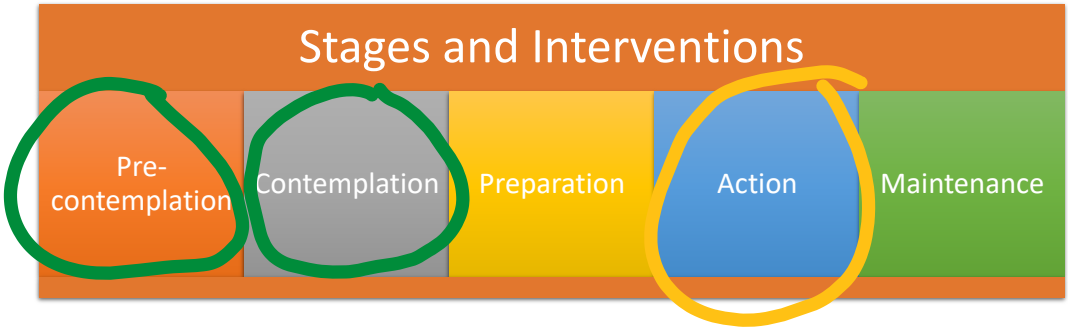
The Stages of Change Model

(Prochaska & DiClemente, 1982, 1984, 1985, 1986)



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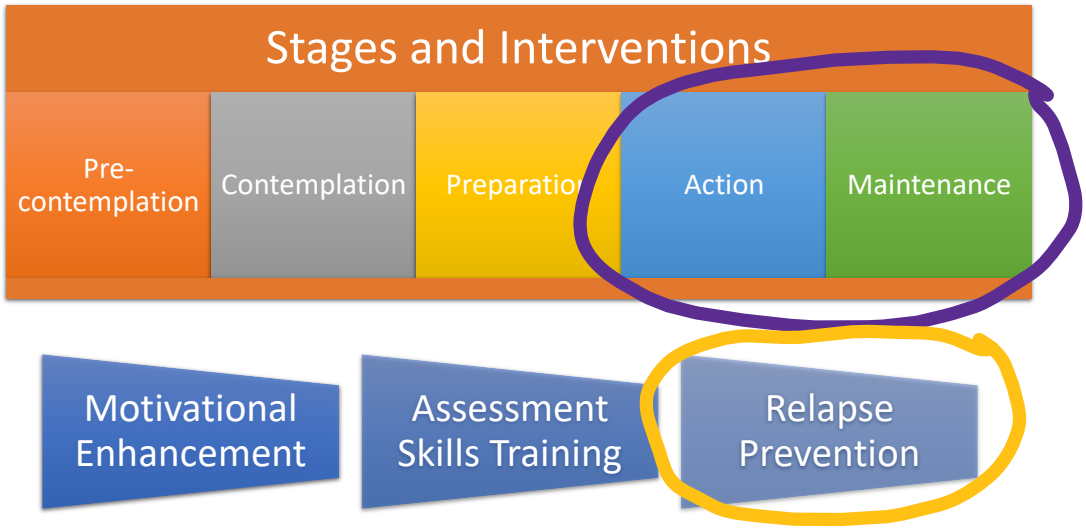
The Stages of Change Model

(Prochaska & DiClemente, 1982, 1984, 1985, 1986)



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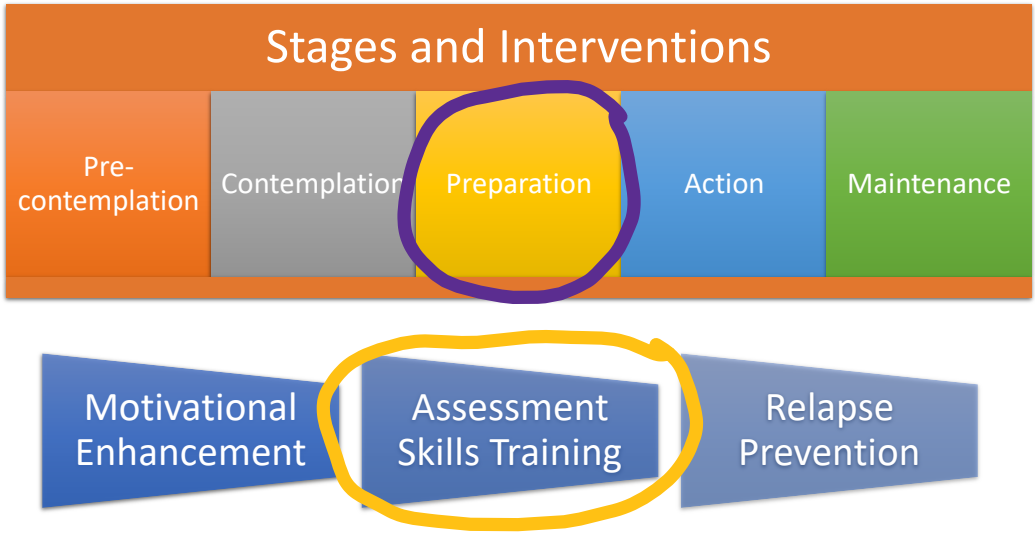

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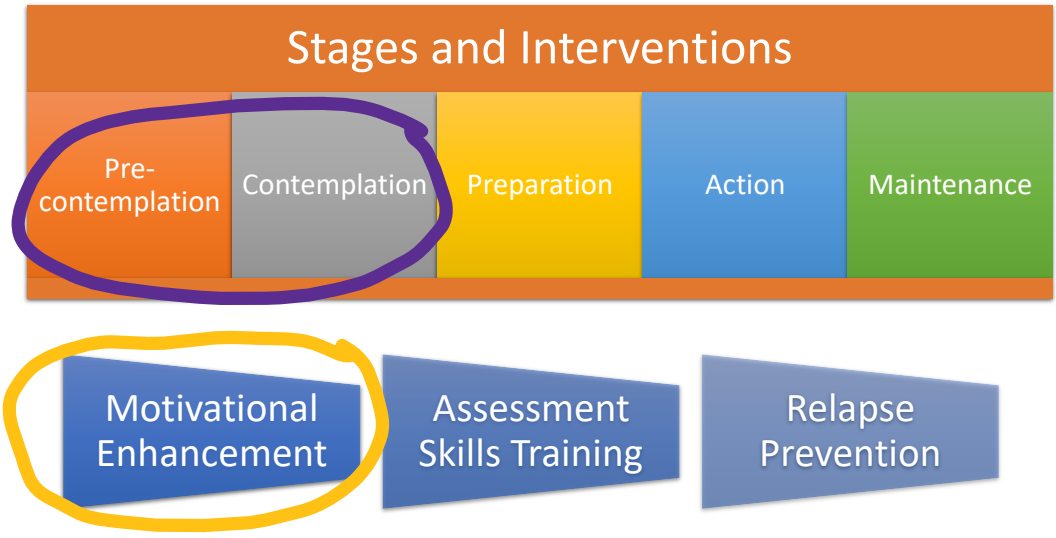

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Motivational Interviewing
Basic Principles
(Miller and Rollnick, 1991, 2002)

1. **Express Empathy**
2. **Develop Discrepancy**
3. **Roll with Resistance**
4. **Support Self-Efficacy**

79

Blood Alcohol Level

- **.02%** **Relaxed**
- **.04%** **Relaxation continues, Buzz develops**
- **.06%** **Cognitive judgment is impaired**

80

Steele, C.M., & Josephs, R.A. (1990). Alcohol myopia: Its prized and dangerous effects. *American Psychologist, 45* (8), 921-933.

Alcohol Myopia

Its Prized and Dangerous Effects

Claude M. Steele and Robert A. Josephs *University of Michigan*

ABSTRACT: This article explains how alcohol makes social responses more extreme, enhances important self-evaluations, and relieves anxiety and depression, effects that underlie both the social destructiveness of alcohol and the reinforcing effects that make it an addictive substance. The theories are based on alcohol's impairment of perception and thought—the myopia *it causes—rather than on the ability of alcohol's pharmacology to directly cause specific reactions or on expectations associated with alcohol's use. Three conclusions are offered (a) Alcohol makes social behaviors more extreme by blocking a form of response conflict. (b) The same process can inflate self-evaluations. (c) Alcohol myopia, in combination with dis-*

icant effects, a straightforward idea has dominated the thinking of laymen and scientists alike: Such effects stem directly from the pharmacological properties of alcohol, much the way relaxation stems from the pharmacological properties of valium. We know, for example, that people often drink alcohol to get the effects they assume it will directly cause: relaxation, a better mood, courage, social ease, and so on (e.g., Goldman, Brown, & Christiansen, 1987; Leigh, 1989; Maisto, Connors, & Sachs, 1981). This idea explains both heads of the beast; some of these direct effects, such as aggression and hostility, can be socially destructive, and others, such as relaxation and tension reduction, are reinforcing enough to make alcohol a po-

81

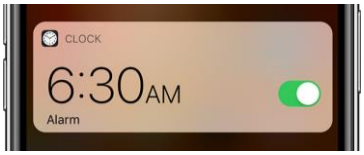
"Alcohol Myopia"

Impelling Cues

Alcohol impairs information processing, **narrowing attention** to only the most salient internal and environmental cues.

?

Inhibiting Cues



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Motivational Enhancement Techniques: Group Settings

- Non-judgmental, non-confrontational
- Cast a wide net to be inclusive of audience
- Ask open-ended questions as much as possible
- Reflect when possible – this remains key
- Consider "hooks" for the group
- Elicit personally relevant reasons for change
- Let group generate protective behavioral strategies, then fill in what they miss

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Specific Tips for Reducing the Risk of Alcohol Use

- Set limits
- Eat prior to or while drinking
- Keep track of how much you drink
- Space your drinks
  - Alternate alcoholic drinks w/non-alcoholic drinks
- Avoid trying to "out drink" or keep up with others
- Avoid or alter approach to drinking games
- If you choose to drink, drink slowly
- Use a designated driver
- Don't accept a drink when you don't know what's in it
- Have a friend let you know when you've had enough
- Avoid combining alcohol with cannabis (or other substances)

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	Lower costs $	Mid-range costs $$	Higher costs $$$
Higher effectiveness ★★★	**IND-3** Normative re-education: Electronic/mailed personalized normative feedback (PNF)—Generic/other[2] [##, B, ••••, online/offsite] **IND-10** Skills training, alcohol focus: Self-monitoring/self-assessment alone[3] [#, F, •••, online/offsite] **IND-24** Personalized feedback intervention (PFI): eCHECKUP TO GO (formerly, e-CHUG)[2] [#, B, ••••, online]	**IND-9** Skills training, alcohol focus: Goal/intention-setting alone[3] [##, F, ••, IPI] **IND-14** Skills training, alcohol plus general life skills: Alcohol Skills Training Program (ASTP)[2] [#, F, •••, IPG] **IND-18** Brief motivational intervention (BMI): In-person—Individual (e.g., BASICS) [##, F, ••••, IPI] **IND-26** Personalized feedback intervention (PFI): Generic/other[2] [##, B, ••••, online]	**IND-19** Multi-component education-focused program (MCEFP): AlcoholEdu® for College[2] [#, B, ••, online] **Interventions Delivered by Health Care Professionals** Strategies in which health care professionals identify and help students whose drinking patterns put them at risk for harm, or who are already experiencing alcohol-related problems: **IND-27** Screening and behavioral treatments

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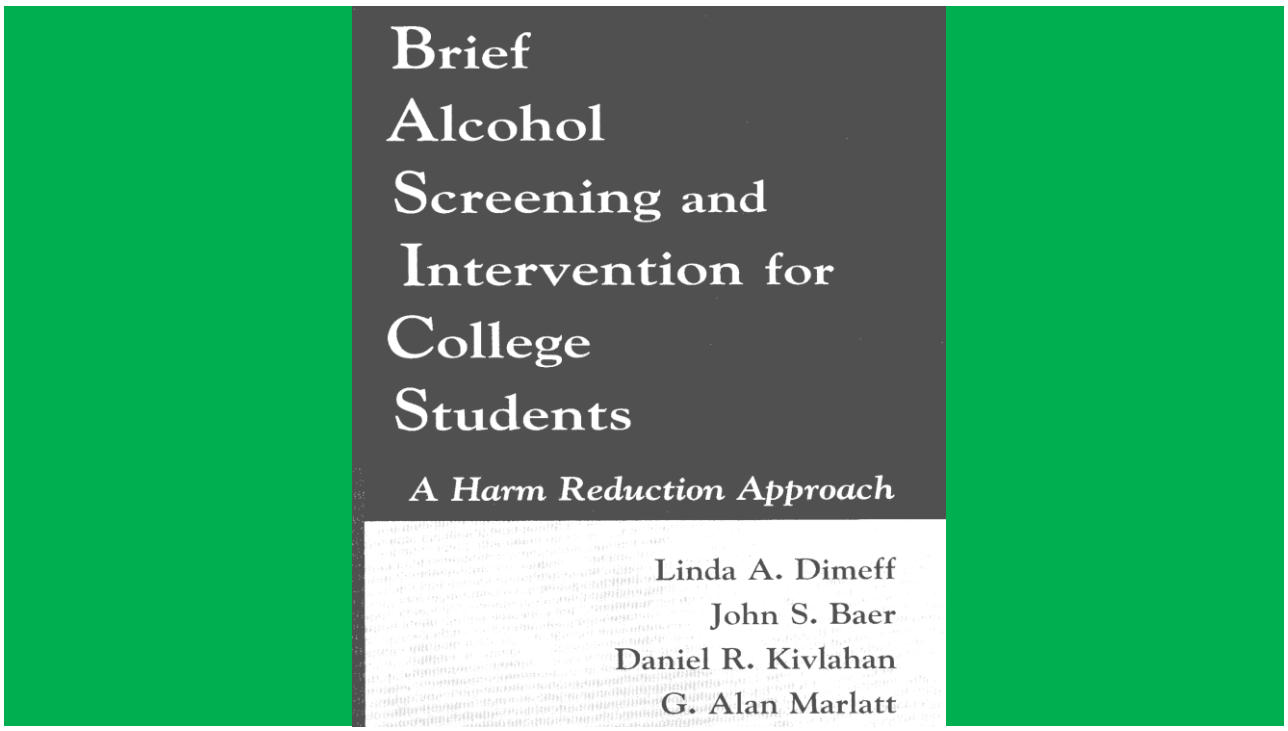
85



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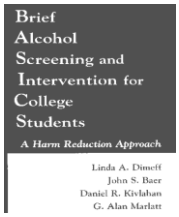
The Basics on BASICS

Brief Alcohol Screening and Intervention For College Students

- Assessment
- Self-Monitoring
- Feedback Sheet
- Review of Information and Skills Training Content



(Dimeff, Baer, Kivlahan, & Marlatt, 1999)

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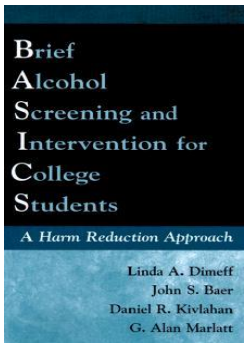
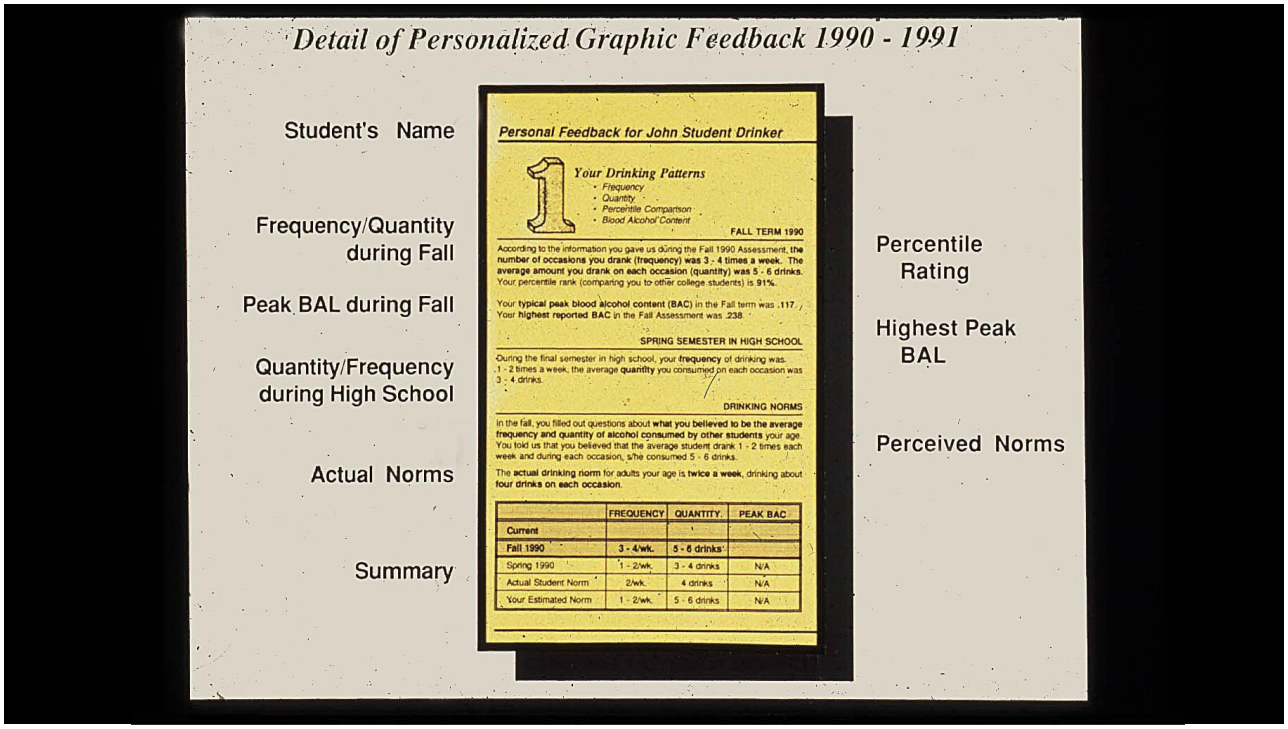
What does it mean to "do" BASICS?

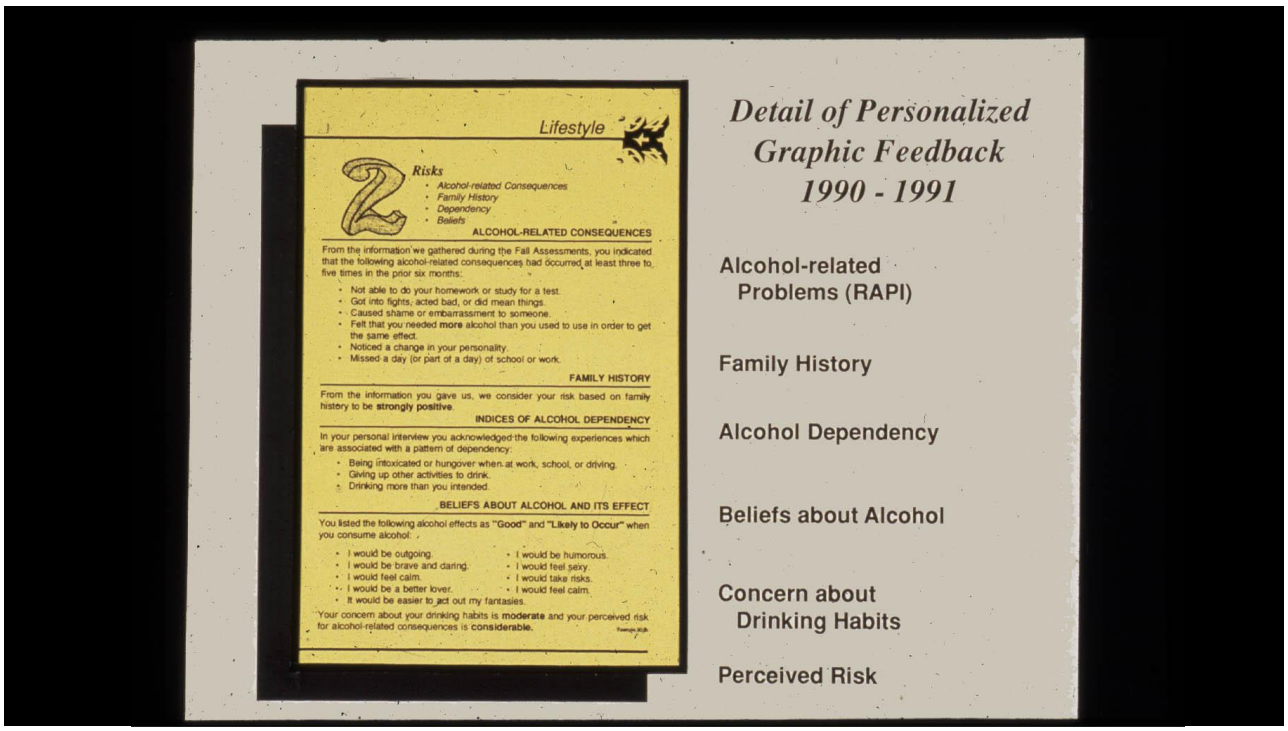


- The "AS" is the alcohol screening
  - Originally a separate in-person session
  - Subsequently achieved online, but BASICS does require a screening
- The "I" is the intervention
  - Originally a *second* in-person session guided by personalized graphic feedback
  - Personalized graphic feedback delivered online/in-print without interaction with a facilitator (PFI) is *not* BASICS
  - Intervention must be delivered with fidelity (meaning adherence to MI spirit, style, and strategies)

88


Detail of Personalized Graphic Feedback 1990 - 1991
Student's Name
Frequency/Quantity during Fall
Peak BAL during Fall
Quantity/Frequency during High School
Actual Norms
Summary
Personal Feedback for John Student Drinker
1
Your Drinking Patterns
• Frequency
• Quantity
• Percentile Comparison
• Blood Alcohol Content
FALL TERM 1990
According to the information you gave us during the Fall 1990 Assessment, the number of occasions you drank (frequency) was 3 - 4 times a week. The average amount you drank on each occasion (quantity) was 5 - 6 drinks. Your percentile rank (comparing you to other college students) is 91%.
Your typical peak blood alcohol content (BAC) in the Fall term was .117.
Your highest reported BAC in the Fall Assessment was .238.
SPRING SEMESTER IN HIGH SCHOOL
During the final semester in high school, your frequency of drinking was 1 - 2 times a week, the average quantity you consumed on each occasion was 3 - 4 drinks.
DRINKING NORMS
In the fall, you filled out questions about what you believed to be the average frequency and quantity of alcohol consumed by other students your age. You told us that you believed that the average student drank 1 - 2 times each week and during each occasion, s/he consumed 5 - 6 drinks.
The actual drinking norm for adults your age is twice a week, drinking about four drinks on each occasion.
FREQUENCY
QUANTITY
PEAK BAC
Current
Fall 1990
3 - 4/wk.
5 - 6 drinks
Spring 1990
1 - 2/wk.
3 - 4 drinks
N/A
Actual Student Norm
2/wk.
4 drinks
N/A
Your Estimated Norm
1 - 2/wk.
5 - 6 drinks
N/A
Percentile Rating
Highest Peak BAL
Perceived Norms

89


Lifestyle
2
Risks
• Alcohol-related Consequences
• Family History
• Dependency
• Beliefs
ALCOHOL-RELATED CONSEQUENCES
From the information we gathered during the Fall Assessments, you indicated that the following alcohol-related consequences had occurred at least three to five times in the prior six months:
• Not able to do your homework or study for a test.
• Got into fights, acted bad, or did mean things.
• Caused shame or embarrassment to someone.
• Felt that you needed more alcohol than you used to use in order to get the same effect.
• Noticed a change in your personality.
• Missed a day (or part of a day) of school or work.
FAMILY HISTORY
From the information you gave us, we consider your risk based on family history to be strongly positive.
INDICES OF ALCOHOL DEPENDENCY
In your personal interview you acknowledged the following experiences which are associated with a pattern of dependency:
• Being intoxicated or hungover when at work, school, or driving.
• Giving up other activities to drink.
• Drinking more than you intended.
BELIEFS ABOUT ALCOHOL AND ITS EFFECT
You listed the following alcohol effects as "Good" and "Likely to Occur" when you consume alcohol:
• I would be outgoing.
• I would be humorous.
• I would be brave and daring.
• I would feel sexy.
• I would feel calm.
• I would take risks.
• I would be a better lover.
• I would feel calm.
• It would be easier to act out my fantasies.
Your concern about your drinking habits is moderate and your perceived risk for alcohol-related consequences is considerable.
Detail of Personalized Graphic Feedback 1990 - 1991
Alcohol-related Problems (RAPI)
Family History
Alcohol Dependency
Beliefs about Alcohol
Concern about Drinking Habits
Perceived Risk

90

University of Washington, *Department of Psychiatry and Behavioral Sciences* **Telephone:** (206)543-0080

mc² Personalized Feedback

Assessment: Fall 2002
Participant: Jane Student

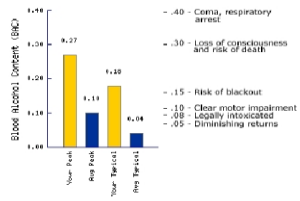
Your Drinking

According to the information you gave us, the number of occasions you drank (frequency) was:

4 days per week

On the weekends, you drank an average of:

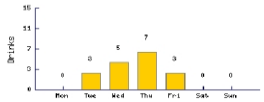
4 drinks per occasion



The average peak and average typical values are based on what we know about students attending UW.

It would take approximately **16.93** hours for your peak Blood Alcohol Content (BAC) to return to .00, and approximately **11.50** hours for your typical BAC to return to .00.

Typical Weekly Pattern



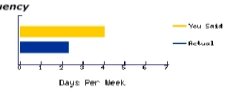
This is what you told us you drank during a typical week.

Compared to other college students, your percentile rank is **88**. *This means that you drink as much as or more than* ***88*** *percent of students your age.*

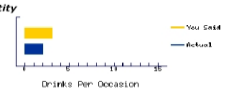
Drinking Norms

This is what you told us you believed to be the average frequency and quantity of alcohol consumed by students your age, as well as the actual drinking norms for UW students.

Frequency



Quantity



Most students think other students drink more than they actually do. Most UW students drink 2 or fewer drinks when they drink.

Beliefs About Alcohol Effects

You listed the following alcohol effects as "good" and "likely to occur" when you consume alcohol:

I would enjoy sex more.
I would feel peaceful.
I would feel calm.

Does alcohol really do these things? Research suggests many of the social effects of alcohol are based on myths, placebo effects, and expectations we bring to the drinking situation.

91

Alcohol-related Problems

You indicated the following alcohol-related consequences had occurred at least 1-2 times in the prior six months:

Had a fight or argument, or bad feelings with a friend or family member.
Felt you were going crazy.
Got into fights, acted bad, or did mean things.
Not able to do your homework or study for a test.
Went to work or school high or drunk.
Missed out on other things because you spent too much money on alcohol.
Experienced nausea or vomiting.
Had a hangover.
Passed out or fainted suddenly.
Missed a day or part of a day of work or school.

You can minimize the negative effects of alcohol by choosing to drink less or not at all.

Weight

You indicated that you have the following concerns regarding your weight and/or body:

You are concerned about your weight, shape, or diet.
You are fearful of being overweight.
You have used the following methods to counteract weight gain: diet pills, exercise
You have engaged in binge eating or have eaten more than you are comfortable with.

You indicated that in a typical week you are getting the following amount of calories from alcohol:

2592 calories

It would require **566 minutes** of brisk walking or **443 minutes** on the stairmaster to expend this number of calories each week.

Alcohol: Financial Costs

Based upon your typical quantity and frequency of alcohol use, you are typically spending the following, depending on your choice of alcohol:

Domestic Beer (cans): **$162.00/quarter**

Microbrew Beer (bottles): **$280.80/quarter**

Alcohol and Sexual Behavior

You indicated that you have had the following alcohol-related sexual experiences:

Have gotten into sexual situations you later regretted because of drinking.
Have had sex when you really didn't want to because of drinking.
Have had sex with someone you wouldn't ordinarily have sex with when drinking.
Have felt pressured or forced to have sex after drinking.

Alcohol doesn't improve sexual enjoyment or performance. You can reduce your risks of unwanted sexual experiences by being selective about whether and how much to drink, especially on first dates or at larger parties. Use the buddy system to watch out for friends.

Alcohol Dependence

You acknowledged the following experiences, which are associated with a pattern of dependency.

Have driven a car after drinking.
Have had blackouts.
Felt like you needed more alcohol to get the same effect.
Felt like you needed a drink first thing in the morning.

Based upon the data provided, we estimate your level of alcohol tolerance to be:

Very High Risk

Tolerance means needing more alcohol to get the same effect as you used to get at lower levels. Tolerance reduces pleasurable effects of alcohol and makes drinking more expensive. It can also be a sign that you are becoming dependent on alcohol.

Family History

We consider your risk based on family history to be:

Positive Risk

Most people have heard that having a family history of alcohol problems increases your risk for alcohol problems yourself. While this is true, it's also true that being aware of your drinking and making lower-risk decisions about drinking now can lessen your risk of developing an alcohol problem in the future.

Perceived Risk

Your concern about your drinking habits is:

Low

Protective Factors

These are some things you are doing to avoid negative consequences from drinking:

Use a designated driver.
Keep track of how many drinks you were having.

These are some other strategies you might use to reduce negative effects of drinking:

Switch between alcoholic and non-alcoholic beverages.
Determine, in advance, not to exceed a set number of drinks.
Choose not to drink alcohol.
Eat before and/or during drinking.
Have a friend let you know when you've had enough.
Pace your drinks to 1 or fewer per hour.
Avoid drinking games.
Drink an alcohol look alike (non-alcoholic beer, punch) or juice, water.

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	Lower costs $	Mid-range costs $$	Higher costs $$$
Higher effectiveness ★★★	**IND-3** Normative re-education: Electronic/mailed personalized normative feedback (PNF)—Generic/other[2] [##, B, ••••, online/offsite] **IND-10** Skills training, alcohol focus: Self-monitoring/self-assessment alone[3] [#, F, •••, online/offsite] **IND-24** Personalized feedback intervention (PFI): eCHECKUP TO GO (formerly, e-CHUG)[2] [#, B, ••••, online]	**IND-9** Skills training, alcohol focus: Goal/intention-setting alone[3] [##, F, ••, IPI] **IND-14** Skills training, alcohol plus general life skills: Alcohol Skills Training Program (ASTP)[2] [#, F, •••, IPG] **IND-18** Brief motivational intervention (BMI): In-person—Individual (e.g., BASICS) [##, F, ••••, IPI] **IND-26** Personalized feedback intervention (PFI): Generic/other[2] [##, B, ••••, online]	**IND-19** Multi-component education-focused program (MCEFP): AlcoholEdu® for College[2] [#, B, ••, online] Interventions Delivered by Health Care Professionals Strategies in which health care professionals identify and help students whose drinking patterns put them at risk for harm, or who are already experiencing alcohol-related problems: **IND-27** Screening and behavioral treatments

- Normative re-education: Electronic/mailed personalized normative feedback (PNF)—Generic/other
- Skills training, alcohol focus: Self-monitoring/self-assessment alone
- Personalized feedback intervention (PFI): eCHECKUP TO GO (formerly, e-CHUG)
- Skills training, alcohol focus: Goal/intention-setting alone
- Skills training, alcohol plus general life skills: Alcohol Skills Training Program (ASTP)
- Brief motivational intervention (BMI): In-person—Individual (e.g., BASICS)
- Personalized feedback intervention (PFI): Generic/other
- Multi-component education-focused program (MCEFP): AlcoholEdu® for College

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	Lower costs $	Mid-range costs $$	Higher costs $$$
Higher effectiveness ★★★	**IND-3** Normative re-education: Electronic/mailed personalized normative feedback (PNF)—Generic/other[2] [##, B, ••••, online/offsite] **IND-10** Skills training, alcohol focus: Self-monitoring/self-assessment alone[3] [#, F, •••, online/offsite] **IND-24** Personalized feedback intervention (PFI): eCHECKUP TO GO (formerly, e-CHUG)[2] [#, B, ••••, online]	**IND-9** Skills training, alcohol focus: Goal/intention-setting alone[3] [##, F, ••, IPI] **IND-14** Skills training, alcohol plus general life skills: Alcohol Skills Training Program (ASTP)[2] [#, F, •••, IPG] **IND-18** Brief motivational intervention (BMI): In-person—Individual (e.g., BASICS) [##, F, ••••, IPI] **IND-26** Personalized feedback intervention (PFI): Generic/other[2] [##, B, ••••, online]	**IND-19** Multi-component education-focused program (MCEFP): AlcoholEdu® for College[2] [#, B, ••, online] Interventions Delivered by Health Care Professionals Strategies in which health care professionals identify and help students whose drinking patterns put them at risk for harm, or who are already experiencing alcohol-related problems: **IND-27** Screening and behavioral treatments

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What do we do with cannabis use?

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This "mix" includes (but is not limited to):

- Policies
- Enforcement
- Education
- Prevention
- Intervention
- Treatment
- Recovery support

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(1) Consider screening in Health & Counseling Centers

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(2) Go a step further with SBIRT, especially since motivational enhancement-based brief interventions show promise

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Screening: Universal screening for quickly assessing use/severity/risks

Brief **I**ntervention: Motivational/awareness-raising intervention to prompt contemplation of or commitment to change

Referral to **T**reatment: Referral to specialty care or follow-ups

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In-person, personalized feedback interventions have shown reductions in use, time spent high, and consequences (e.g., Lee, et al., 2013)

Lee, C.M., Kilmer, J.R., Neighbors, C., Atkins, D.C., Zheng, C., Walker, D.D., & Larimer, M.E. (2013). Indicated prevention for college student marijuana use: A randomized controlled trial. *Journal of Consulting and Clinical Psychology, 81,* 702-709.

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(3) If considering harm reduction approaches, be aware of recommendations for "lower risk" rather than "low risk" use

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Review

Lower-Risk Cannabis Use Guidelines (LRCUG) for reducing health harms from non-medical cannabis use: A comprehensive evidence and recommendations update

Benedikt Fischer[a,b,c,*], Tessa Robinson[b,d], Chris Bullen[a,e], Valerie Curran[f,g], Didier Jutras-Aswad[h,i], Maria Elena Medina-Mora[j,k], Rosalie Liccardo Pacula[l], Jürgen Rehm[m,n], Robin Room[o,p], Wim van den Brink[q,r], Wayne Hall[s,t]

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General Precaution A:

"There is no universally safe level of cannabis use; thus, the only reliable way to avoid any risk for harm from using cannabis is to abstain from its use."

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Among other recommendations:

- People who use cannabis should use low potency cannabis products
- "Overall, there is no categorically 'safe' route of use for cannabis and each route option brings some level of distinct risks that needs to be taken into account for use. " That said, smoking is particularly risky.
- Keep use occasional (no more than 1 or 2 days a week, weekend only)
- If a person notices impacts to attention, concentration, or memory, "consider temporarily suspending or substantially reducing the intensity (e.g., frequency/potency) of their cannabis use."
- Avoid driving while under the influence (waiting at least 6-8 hours after inhaling, 8-12 hours after use of edibles)

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Recommendation #11: ***Some specific groups of people are at elevated risk for cannabis use-related health problems because of biological pre-dispositions or co-morbidities. They should accordingly (and possibly on medical advice as required) avoid or adjust their cannabis use.*** Higher risks for harm extend to individuals with a genetic predisposition (e.g., a first-degree family or personal history) for, or an active psychosis, mood (e.g., depressive) disorder, or substance use disorder.

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With other substances, go where your data lead you

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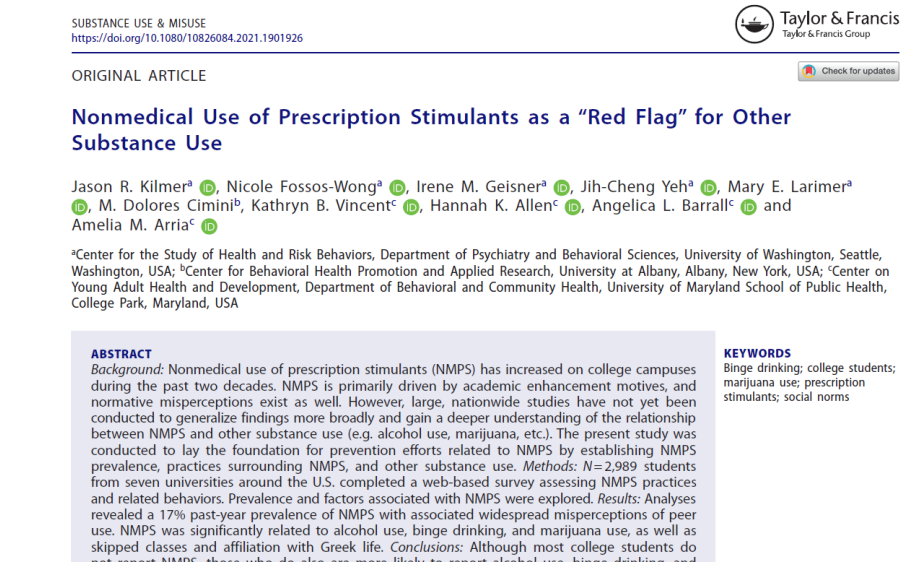

SUBSTANCE USE & MISUSE
https://doi.org/10.1080/10826084.2021.1901926

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Check for updates

ORIGINAL ARTICLE

Nonmedical Use of Prescription Stimulants as a "Red Flag" for Other Substance Use

Jason R. Kilmer[a], Nicole Fossos-Wong[a], Irene M. Geisner[a], Jih-Cheng Yeh[a], Mary E. Larimer[a], M. Dolores Cimini[b], Kathryn B. Vincent[c], Hannah K. Allen[c], Angelica L. Barrall[c] and Amelia M. Arria[c]

[a]Center for the Study of Health and Risk Behaviors, Department of Psychiatry and Behavioral Sciences, University of Washington, Seattle, Washington, USA; [b]Center for Behavioral Health Promotion and Applied Research, University at Albany, Albany, New York, USA; [c]Center on Young Adult Health and Development, Department of Behavioral and Community Health, University of Maryland School of Public Health, College Park, Maryland, USA

ABSTRACT

Background: Nonmedical use of prescription stimulants (NMPS) has increased on college campuses during the past two decades. NMPS is primarily driven by academic enhancement motives, and normative misperceptions exist as well. However, large, nationwide studies have not yet been conducted to generalize findings more broadly and gain a deeper understanding of the relationship between NMPS and other substance use (e.g. alcohol use, marijuana, etc.). The present study was conducted to lay the foundation for prevention efforts related to NMPS by establishing NMPS prevalence, practices surrounding NMPS, and other substance use. *Methods:* N = 2,989 students from seven universities around the U.S. completed a web-based survey assessing NMPS practices and related behaviors. Prevalence and factors associated with NMPS were explored. *Results:* Analyses revealed a 17% past-year prevalence of NMPS with associated widespread misperceptions of peer use. NMPS was significantly related to alcohol use, binge drinking, and marijuana use, as well as skipped classes and affiliation with Greek life. *Conclusions:* Although most college students do

KEYWORDS
Binge drinking; college students; marijuana use; prescription stimulants; social norms

Kilmer, J.R., Fossos-Wong, N., Geisner, I.M., Yeh, J-C., Larimer, M.E., Cimini, M.D., Vincent, K.B., Allen, H.K., Barrall, A.L., & Arria, A.M. (2021). Non-medical use of prescription stimulants as a "red flag" for other substance use. *Substance Use and Misuse, 56* (7), 941-949. doi: 10.1080/10826084.2021.1901926

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Project PHARM: Collecting the data

- **Study of non-medical use of ADHD prescription stimulant medication at 7 schools across the United States**
  - **2,989 undergraduates between 18-25 years of age**
  - "In the past 12 months, on how many days have you used an ADHD prescription stimulant non-medically?"
  - **17.2% reported past year use of a prescription ADHD stimulant medication not prescribed to them**

Kilmer, J.R., Fossos-Wong, N., Geisner, I.M., Yeh, J-C., Larimer, M.E., Cimini, M.D., Vincent, K.B., Allen, H.K., Barrall, A.L., & Arria, A.M. (2021). Non-medical use of prescription stimulants as a "red flag" for other substance use. *Substance Use and Misuse, 56* (7), 941-949. doi: 10.1080/10826084.2021.1901926

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Skipping class

- **Among those with no past year non-medical use of prescription stimulants**
  - **% skipping at least one class: 34.9%**
  - **Of those with at least 1 skipped class, % who said they skipped due to use of alcohol/other substances: 8.9%**
- **Among those with past year non-medical use of prescription stimulants**
  - **% skipping at least one class: 54.1%**
  - **Of those with at least 1 skipped class, % who said they skipped due to use of alcohol/other substances: 39.6%**

Kilmer, J.R., Fossos-Wong, N., Geisner, I.M., Yeh, J-C., Larimer, M.E., Cimini, M.D., Vincent, K.B., Allen, H.K., Barrall, A.L., & Arria, A.M. (2021). Non-medical use of prescription stimulants as a "red flag" for other substance use. *Substance Use and Misuse, 56* (7), 941-949. doi: 10.1080/10826084.2021.1901926

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Cannabis use

- **Among those with no past year non-medical use of prescription stimulants**
  - **Past year cannabis use: 38.8%**
  - **Past 30-day cannabis use: 23.0%**
- **Among those with past year non-medical use of prescription stimulants**
  - **Past year cannabis use: 86.0%**
  - **Past 30-day cannabis use: 66.2%**

Kilmer, J.R., Fossos-Wong, N., Geisner, I.M., Yeh, J-C., Larimer, M.E., Cimini, M.D., Vincent, K.B., Allen, H.K., Barrall, A.L., & Arria, A.M. (2021). Non-medical use of prescription stimulants as a "red flag" for other substance use. *Substance Use and Misuse, 56* (7), 941-949. doi: 10.1080/10826084.2021.1901926

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Heavy episodic alcohol use

(4+ drinks last 30 days for women, 5+ drinks last 30 days for men)

- **Among those with no past year non-medical use of prescription stimulants**
  - **Women (4+ at least once past 30): 47.1%**
  - **Men (5+ at least once past 30): 47.0%**
- **Among those with past year non-medical use of prescription stimulants**
  - **Women (4+ at least once past 30): 88.4%**
  - **Men (5+ at least once in past 30): 85.6%**

Kilmer, J.R., Fossos-Wong, N., Geisner, I.M., Yeh, J-C., Larimer, M.E., Cimini, M.D., Vincent, K.B., Allen, H.K., Barrall, A.L., & Arria, A.M. (2021). Non-medical use of prescription stimulants as a "red flag" for other substance use. *Substance Use and Misuse, 56* (7), 941-949. doi: 10.1080/10826084.2021.1901926

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Wrapping up

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Wrapping up/Future directions

- We have effective strategies out there!
- Consider the audience for prevention/intervention efforts
  - Those who do not drink or use substances
  - Study abroad programs
  - Students in recovery
  - Fraternity and sorority members
  - Student athletes
  - High-risk events

- Consider ways to reach young adults who aren't in a college setting
- Add to the science on "what works" for impacting alcohol use, other drug use, interpersonal violence, and the overlap of these issues

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As you considered messaging, some great resources on the words we use

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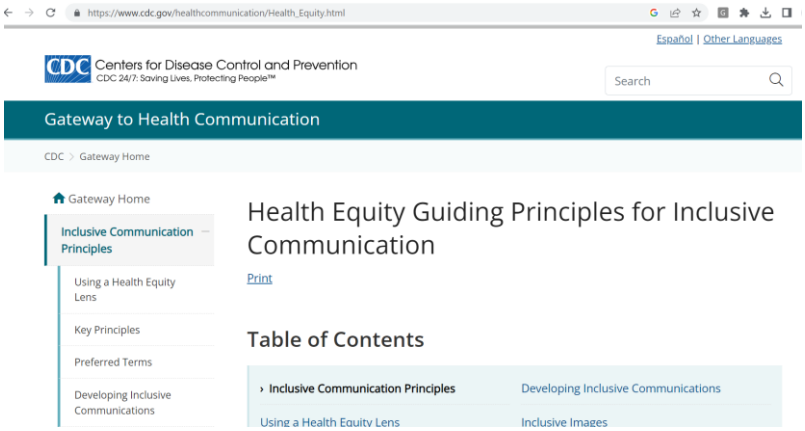
Great resource from CDC:

https://www.cdc.gov/healthcommunication/Health_Equity.html



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Avoid saying target, tackle, combat, or other terms with violent connotation when referring to people, groups, or communities.

These terms should also be avoided, in general, when communicating about public health activities.

Instead of this…

- Target communities for interventions
- Target population
- Tackle issues within the community
- Aimed at communities
- Combat or fight against [disease]
- War against [disease]

Try this…

- Engage/prioritize/collaborate with/serve [population of focus]
- Population of focus
- Consider the needs of/Tailor to the needs of [population of focus]
- Communities/populations of focus
- Intended audience
- Eliminate/eradicate [issue/disease]
- Prevent/control spread of [disease]

https://www.cdc.gov/healthcommunication/Key_Principles.html

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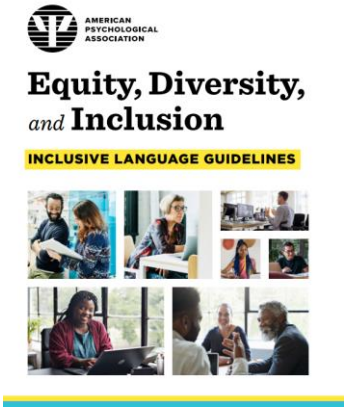
Great resource from APA

https://www.apa.org/about/apa/equity-diversity-inclusion/language-guidelines.pdf



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Thank you!

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