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**- Lessons from the Field -**

**Preventing and Addressing Substance Use Among  
Students Transitioning into Higher Education**

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*Wednesday, May 10, 2023 | 3:00 – 4:30 PM ET*  
*Transcript*

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**Cindy Carraway-Wilson:** Good afternoon, everyone, and again, welcome to today's webinar, Preventing and Addressing Substance Use Among Students Transitioning into Higher Education. On behalf of the US Department of Education, we are pleased to have you with us. And in fact, we have over 600 people registered for this webinar. We expect more to be joining us shortly.

We have a lot of information to provide to you during the webinar today, and we are going to be sending out a variety of links, and information, and resources and we're sure we're going to be finding this webinar quite valuable. This webinar is part of our Lessons from the Field webinar series, and this series highlights the effective tools, techniques, and strategies that are employed by everyday practitioners in the field, that address hot topics on the top of educators' minds. You can access the recorded webinars from this series on the webpage, which is now being shared in the chat.

In today's webinar, our speakers will be sharing a variety of sources of information that provide a clear picture of this current substance use trends for students in high school as well as in college, and then we will have a robust conversation about the various different prevention and intervention strategies being used on college campuses, and that can also be implemented in high schools to help transition students into safer decision making when they get into the higher education institutions.

As always, if you have additional strategies that are working for you in your community, please reach out to us at Best Practices Clearinghouse email address, which is now being shared with you in the chat. Our work is always stronger when we can share effective strategies with each other, and learn from each other. Please note that the content of this webinar does not necessarily

represent the policy or views of the US Department of Education, nor does it imply endorsement by the US Department of Education.

My name is Cindy Carraway-Wilson, and I'm a Training Specialist for the National Center on Safe Supportive Learning Environments, or NCSSE. NCSSE is funded by the Office of Safe Supportive Schools, within the Office of Elementary and Secondary Education. To learn a little more about NCSSE, we encourage you to visit our website, where you can access a wide range of resources on school climate and conditions for learning. To give you an idea of what we offer, here you can see a picture of our web homepage on the right-hand side, and on the left you can see a variety of our most popular resources that you can access by visiting the site listed on this slide.

Please note that this webinar is being recorded, and all materials you see today, including the slides, the referenced resources, and the recorded version of this webinar, will be available on the event webpage, also within this website. And in fact, some of the items, including the slides, the speaker bios, and some of the resources, have already been posted to the site. Please also note that you can access those previous versions of Lessons from the Field webinars, by going to the webinar series webpage listed here, and posted in chat.

I'd like to briefly give you an idea of the journey we're going to take during this webinar. After we get done with the logistics piece here, we'll be having a welcome from the United States Department of Education, and then we'll move into two presentations that will provide us some context for the panels that's happening later on. The first presentation will give us some data from the Youth Risk Behavior Survey, which gives us a picture of substance use trends among high school students. And we know that some of these students will be transitioning into higher education institutions, and taking those substance use patterns, others might begin to experiment with alcohol and other substances, or even use more and different types of substances. So it's important that we understand what that picture looks like. We'll also be hearing some data for the college side and what is happening with trends there, from the Monitoring the Future Study material.

Again, the purpose of these two presentations is to provide that context for our Prevention and Intervention Strategies Panel, where we have practitioners who will speak on both sides of that coin, sharing the prevention strategies that are being used on campus, and some ideas of what can be done in high school, as well as those intervention strategies, and how we can work best together to support our students. So please, as you're listening to the presentations, remember to use your Q&A button to post your questions for our speakers. After the closing remarks, we will have 10 to 15 minutes of time reserved specifically to respond to the questions that you post in that Q&A.

Now, I'd like to move on and provide an introduction to Ms. Carlette KyserPregram, who is with the US Department of Education, as an Education Program Specialist within the Office of Elementary and Secondary Education, in

the office of Safe and Supportive Schools. She's also a lead of the School Climate Transformation Group. Carlette?

**Carlette KyserPegram:** Thanks, Cindy. Good afternoon, everyone, and welcome to our latest effort in our Lessons from the Field webinar series, Preventing and Addressing Substance Use Amongst Students Transitioning Into Higher Education. As we are in the midst of National Prevention Week, we hope this webinar will provide ideas for how both high school and higher education practitioners can support a healthier transition, as their students leave their high school environments and matriculate to their post-secondary education experiences.

As we know and may even remember from our own experiences, this is an exciting time for students, as they move into a less structured environment, focusing on pursuing specific learning and education and career goals, and establish new peer relationships while continuing to develop cognitively, socially, and emotionally. But we also know that this could also be a time when students begin engaging in risky behaviors, including alcohol and substance abuse.

In an effort to support both high school and higher ed staff in transitioning their students, we hope that today's webinar will provide the latest national data from the Youth Risk Behavior Survey and Monitoring Futures on Substance Use trends in both high school and college-aged students. Additionally, we hope that you gain some information by listening to representatives from two universities about prevention and intervention strategies that they're implementing for their students as they transition.

Finally, over the course of the webinar, we hope that you will learn about some resources to help students engage in healthier decision making around substance use, and hear ideas of how high school staff might implement some of these strategies before students transition from those schools to their post-secondary educational experiences. In the end, we hope you will come away with some new ideas that will allow you to support your students, and ensure that they have a healthy academic and successful transition.

So thank you again for joining us, and with that, I'm going to turn it back over to Cindy.

**Cindy Carraway-Wilson:** As always, Carlette, thank you so much for your warm welcome. We appreciate the ongoing support for all of these hot topics from the Department of Education.

Now, it's my pleasure to speak just a small amount about our two context setting speakers. We'll have Dr. Grant Baldwin coming, who's the Director of the Division of Overdose Prevention at the National Center for Injury Prevention and Control, at the Centers for Disease Control Prevention. I'll be introducing him in just a moment. And right after him, we'll get Mr. Richard Lucey, who's the Senior Prevention Program Manager in the Community Outreach Prevention Support Section of the Drug Enforcement Administration. You can find their

bios, and the bios for all of our panelists, on our website at the link now being posted in chat.

Now it's my pleasure to turn the mic over to Dr. Grant Baldwin, who will be providing us with that initial landscape picture of what's going on in our high schools around substance use, and how mental health, adverse childhood experiences, and other factors can impact that use. Dr. Baldwin?

**Grant Baldwin:**

Great. Thank you so much, Cindy. I appreciate the honor and opportunity to be with you today.

As was mentioned, I'm going to focus my remarks on the Youth Risk Factor Behavioral Survey, as well as trends in fatal overdose between youth and young adults. We'll then transition to talk about what prevention opportunities exist, as well as comorbidities associated that are linked to substance use.

So the Youth Risk Behavior Survey is conducted every two years, most recently during the COVID-19 pandemic, in the fall of 2021, and it monitors health-related behaviors and experiences that contribute to leading causes of death and disability. This report, which I'm going to be drawing from, looks over 10 specific years, from 2011 to 2021, and importantly breaks down trends by sex, race, and ethnicity, sexual identity, and other factors to look at disparities that we may need to be attending to over time.

So this is the sweeping take-home slide, which says that the prevalence of high school substance use is in fact trending in the right direction, but the news isn't all great. You can see that the number of the percentage of high school students who drank alcohol, who use marijuana, and currently use an electronic vape product, and who use select illicit drugs, and I'll give you that list of select drugs in a little bit, as well as misused prescription opioids, is all trending in the right direction. That is, going down. And going down, I think, quite markedly, in the case of alcohol and marijuana. However, approximately one-third of students, 29%, reported current use of alcohol, or marijuana, or prescription opioid misuse in the last 30 days. And among those reporting current substance use, approximately 34% used two or more substances in 2021. And of course, preventing substance use in young people can reduce the risks, as well as the risk for later substance use over time.

So I want to draw specifically on trends in specific drugs. So in 2021, 16% of high school students used marijuana in the past 30 days, and as you see on the graph on the left, female students were slightly more likely than male students to currently use marijuana, and Black students, the graph on the right, were slightly more likely than Asian, Hispanic, and white students to currently use marijuana.

In terms of trends in prescription opioid misuse, this is lifetime use, in 2021, 12% of high school students had ever taken prescription opioids without a doctor's prescription, or differently than how a doctor told them to use it, with female students slightly more likely to have ever used prescription opioids than male

students. And the percentage of students from each racial and ethnic group who had ever misused prescription opioids, as you can see on the graph on the right, is relatively similar.

Here are the trends in illicit drug use. Again, here are the specific drugs that are queried on YRBS. Cocaine, inhalants, heroin, methamphetamines, hallucinogens, and ecstasy. You can see here that in 2021, 13% of high school students had ever used the illicit substances listed here, with female students, again, more likely than male students to have ever used those drugs, and Asian and Black students were less likely than students from nearly all other racial and ethnic groups to have ever used select illicit drugs. And again, you can see the trends over time between 2011 and 2021.

One of the things that's important to look at is also other disparities, and here you can see trends in substance use by sexual identity and sex of sexual contacts. In 2021, LGBTQ+ students and students with any same-sex partners were significantly more likely than their peers to engage in every substance use behavior. I want to call specifically your attention to ever misused prescription opioids, and ever used select illicit drugs, with those percentages being nearly double what they are for persons who are heterosexual, or with opposite sex-only partners.

Shifting gears from YRBS, I also thought it was going to be important to showcase trends in fatal overdoses. Again, the age cohort here with YRBS, it's high school students in public and private high schools. Here, the age cohort is slightly larger, but you can see the significant increase over time. So over 87,000 people, age 5 to 24, have died of a drug overdose since 1999, including very staggeringly, 30,000 in the last five years alone. The drug overdose deaths have increased sixfold, and I want to call your attention that drug overdose deaths per people age 15 to 19 have doubled between 2019 and 2021, and for those 20 to 24, they've increased 1.4-fold. You can see the percentage of deaths that involve opioids, and the specifically the percentage of deaths that involve synthetic opioids, excluding methadone, which includes the class of drugs of fentanyl, which Mr. Lucey will speak a little bit more about in his presentation.

Here are the trends by gender. Again, 62,500 males and 24,500 females have died since 1999. You can see the trends over time with drug overdose deaths among males increasing 5.7-fold, and among females, 6.5-fold. Here are increasing disparities. Notice the marked increase between 2019 and 2021 in every racial and ethnic category, with the most significant increases occurring among non-Hispanic Blacks, and among non-Hispanic American Indians, and Alaska Natives, with those increasing 102% and 67% respectively.

So this is my elephant in the room slide. So 68% of all drug overdose deaths, this is, by the way, for persons of all ages, and 90% of opioid-involved overdose deaths involve synthetic opioids excluding methadone, and fentanyl really is the elephant in the room.

So one of the things that has changed in that one of the reasons we need to be concerned is the changing calculus of risk because of an illicit market with fentanyl. On the graph, you can see a continuum of use with historically substance use behavior going from no use, to initiation and experimentation, to occasional or social use, more regular use, and then ultimately developing a dependency or a use disorder. But with illicitly manufactured fentanyl in the marketplace, it really does change everything. The risk of an overdose increases, and of fatal overdoses increases at every stage of this continuum, and I think the deaths among youths and young adults are specific markers. The increase in deaths among youth and young adults are increased markers of the changing calculus.

So here in the Department of Health and Human Services, we released a overdose prevention strategy in October of 2021, which includes these four areas, primary prevention, harm reduction. By the way, this is the first time harm reduction is called out. I'll speak a little bit more about that in a second. Evidence-based treatment and recovery support services. Notice that equity, and data, and stigma are central guiding principles of this.

But in terms of harm reduction, given illicitly manufactured fentanyl, it's incredibly important to have, among other things, naloxone on hand, on campuses, and in other venues. Here is the CDC approach to preventing overdoses and substance-use related harms, with the six or five specific strategic priorities listed on the right.

I wanted to make the connection between mental health and substance use, and this is also data from YRBS, and shows that nearly 60% of female students, and nearly 70% of LGBTQ+ students experienced persistent feelings of sadness or hopelessness. Also, 10% of female students and more than 20% of LGBTQ+ students attempted suicide. Notice that for every indicator of youth mental health, it's actually getting worse, and you can see the trends over time on those specific variables.

So here's the specific connection between youth mental health and substance use. This is data from the National Survey on Drug Use and Health. Notice that substance use among students 12 to 17 years old is greater if you had a major depressive episode. In many cases, it's double or triple for what it was if you did not have a major depressive episode.

Closing things out, I wanted to briefly talk about Adverse Childhood Experiences. These are abuse, neglect, and household challenges, among those listed on the slide. We know that 61% of adults experience at least one ACE, and one in six adults report four or more ACEs. And the types of ACEs are listed on the slide.

There's clear, convincing, and longstanding evidence showing the relationship between ACEs and the risk of substance use. So really a dose-response relationship. The more ACEs you have, the more likely you are to be a current smoker, have an alcohol use disorder, ever used illicit drugs, or ever injected drugs.

I did want to flag for you some ... We administer the Drug-Free Communities program on behalf of the Office of National Drug Control Policy, as well as a partnership with the Community Anti-Drug Coalitions of America, working across these 12 sectors. And we fund 700-plus community coalitions across the country, working with each of these 12 sectors in your communities.

Finally, I just wanted to list some resources. I didn't have a chance to talk about our Stop Overdose campaign. I would strongly encourage you to take a look at that. It talks about fentanyl, polysubstance use, stigma, and naloxone, and importantly, a youth messaging program that we worked with the National Council for Mental Wellbeing called Getting Candid, and the links and URL are here, listed on the slide.

So with that, thank you so much for your time, and I'll turn it over back to Cindy to move things forward.

**Cindy Carraway-Wilson:** Dr. Baldwin, thank you so much for all that data, and we specifically appreciate those connections between adverse childhood experiences and mental health, and how all of those things together can impact substance use.

It's now my great pleasure to introduce Mr. Richard Lucey, who's going to be providing us the information about what the college landscape looks like, as our young people move from high school into college, and the substance use trends that we see happening on our college campuses. He will also share some resources available through the Drug Enforcement Administration around prevention and intervention. Mr. Lucey?

**Richard Lucey:** Thank you, Cindy. Really appreciate being here this afternoon. So really glad that Dr. Baldwin kind of laid the table, if you will, with the data look among the high school students, because I want to share some data points with you around drug use among college students.

And I'm going to start with alcohol. Even though alcohol is not within DEA's purview as a controlled substance, there's no way I can talk about drug misuse among college students without talking about the number one drug of choice among college students, which is alcohol. And what you see on this slide, and by the way, as a reminder, these data come from the Monitoring the Future Study, which is administered through the University of Michigan, and funded by the National Institute on Drug Abuse.

So binge-drinking was typically more prevalent among college students than non-college youth over the years prior to 2020. That's not an anomaly. I will say that binge-drinking is typically higher among college students than their peers who are not in college. But you will see in 2020 that the rate converged right at about 24%. And that really shouldn't surprise anyone, right? Because we all know what happened in 2020, specifically in March of 2020, with the beginning of the pandemic. And so many schools, just like every place else, was shutting down, and students were then going back to their home bases, right? They were no longer on campus for that spring semester. So it really wasn't a surprise that

we saw that number converge, if you will, between college and non-college students. But then you'll see a bit of the pandemic effect continues. Something that we also weren't surprised about, because we somewhat anticipated it. The gap opened again in 2021, after a significant increase for college, but not non-college young adults. So again, among college students, as it has been traditionally, binge-drinking far more than their peers who are not in college.

Now, when we take a look at marijuana use among college students, marijuana use trends have showed that there's been an increase over the past decade in use in the past 30 days. When we're talking about current use, past 30-day use, you'll see over the last decade, since 2011, that it's risen from 19.4% to 24.2% over that decade. And again, not really surprised by that.

I also wanted to share with you a gender-specific slide regarding past 30-day use of marijuana. And here you see that in 2021, marijuana use in the past 30 days was nearly the same for college men and women. And that's due to somewhat stable levels of use among men. But you'll notice the females, which is the green line, the lighter green line that's at the bottom, that increasing trend among women in college over the past 10 years. And there you see that pretty much at 24%, the male and female college students, it has converged in 2021 where both genders are using marijuana in the past 30 days at the same rate. So when I talk about prescription drug misuse among college students, and here's a quick slide to show you that amphetamine use without a doctor's prescription in the past 12 months actually was quite similar for college and non-college young adults, at around 5%. But here's what I want to talk about when I discuss prescription drug misuse among college students. So among the general population, we know that the three classes of prescription drugs that are typically misused in the general population are opioids, sedatives and stimulants.

But among college students that directly inverts and the class of prescription drugs that are typically misused by college students are stimulants. And I'm going to come back to why that's important in the next few slides in a moment. But I want to continue by saying that the reason that this is happening is because students are under the misguided belief that if they non-medically use something like Adderall or Ritalin, that it's going to help them get a better grade. And there is absolutely no research to show that the non-medical use of a prescription stimulant will help a student get a better grade. Absolutely, if you are legitimately prescribed a stimulant like Adderall or Ritalin, sure, it absolutely helps with your concentration and focus. I am talking about the non-medical use of prescription stimulants.

In fact, I mentioned a study that SAMHSA, my old stomping grounds when I used to work at the Center for Substance Abuse Prevention, in 2015, SAMHSA had come out with a study that indicated on any given day, 400 full-time college students will initiate or start the non-medical use of a prescription stimulant. But in April, November and December, that number rose to 500 full-time college students on any given day. Now, that report didn't get into the why, but think about those months that I just mentioned, April, November, December, and



what's going on on college campuses in those months: midterms, finals. So we shouldn't necessarily be surprised that that number increased during those three months. That's why prevention professionals on and around college campuses are continuing to promote the message that the non-medical use of a prescription stimulant is not going to help you get a better grade. And now as I talk about the dangers of fake pills and fentanyl, hopefully you'll see why this ties into something of significant concern on college campuses.

Dr. Baldwin already referenced fentanyl as the elephant in the room, and here at DEA it is the full court press right now that's on everybody's mind. In November of 2022, DEA issued a public safety alert to warn the public of a sharp nationwide increase in the lethality of fentanyl-laced fake prescription pills. Okay? So you see here that six out of 10 -- it was four out of 10 just a year ago -- now six out of 10 DEA-tested pills with fentanyl contain a potentially lethal dose. And we do not issue these public alerts often. In fact, we've issued three over the last six years or so. The first one was about six years ago when fentanyl first came on the scene and it was first emerging as a dangerous and emerging threat. And then in 2021, in the fall of 2021, we issued a public safety alert to warn the public about the alarming increase of the availability and the lethality of fake prescription pills.

And then again, last year, as I said, it was four out of 10 and it is now six out of 10. For those of you who are on the call, and I see there's well over 300 of you at the moment, if you do not know what a lethal dose of fentanyl looks like, it's this. This is approximately two milligrams of fentanyl and it's considered to be a lethal dose. We know that fentanyl is 50 times more potent than heroin. And the fentanyl driving this crisis isn't just sold in fake pills. Dealers are mixing fentanyl with other illicit drugs to make their product go further and increase their profits. So it's because of this availability and lethality of fentanyl and fake pills that we launched the One Pill Can Kill Awareness Campaign in the fall of 2021. And there you see the website that you can go to, [dea.gov/onepill](https://dea.gov/onepill), to get all the fact sheets.

You can see the information. There's pictures of fake pills versus the authentic pills. They're quite difficult to tell apart. There's also a partner toolbox on that website where you can download the graphics, the billboards, the social media messaging. That's all for you to use and we encourage you to download those materials and to brand them locally for the resources that are available in your area. Here is the top line message that I and others here at DEA continue to promote no matter what audience we're talking to. This is a universal message. Never take medicine that was not prescribed to you by your own doctor, a licensed medical provider, and dispensed through a trusted pharmacy. That message is solid, whether you're talking to middle school students, high school students, college students, people in the workplace, older adults, youth and young adults.

That is a top line universal message. Never take medicine that wasn't prescribed by a licensed medical provider and dispensed through a trusted pharmacy. Now I come back to why that's important for what I just talked about with the misuse

of prescription stimulants by college students. I give you a hypothetical scenario of two roommates, and I'll call them John and Paul. And John's got a test coming up, it's toward the end of the semester. And Paul says, "If you want, I can get you some Ritalin. It's going to help you stay up longer. You're going to focus, you'll concentrate. It's really going to help you out." And John says, "Oh, I haven't done that before, but okay, sure. I'll give it a try." Little does he know that Paul talks to a friend, who talks to a friend, who talks to a friend, who talks to a dealer to get that pill and it makes its way back to John.

So John has no idea where that pill came from. John takes the pill, and as we have learned all too often over the last year or so, of the 107,000 plus individuals who've died from drug overdose, college students are not immune to that number. They are part of that 107,000 where unfortunately they did not know that what they were taking was laced with fentanyl, and unfortunately, it turned out to be fatal. So when we launched this campaign in 2021, colleges and universities across the country started to rally around this effort to educate their campuses. And I'm going to quickly go through these slides and show you just four examples from colleges, universities around the country that are promoting One Pill Can Kill. So at Auburn University they promoted this message across their Instagram accounts, and this is when fentanyl was first coming on the market.

And on the next slide, and I will tell you, a lot of these are student-developed and student-driven. At the University of Albany in upstate New York, my alma mater, as a matter of fact, they were developing these across all their social platforms about being aware of counterfeit prescription pills, fentanyl-laced cannabis, and how you can help. And a lot of these were also turned into bus shelters with QR codes. So students who were waiting for the bus on and off-campus could click the QR code and find out where to get more information. At the University of Central Florida, they did something quite visually stunning. They used vehicle wraps. And this was actually a collaboration between the University of Central Florida and the Orange County Drug-Free Coalition. And they secured some funding to wrap the campus's vehicles, the police vehicles, in the One Pill Can Kill messaging. And these are really eye-catching and attention grabbers.

And then once you grab that attention, you can actually have a conversation with people about the dangers of fentanyl and fake pills. And then the last example is the University of Virginia, again student-driven, student-developed. These were across all their IG accounts and other social media accounts where they took our messaging around One Pill Can Kill and flipped it for the students. So I'm going to wrap up with quickly just some resources that we have made available over the last six years and are continuing to have available to colleges and universities. And why are we focused on this group? Because we know that 18 to 25 year olds have some of the highest rates of drug use and yet some of the lowest rates of seeking help, and college students make up a significant number of those, college students. And so I'm going to talk hopefully a little bit about these later during our panels.

But as you flip through the slides, you'll see that we have a series of fact cards around cannabis, prescription drug misuse and impaired driving, which unfortunately is on the rise among college students. We have a strategic planning guide called Prevention With Purpose that can help you in whatever drug you're focused on and what are efforts you're you have on campus. Our flagship, right there you see a picture of our flagship resource, which is our website, a one-stop shop for all things related to all drugs and prevention, [campusdrugprevention.gov](http://campusdrugprevention.gov). I encourage you to go to the website. You can sign up for weekly updates. You get to control what updates you want. And on the next slide, you'll see that guide I was talking about, Prevention With Purpose. And then on the next slide you'll see the 10 supplements to that guide that we've developed over the last two years for some very specific audience, including faculty members, campus health and counseling centers, working with community coalitions and working with campus police and public safety.

And then lastly, on the next slide, we always like to promote our Red Ribbon Week Campus Video PSA Contest. That will come out in the fall of this year. It'll be our eighth annual contest. We look forward to doing that again with our partners at CSAP, and hopefully you might consider joining that as well. And my last slide has my contact information on it. But I'm going to be here for the entire rest of this presentation and webinar. And so looking forward to the discussion and answering any questions you might have. Cindy, I'm going to turn it back over to you.

**Cindy Carraway-Wilson:** Excellent. Thank you so much, Rich, for that valuable information and those data points for the college campuses as well as the information on fentanyl. And for the listeners who are on who may not be aware of this, we did a two-part webinar series toward the beginning of the year focused on fentanyl. So please do go to the Lessons From the Field webinar series and check out those two and you'll get a lot more information about fentanyl as well. Now it's my pleasure to introduce the rest of our panelists. And in our conversation with the rest of our panelists, we're going to take all of this data and all of this information we just got from a context setting and hear about how it's being used on the ground to create opportunities for students to learn how to engage in safer decision making and to be able to engage in prevention and intervention strategies on the college campuses. And also how our high school folks can help to transition students into the college scene in a way that's going to be safer.

So it's my pleasure to introduce Marjorie Cook, who's the Assistant Director of Academic Initiatives and Student Engagement in Residential Life at Temple University. Jonah Neville, who is a health promotion specialist at GatorWell Health Promotion Services at the University of Florida. Rich, who you know, has already spoken, he'll be a part of the panel. And Vicky Nucci, who is the Assistant Director of Student Behavior and Residential Life, also at Temple University in Pennsylvania. So I'd like to begin by passing the ball to you, Marjorie, and ask you to just give us a quick overview of some of the things that you're doing on the prevention side to prevent substance misuse among students, particularly students coming in for the first time.

**Marjorie Cook:**

Absolutely. Thanks so much, Cindy, and thanks to those presenters. That information was illuminating and so interesting. Happy to be with you all. Again, my name is Marjorie. I'm at Temple University in Philadelphia. And I work primarily with residential students who live on campus at our university. So in my role, I think a quick summary of what I do in this prevention realm is really summarized by how we approach student engagement here in residential life at Temple. We use something called a curricular approach to learning that encompasses everything that we do in our residence halls. It includes learning outcomes and an overarching plan for everything that we are going to do through the course of an academic year. Our big focus for encouraging learning on campus is to meet our learning goal areas around making informed decisions, developing healthy connections with other individuals in your community, helping understand your own identity and how you want to engage with the world around you.

So in all of that work and how we're trying to accomplish that learning for students, the ways that we do that are through building connections, having community meetings, building campus partnerships, connecting students to all of those things so that they can further explore what all of this means for them. And we'll have some more time to talk about this throughout the panel, but something we really focus on in relation to substance use is that making informed decisions learning outcome that we focus on for students in what we try to do and what we build in our halls. We prepare our student staff members in particular to engage around these conversations in one-on-one conversations, which I'm excited to talk about as well. So I think in summary, this whole plan to try to support students in these decisions is about being intentional and having a plan for an entire academic year to bring students along and help them on their journey.

**Cindy Carraway-Wilson:** Excellent. Thank you so much for that overview. And we definitely will be going into detail on a lot of those pieces you mentioned. And Jonah, would you like to just give us that overarching overview of what you're doing at the University of Florida?

**Jonah Neville:**

Yeah, and thanks. It's good to be here. And I think it was Dr. Baldwin's presentation that brought up that continuum of substance use. And we try to look at it as any student coming in transitioning could be falling along any part of that substance use continuum. And it's our job to make sure our services are adequately equipped to help them through that, whichever way they're coming in. And so some of that's primary prevention, some of that's more the harm reduction side. On a primary prevention aspect, we have a really good partnership with our first year services. And this year we're bringing back the alcohol edu module, which is for anybody in the college sphere, the college aim matrix, that's kind of our go-to resource for trying to implement best practices. Depending on your policy, different things like that, you may have to adapt it a little bit. But we're trying to include some additional modules to really expose students to that knowledge and skill-based development to try to help prepare them as much.

The number one thing I hear from students when I meet with them is, it's a big university, navigate in the space, so how can we continue... And sometimes that's referring them out to other resources on campus as well. It's just so much to take in. Another thing we did this past year, again with our first year services, is we have these first year Florida classes. And so students teach these classes and they're overseeing, and we were able to implement on the syllabus, the eCHECKUP To Go tool. And so students actually had to take that. So it wasn't an extra credit thing, it was actually part of the syllabus they had to take. And I was very thankful for our partners over there of working with us and having every first year that came through those classes take that.

And so those are probably the big ones. Eventually we want to do something like a normative campaign to show the injunctive and subjective norms. And then lastly, we have a solid peer education program that we're always continually trying to build and improve, but they're obviously that peer-to-peer model is an excellent way as well as engaging students, especially those first years that are looking for additional information and things around that.

**Cindy Carraway-Wilson:** Excellent. Thank you. And again, these are the overviews, and now we're going to dive a little deeper. So when I spoke to each of you, there were certain things that resonated with me that I thought might be interesting to the audience. So I'd like to bounce back to Marjorie to begin this one. In our conversation, you had mentioned that curricular approach and how different it is to overlay learning objectives, residential life so that you can really track progress. Can you tell us in a little bit more detail about what that is and how you engage in that process?

**Marjorie Cook:** Yes, I'm so excited to talk about this. So those of you on the call may be familiar with what it looks like to do programming on a college campus. You come up with an idea, you put together a program and you hope that it works. Maybe we write some learning outcomes after the fact. And especially, I think, when you think about work in residential life, many folks who work in residential life have been supporting RAs or student staff. And having those RAs do programs that perhaps are about substance use or identity or big conversations that are perhaps really challenging for an 18 to 20 year old to be having. So a curricular approach, especially a curricular approach in residential life, helps us as professional staff members write a learning plan that uplifts our professional staff members as experts and then capitalizes on our student staff members as peer educators.

So Temple University engaged in a process in 2017 to start thinking about, let's look at our culture, let's look at all of our important documents and write a learning plan, create learning outcomes that are based in what we want students to learn as a result of living with us. Those are the outcomes that I mentioned. As a result of living with us, students will be able to make informed decisions. That is one of the biggest outcomes that ties here with some of our substance related conversations. From that, we were able to create strategies in our residence halls that are much more targeted at what we want students to be learning and engaging with. So one of those things is an intentional

interaction, or what we call an Owl Chat here at Temple University, which is every RA, every peer mentor has a one-on-one interaction with each of their residents.

The goals of those interactions are driven from our overarching learning outcomes as a unit and as a entity at Temple. And in those interactions, that is where students are talking about substance. They're asking questions about, "What is your experience here at Temple University?" They're getting vulnerable and they're building trust. So some of that overarching thought process about a curricular approach helps you become much more intentional with the things that you're doing and how your student staff members are then able to enact connections and learning with their residents, or perhaps with any students that they're supporting.

**Cindy Carraway-Wilson:** Excellent. So I heard a couple things, that the approach uplifts both the students and the peers as the people who are working as peer supports, as well as the professionalization and the feeling of value of the staff members. So that's a win-win. The other thing I heard that we're going to be hearing also from Jonah in just a moment, is that focus on improving decision making, which is so important. And Jonah, when you and I spoke, you had told me that your program focuses on building resiliency in order to promote emotional regulation so students can engage in safer decision making. Can you tell us a little bit more about that approach?

**Jonah Neville:** Yeah, and just going off what Marjorie, I mean, building those connections, so key. I love hearing that, and that's a piece of it. So just for everybody on the same page, the definition of resilience, adapt, ability to adapt and cope with stress, adversity and challenging situations. And then emotional regulation, ability to manage and regulates one's emotions during different trying situations they might find themselves or distressful. So first time on a big college campus, really any college campus, you're away from home, depending if you're out of state, there's a lot to navigate through there. And so one of the things we're thankful, our divisional strategic plan had resiliency built in there. So it's a institutional-wide supported thing, which we're very fortunate for. But a lot of it comes down to values clarification, really what do they want out of decisions they're making? And then going into a strength-based approach.

I think as a society, we know it's a lot of deficit-driven things traditionally. And when you're actually building on those strengths and enhancing those, that changes the way they view things. It's more of a learning opportunity rather than a defeat. And that literally bounces you back in from that maybe not so great situation. But all that stems from we really try to incorporate a trauma-informed approach. And then a lot of our services, especially the individual or even group level is based on that motivational interviewing approach, which really enhances the student and sees them with this absolute self-worth and empowering them. And that in itself can help them build those skills to navigate through some of these situations they might find themselves, especially in first years, obviously.

**Cindy Carraway-Wilson:** Excellent. And I think-

**Jonah Neville:** ...first years obviously.

**Cindy Carraway-Wilson:** Excellent. And I think what you've described there, what both of you have described, we have many folks in our high schools who were already beginning to work with that decision-making process in a more structured environment that hopefully then can be translated into the college campuses with folks who are focusing on that decision making and self-regulation there as well. So thank you so much for that. And I'd like to come over to you Richard. When we spoke, you had told me emphatically that it was so important for colleges and universities to really plan to engage in strategic planning around the prevention and intervention program. You also mentioned your guide in your presentation. Can you explain a little bit about what that might look like for a college campus to engage in that process?

**Richard Lucey:** Yeah, absolutely. So I did reference the guide, I'm going to talk about it in just a moment. It really is important for colleges and universities and not just colleges and universities, anybody who's involved in preventing alcohol and drug misuse, you need to engage in a strategic planning process. And why is that? Because one of my favorite mantras is prevention is not random. And I'll let that sit there for a minute and let it sink in and I'll repeat it. Prevention is not random. Prevention needs to be strategic, prevention needs to be intentional and prevention needs to be purposeful. And so when you think about strategy in our prevention efforts, strategy is woven through all aspects of it. You think about your timeline, you're being strategic about when our efforts are going to take place. Think about direction, you're being strategic about where you want your efforts to lead you. And then you're being strategic about your ideas. What is it that you want to accomplish?

Now strategic planning takes time and prevention takes time. We know in the prevention science there is no overnight success. So dispel any notion you have of that. Okay. One of the struggles though that we face in prevention we know is impatience. There's pressure from many fronts to produce results quickly. Whether on a college campus, you're getting it from the VP for student affairs or the president, here at DEA, we may be getting pressure from the 535 people who work in the domed building here in the nation's capital. I mean there are many different fronts where we face pressures to produce results quickly. And so because of that, staff might rush to replicate programs and policies that are being used elsewhere. On this webinar you might hear about it's like, hey, we should do that. Let's do it.

But you have to take the time, you have to do the homework and there are no shortcuts. I mean, I'm sorry to say that you can't just skip steps and hope to see positive results. And so when we published the guide, Prevention with Purpose, in 2020 we did so because we knew it filled a gap. There is a long-standing 25 years plus strategic planning process called the Strategic Prevention Framework, also known as the SPF. And if you don't know what that is on this call, I encourage you to look into it and start using it. What didn't exist was something

that aligned to the SPF with the work on college campuses. And so that's what the guide Prevention with Purpose does.

And the whole importance of strategic planning boils down to these five questions. What's the drug problem I'm trying to address and what do I have to work with? What should I do and how should I do it? How do I put my plan to action? Is it working? That's the SPF in a nutshell. And so I encourage you to get a copy of the guide. It's available in print and online. It's not an easy process. Let's not kid ourselves. I mean if you're in prevention, you have to be in it for the long haul. We're about changing norms and norms don't change overnight. So that is just my quick two and a half minute soapbox about why prevention is not random.

**Cindy Carraway-Wilson:** Excellent, thank you. And I know that you had mentioned that Jonah had used the guide, I think when he first came into his position. Jonah in like 30 seconds can you tell us a little bit about, so you're coming new into a position and you find this guide. Tell us what that experience was like for you.

**Jonah Neville:** So just as concise as I can put it, I started in May 2020 and so the world in 2020 is in shambles. And so it's like as an AOD professional, because I didn't go to school to be a AOD professional, I went to school for health promotion, but I don't know all the nuances. So I found out really quickly if you want a SAMHSA grant, you better know what the SPF is very quickly. And the internet, there's so many resources, where do I begin?

The way the guide is set up is just like, it keeps it essential, it keeps it to the basic functions of really to be an AOD professional on a campus. It really does a good job of disseminating that and mapping it out. And so that's why, especially a new professional, but even if you've been in the field, you just go back to the basics, that's I think a real big strength of the guide overall.

**Cindy Carraway-Wilson:** Excellent. And I imagine that there are elements of the guide, maybe the whole thing that could be useful in a high school to be able to develop a strategic plan for prevention and intervention as well. So I think that that's really important to put out there as well. So now I'd like to come back over to you Ms. Vicky. When we talked, you talked a lot about accountability and then you made a statement that really struck me and you said we have to inundate them with care in order to get accountability. So I'd like you to speak some about that. How do you overlay that care, have a student really feel that you care in order to then be able to get them into expectations and accountability?

**Vicky Nucci:** Yeah, thanks so much Cindy. So I was a prevention professional previously, so I did a role similar to Jonah's at Temple. And what I found was that community mindset really is such a powerful prevention tool because of the care that it cultivates within a student. And then in turn they give that care back to the community. And that is how I like to think about accountability. It's an act of care, it's an act of compassion that when we see a student struggling in our halls, we have an obligation to act in accordance with our policy because we want to make sure our halls are safe spaces for all people to flourish, but also



because we have this community of care that we want to make sure our students feel a part of and connected to. So I can give a quick example about how that happens.

So Marjorie was sharing a little bit about our student staff that are in the halls. We have student staff that fill out reports essentially that take the pulse on what's going on in their halls and it can be anything from the exit sign is damaged to hey, this student is really struggling and we're noticing some signs of substance use. So my role predominantly is to gather all of that information and then suss it out to see where we need to intervene and with whom.

So we have a care team at our institution that are professionals that help students with medical withdrawals, especially when they are dealing with substance use, but also get them connected to services like counseling or they also involve the parents or family members or whoever that student has chosen to support them through their college experience.

So we try our best to one, notice when things are going wrong by having our student staff be really attuned community members just to know, hey, Johnny looks good one day but not good. The next, I'm going to write a report about it. And then from there, from the professional staff side, we inundate them with resources and care and we make sure that we get somebody in front of them to say, we're noticing that something's not right and we want to talk to you about it.

**Cindy Carraway-Wilson:** So being willing to initiate that conversation when you see something that's different in the behavior that's so important and being able to have good observation skills to notice it in the first place. People can get lost on campuses, especially the bigger ones. So just for timing purposes, I'm just going to shift us around a little bit here. I do want to jump to the question about the safe environment. So all of you had mentioned at one time or another during our conversation that a key piece to prevention and intervention is to create safe environments, which can then promote critical thinking and good decision making around substance use or not using substances. Jonah, can we start with you on this one?

**Jonah Neville:** Yeah. Trying to get the mute button. Yeah, I think even the data shows, right, students that feel like they belong are more connecting, their substance use will either be less risky or less severe or not at all existent. And that's not just recovery areas, that's just generally there's data on that. My quick go-to would just be back to the trauma informed approach and would just encourage, I have it pulled up here, I won't read through all of them, but just those six guiding principles to what makes up a trauma informed approach and building on that throughout your campus.

And it just comes down to safety and belongingness and feeling connected especially in those communities that maybe marginalized on our campuses and how are we including them within the process. Rich talked a great deal about the strategic planning. They need to be involved in the strategic planning as well

and including students in that process. And thinking about those campaigns. The One Kill Pill, those were student driven initiatives and so making sure that they're included along the way, that's obviously I would say one of the biggest takeaways.

**Cindy Carraway-Wilson:** So for you, it's implementing that trauma informed approach, particularly the engagement in the process, which we know helps to counteract that powerlessness that trauma can leave a person with. That's for sure. Thank you. I'd like to go over to you Marjorie, same question. How do you build those safe environments?

**Marjorie Cook:** For me, this hinges on individual connection. I think that does build a tie from what Jonah has been talking about. So to revisit this concept of an intentional interaction or the AL chats that we use on campus, I think that that concept can be drawn through whatever work any of you are doing on your home campuses. The idea that there are intentional moments throughout the student's experience where you know someone is going to reach out to you and ask you a good question and one that actually lets you connect with them. And our student staff are trained to ask, who are you? What brought you here? What do you want to get out of this experience? And as they build that connection, that I think is where Vicky is sort of coming in with that when they then notice that something is going wrong a week later, it is much easier to initiate an interaction that says, "Hey, I'm worried about you."

So I think Cindy, to your question about safe environments that encourage students to share about what's going on with them, to think critically about what's going on, it really hinges for me on a student arrives on campus and they have their AL chat with their student leader immediately. It happens at move in, it happens within the first week of classes and it is intentional throughout the rest of their experience. And I think all of us can take that into our work to build in connection points so that we are able to notice, we are able to intervene and we are able to build community.

**Cindy Carraway-Wilson:** Excellent. Those are great pointers. I love the fact that people are connecting that first week for sure. We know from the neuroscience that a feeling of not belonging and a feeling of being not seen really triggers the same spots in our brains that physical pain does. So you're immediately addressing that connection to try to keep them in and pull them in. That's wonderful. Vicky, over to you. Same question. How do you build those safe environments thinking from that intervention side, especially when you have to sometimes use accountability as well?

**Vicky Nucci:** Yes. And it's so hard to tell somebody that their behavior is impacting others negatively or you're seeing that there's an impact to themselves and their success at college. But for me, I find meeting them with empathy and kindness and compassion is the key to having them open up and talk about what is actually going on.

Using brief motivational interviewing, I know someone had mentioned that earlier, I think it was Jonah, such a key tool to center them as whole beings who know their experience. And we're just thought partners in the way forward. So that tool is something I use often and it's so easy. It's centered in asking good questions, it's centered in us as professionals not knowing everything and just approaching the situation with curiosity. And I found a lot of success with that and I hope that folks can try it out.

**Cindy Carraway-Wilson:** Absolutely. And you mentioned a really important shift, moving from a high school to college especially, although young people in high school are probably experiencing this as well, it's the shift of walking with, instead of leading that you take on that coaching position with a student. You don't know it all, so let's work it together. That's a really key shift. So I'm going to cut this to this next question, it's a 30-second speed round. Okay. So in the substance abuse conversations what would be your one kind of pointer that you would use to provide messages that avoid being shame-based? Okay, so Rich, I'm going to start with you over here.

**Richard Lucey:** Oh my god. And she kept me to 30 seconds.

**Cindy Carraway-Wilson:** I know.

**Richard Lucey:** All right, so you say shame-based. And I immediately think stigma. I mean I started in this field about 33 years ago, and even then we were dealing with the stigma of people who have a alcohol or substance use disorder. And now we're still talking about stigma unlike any other disease. And so I think it stems from that. I mean, I think we have to with compassion as both Vicky and MJ were saying that comes from a place of compassion and care, meeting students where they're at. And that doesn't mean to be permissive about drug use. I mean we still have to have that non-use message in there and that'll be the primary message. But we know students ignore the law and so you have to have strategies in place on campus for those students. So for me it comes from a place of compassion and care.

**Cindy Carraway-Wilson:** Great. Thank you. You're pretty good to 30 seconds there.

**Richard Lucey:** I tried.

**Cindy Carraway-Wilson:** Marjorie, you want to give us your 30-second rundown on avoiding the shame messages?

**Marjorie Cook:** Yes. So my quick tip, especially for communication towards Gen Z is as much as possible, help that messaging be self-guided and something that they can digest and sort of process on their own and then in social relationships where they have a trusting sort of dynamic. So a quick example of that would be a bulletin board or a poster campaign or social graphic or something that may be about current data on your campus. That's like, did you know actually only 20% of students on this campus have experimented with alcohol, et cetera. They can then digest that information, understand it for themselves, and you are sort of

avoiding any sort of shame in that. It is about understanding the environment around them. And I think that's been especially effective for us with Gen Z learners.

**Cindy Carraway-Wilson:** Excellent, thank you. So you take it to the social norming a little bit there in that message and also letting them digest that info and then make a decision based on that. Great, thank you. And Vicky,

**Vicky Nucci:** I think you have to unpack your own shame first. So as people, we are receiving messages all of the time about things we should be ashamed of about things that should be troubling to us. You have as a practitioner, I think the most important thing I can do is unpack my own shame, unpack the messages that I have learned about people who choose to use substances. Because if I'm carrying those messages internally, it's going to come out in some way. So I want to be responsible to my students and to myself in those moments.

**Cindy Carraway-Wilson:** So a lot of self-reflection. Where are we coming from first so that we make sure that we're not inadvertently passing those messages. And Jonah, how about you? 30 seconds, what would be your shame-based avoidance?

**Jonah Neville:** Yeah, echoing what's been said, right? Non-stigmatizing language. And there's some really great guides out there that show sort of suggested to use, suggested not to use. And then that kind of term game frame messaging. So the messaging doesn't always have to be that disease prevention of here's all the bad things that can happen if you use, instead promote here's the benefits of cutting back. Here's how your life could improve instead of just saying, here's all the ways it could not be worse for you. So that game frame messaging versus a negative frame messaging.

**Cindy Carraway-Wilson:** Yeah, absolutely. There's always been some discussion about how much information do young people need about risk? I mean they have a lot of risk information, but giving them that information about this is how you benefit from that shift in behavior. Excellent. So here's where I'd like to slow it down again a little bit and take two and a half to three minutes to respond here. So this is key. In the best case scenario, what do you hope high schools and parents can do to prepare students? Or what are some strategies that you're using that you think they can use to help prepare young people to come into college and university? And for this one, we're going to start with you, Vicky.

**Vicky Nucci:** Wow, so hard. I always, when I work with parents, I love to recognize that I am not a parent, but I am somebody's child and I know how it feels to be parented and how I wish my parents might have done some things. But I think that it's really about that transition that we were talking about, right? Instead of being that parent that might plow the field and plow a path forward for your student, it's about giving them the autonomy to walk on that path and say, these are the consequences of the decisions, these are our expectations of you. And should you choose to make a decision that veers off of that path, we want to be the ones that talk to you about it, right? I think for me, when I deal with students in the conduct process, there's a lot of fear around what happens when my parent

is called, when I'm transported to the hospital or if I have a citation. What happens?

And I think that it's just so critical to know that there's a safety net there. College is a time where students are going to experiment. They are going to make decisions that might not be in alignment with who they want to be, but just knowing that we need to walk on this path together. We need to be supportive. And my other big takeaway is parents should be listening to the things that their students support people are telling them.

I work with a lot of parents who are in a lot of denial about their student's substance use or their student's behaviors saying that, "Oh, my student would never do that," or "I know what they're like when they're high and they're not high right now." You have to believe the things that these professionals are telling you because we have a lot of information and a lot of the times it takes a lot of courage for us to make that phone call too because there are so many laws in place and all that. So just believe the folks that are telling you what's going on.

**Cindy Carraway-Wilson:** Excellent. And I would imagine that with that belief comes this partnership to work on it together, right? Because many of you have mentioned that as well, that importance. So Rich, what would you suggest parents and high school personnel do to support this transition?

**Richard Lucey:** Yeah, so disclosures like Vicky, not a parent myself, unless I count the four-legged one that's at home. But I am an uncle. I have nieces and nephews. I have friends obviously who are parents, my sisters who are parents, so it does resonate with me. I want to talk about some resources for people out there on this very issue. So first of all, if you haven't checked out SAMHSA's Talk, They Hear You campaign, check it out. In fact, one of their resources is called the Sound of Your Voice, which is specifically for parents of college bound, high school seniors. And so check that out. I also want to highlight the publication that we jointly produce with the US Department of Education called Growing Up Drug Free. And in that publication we provide the tips for talking with your child from K right on through college, all along that continuum.

There are different ways, obviously you talk to your students and talk to your children about alcohol, tobacco, and other drugs. So check out Growing Up Drug Free. I'm excited because one of the new supplements that we're going to develop as a supplement to Prevention with Purpose this year is focused on engaging parents of college students in prevention efforts. And that'll launch within the next year.

And I'm very excited about that because for the longest time we got to remind folks, your job's not done as a parent. I mean for some they just, they're off to school and it's until there's a problem and then all of a sudden the parents swoop in and why didn't you do this and why didn't you do that? I will say that the conversations around fake pills is a conversation that everybody has to have regardless of whether you have kids yourself, nieces, nephews, your neighbors.

My phrasing, this is an equal opportunity destroyer that's out there right now and it's changed the prevention landscape like we couldn't believe over the last couple of years.

And so people really do need to have that conversation. So those are just my initial thoughts. I'll end with the SPF again, especially for high schools. Even if you look at the guide Prevention with Purpose, which is college specific, the tenets of the SPF, that's the beauty of the SPF, it's applicable no matter what setting you're in. So for high schools, get a copy of that guide or online through CSAP, specifically through SAMHSA, and learn about the SPF because it's going to be your roadmap. That's essentially what you want, the roadmap that's going to help guide you to a successful prevention program.

**Cindy Carraway-Wilson:** Thank you. And Jonah, what do you hope high school staff members or parents can do to help prepare students.

**Jonah Neville:** Yeah.

**Cindy Carraway-Wilson:** ... or parents can do to help prepare students?

**Jonah Neville:** Yeah. Big question. So my initial thought is, I know SAMHSA has some really great documents out there for best practices of implementing the community. They have tons of documents. I was thinking about... someone recently, I was at a town hall and they said, you're not just a parent, you're a community member and a valued member. And so whether you're a parent or whatever your role is in the community, you have a voice in making a change. And think about how environmental factors can be driving maybe normative behaviors. There's tons of, I could go in a whole thing on that I want obviously, but so how does that influence seeing behaviors and something like that.

I think about just those key basic kind of skills that we try to help out developing college students, right? Emotional regulation, emotional intelligence, are support systems in place. These are things that can be developed even before high school, but be throughout the process there. I feel like there's one other thing, but those are probably the biggest things that come to mind is environment, how does the community reflect in things. And then skills that we try to help build in college students, they can start before then too. And what are those practices that can be implemented in those schools.

**Cindy Carraway-Wilson:** So all that social emotional learning work that happens and the decision making. And Jonah, you had also mentioned when we talked that there was a resource middle school level. Do you recall that?

**Jonah Neville:** Yeah, it's the life skills program and typically it's done six through eight, but that's a whole social, emotional learning thing that gets into it. And I kind of talked on the trauma piece and it kind of helped that. I would say also parents, what trauma have you been through and that you could be incurring that onto your kids unknowingly, right? It's a lot to kind of dismantle and that comes from that compassionate stance. I always say the root word of trauma is wound. And

maybe not ask what's wrong with the person, but what have they been through with those experiences and start the conversation that way as well.

**Cindy Carraway-Wilson:** Absolutely. Absolutely. The shift of the question to what happened to you for sure. Thank you. And coming back over to you Ms. Marjorie.

**Marjorie Cook:** Yeah.

**Cindy Carraway-Wilson:** Add to this.

**Marjorie Cook:** So, the biggest thing on my mind with this is when a lot of students that I've talked with, they say, "you know what? When I started high school, I had a mentor program. I was paired with an upper class student and they walked me through what my high school experience was going to be like". Then when they get to college, we try to pair them with perhaps a peer in a campus resource or perhaps with our RAs on campus. I think something, one of my biggest recommendations for a high school personnel, anybody right now who's working in a high school setting would be to consider what that peer relationship could look like as a student is exiting high school and really talking realistically about what they want to experience when they get to college. I think we talk a lot about transitions at the start of something, but a lot of these decisions are starting for high school students as they're ending and sort of at that crucial age where they're exiting high school.

So one of the things that I wish high schools could be doing is developing peer programs that perhaps transition a student out of their high school experience and thinking about what decisions do you want to make beyond here. I think that, and the data that we saw earlier today did touch on college aged students who are in college and those who are not in college. A peer program like that would also be highly beneficial for students not going into college from high school, transitioning into life, work other things and making other decisions that could potentially include alcohol use, but they may not have the types of structures that they're going to have at a college environment like myself, Jonah, or Vicky. So I would suggest this peer connection and the continuation of peer programs as much as possible.

**Cindy Carraway-Wilson:** Excellent. And I'm so grateful that you brought up the students who are not going to college, because absolutely many of these things that we're talking about are going to be so appropriate for folks as they enter, like you said, life or the workforce or wherever they're going after high school to be able to help them make healthier decisions for sure.

So I'm, I'm going to pause this for a moment and we're going to close the formal content delivery portion of the webinar and then we're going to move right into our Q&A where all of our speakers will be engaging in answering questions. So I'd like to thank all of our speakers, huge thank you for being here and the information that you've given us both in the presentations and the panels. And I encourage all of you to visit our NCSSLE website in order to get the resources from this webinar as well as all the other resources that we have.

And don't forget that best practice with Clearinghouse where you can share information about what you're doing in this area that's that you're finding effective. We have a few more webinars coming up this year. We have a lot of them, actually. Our next three in on May 24th, we'll be focusing in on student mental health. So some of the information that you heard here might resurface there, but we're also going to talk about the YRBS data that's specific to student mental health and some of the things that work well in schools.

In June, on the 14th, we will be focusing in on early learning and on the 28th we have our next human trafficking series webinar, and that's going to be focusing in on building protective factors to minimize the risks of human trafficking. We also want to encourage you to access our feedback form. The link for that is going into the chat right now. That feedback form is really important. It absolutely does guide the information that we use to provide future content. The information from the feedback form goes to the Department of Education, and then we'll also go to all of our speakers and presenters today, so that they can use it to guide their work as well.

So please take a few moments after the webinar to click that link. We will keep the webinar open for an additional five minutes so that you can get the link then if you'd like. And now I'd like to move us into the live Q&A portion of this webinar. So I'd like to begin with you, Grant, because we heard from you in the beginning and it's been a while since we've had your voice in the space, but there are a couple questions that I'm seeing in the Q&A directly referencing you. So do you care to give your opinion about the DARE program offers, the user here who mentioned the DARE program said it didn't seem to be particularly impactful, but they're curious about your opinion on that.

**Grant Baldwin:**

Yeah, so I think there's a tremendous amount of evidence that unfortunately the DARE program does not reduce substance use. In fact, multiple reviews, multiple systematic reviews, and I would flag for the group that CDC is funding and working with the Community Preventative Services task force to look at what programs do meet that benchmark of evidence-based effectiveness. So under four specific domains, family-based interventions, community-based interventions with and without community coalitions, school-based interventions, and then importantly to meet the moment in this age digital health interventions.

So we have completed the family-based intervention systematic review. There was a meeting in June of the task force to go over the initial findings. We are going to be producing four specific resources for action, which historically have been called within CDC technical packages. But this is basically what does the literature show, what does it tell us to inform our partners across the spectrum about what they should be investing in over time, both within the context of, in the case of our program, the Drug-Free Communities initiative. But I think it will have obviously broad applicability to focus on that call today.



**Cindy Carraway-Wilson:** Excellent. Great. Thank you so much for that. Now I'd like to go over, let's go over to you Rich, about resources or grants that might be available for awareness, education and programming for institutions of higher education.

**Richard Lucey:** Yeah, I have three suggestions. First of all, all federal grants are posted on grants.gov. So if you're not familiar with that website, that's the federal portal. You could search by keywords and agencies and such. So grants.gov, first of all. Secondly, Dr. Baldwin mentioned the Drug-Free Community support program, which is traditionally geared toward youth that are 18 and younger. I would check if you're a college or university, check to see if there's a drug-free community grantee that's funded in your area and if you haven't reached out to them, connect with them to talk about any partnerships or projects that you might be able to work on for that transition between high school and college.

So definitely leverage with your local DFC if there's one in your area. And then lastly, the Substance Abuse Block Grant, which is administered through SAMHSA, the SABG, it's awarded to your state agency for alcohol and drug use. I would connect with them because I know of several states that are using that money specifically on programming related to college students. A mentor of mine had said, "don't wait to be invited to the table. Invite yourself". And so knock on the doors. Sometimes the doors won't open, sometimes the doors will get slammed in your face. Sometimes it'll be opened up a little. Take that opportunity to walk through if it's opened a little for you. So that's my thoughts on grants.

**Cindy Carraway-Wilson:** Okay. I'd like to make this one kind of open to the whole speaker audience. So whoever wants to jump on this one, and it can be multiple. One attendee asks, what do you consider one of the best preventative pieces of help a teacher can give to us too? Anybody want to think about that for a moment and give a quick suggestion? Oh, Vicky, I saw you come off mute.

**Vicky Nucci:** I think the most important thing we can do is speak factually about what substance use actually looks like. There's so much information about college and substance use and alcohol in particular. And I think the most powerful thing you can do as a teacher, someone who is I think students admire and look up to and look to for guidance, is to speak factually about what actually happens. And we know that substance use is on the decline. We know that heavy use or binge drinking is on the rise. Talking to students about that and other ways that they can spend their time, I think is one of the most powerful things that any adult can really do.

**Cindy Carraway-Wilson:** Excellent. Does anybody else want to add to that?

**Jonah Neville:** I'll just add, if they come to you for assistance, just actively listen and maybe just kind of really hear out what's going on, but also don't feel like it's on you for them to make the decision. You can't make people do something, but just be that continual pillar of support no matter what decision they end up making.

**Cindy Carraway-Wilson:** Excellent. Thank you. And Rich?

**Richard Lucey:** Yeah, to dovetail exactly to what Vicky and Jonah just said. In addition to the act of listening. Whether you're elementary, middle, high school or college, know what resources are available in your school, in your community, on your campus. We don't expect you to be the prevention expert. And if you don't know the answer, say you don't know the answer, there's no shame in that. But simply say, you know what? I don't know, but I will make a promise to find out that answer for you. But the biggest thing is to know the resources that are available around you.

**Cindy Carraway-Wilson:** Excellent. Thank you.

**Grant Baldwin:** And I would just add that several folks on the call have talked about the importance of connection here at CDC. We talked about the sort of the importance of safe, stable, nurturing relationships and environments and teachers are a central element of that and can provide SSNR in ways that others might not be able to or a bridge if their family situation is complicated.

**Cindy Carraway-Wilson:** Excellent. And that was an awesome segue in case there's anything more to add to it because Dr. Baldwin, I was going to ask you and others if you care to contribute about how you are addressing the information from that Surgeon General's report on loneliness and isolation and how that might impact substance use. Do you have anything else you want to add to that?

**Grant Baldwin:** Yeah, so I think it's critically important to focus in as I talked briefly about in my remarks about the relationship between mental health and substance use, and to have our programming be attentive to those shared risk and frankly protective factors as we've just talked about, and make investments in what we do, not in a sort of siloed way, but in a sort of a recognition of the connection between loneliness and isolation and substance use. So there's really an intentionality about it here at CDC. We've stood up a new behavioral health coordination unit within the Injury Center at CDC to help think about what is the connection between mental health and substance use and other outcomes, whether it be suicidal ideation, violence, et cetera. So there really is an overlap and it's really about being attentive and intentional about recognizing that.

**Cindy Carraway-Wilson:** Absolutely. Thank you. Does anybody else want to speak anymore? I mean all three of you, Jonah, Vicky, and Marjorie, you all talked a little bit about the connectedness and the importance. Do you want to add anything that you haven't yet said about that to address isolation and connection? Okay, excellent. All right. Now I'll pull another question. This is going out to Rich. One of the audience members asks, how can I as a parent and community organizer work with the government agencies, campus police, drug prevention, SAMHSA, et cetera, et cetera, to positively impact this focus on substance abuse?

**Richard Lucey:** I would say first and foremost, educate yourself. Being a community organizer is great, but make sure you have factual information in your toolbox. And when it comes to the federal agencies, and Grant can certainly speak to this from the CDC side, most if not all the material that we post on our website, the guides, the fact cards, they're all in the public domain. They're all available for free to

download. And so I suggest you go to the sites and download that information. It's there for you to use and use that information in whatever you're focused on in the community that you're organizing around. We don't partner with say, an individual community organizer, so to speak, but the materials and the resources we make available to all different types of settings are there for you to use. And so that's my advice is to go get as much of that information as you can and use it.

**Cindy Carraway-Wilson:** And anyone, Vicky, Marjorie or Jonah, I'm not sure if you can speak to this, but can you speak to how a parent or organizer in the community might work with the campus more directly? Are there opportunities there?

**Marjorie Cook:** Yeah, we work with family members all the time. In fact, I would say that Vicky and I, we receive phone calls from family members all through the summer as their students are approaching arrival on campus. I think that the most important thing when family members reaching out to a college or university is to call around and find the right person. Because I think that sometimes, at least when I went to college, I was like, Hey registrar, can you tell me about campus resources? And they were like, sorry, I can just tell you about your tuition bill.

So I think maybe try a few different people. Don't be afraid to call different offices. And I think the biggest advice that I would give to a family member is that we all work in universities because we care about students. We would not be here if we didn't. And so we want to receive that phone call. I want to talk to you about your concerns. I want to support you in getting your student here and being successful. So call around and ask your questions. We are all very well versed in figuring out, okay, I actually think that this person would help you best. So that would be my advice.

**Cindy Carraway-Wilson:** I appreciate your response and I also appreciate the way you and Vicky and Jonah to some... I happen to be looking at you too, but you lit up when I asked, well how else can parents get involved? I mean that leaning into the parent engagement is so important for sure. We have a time for, I think a couple more questions here. Let's see. There's one question that's actually in the Q&A sitting there right now that's asking about does anybody have any thoughts about how in the areas where marijuana was made legal, how is that helping or impacting the issues of substance use? Does anybody want to try to address that?

**Vicky Nucci:** I'm happy to talk about it because cannabis is prevalent in our halls, you walk around and wow. In Philadelphia it's decriminalized, which is interesting. But right over the bridge in New Jersey, it is legal. And I think when I talk with students about cannabis use, they believe that because it is legal, it is safe and that it is an okay thing for them to be doing. They're saying, I have a medication for it. Cool. And your brain is still developing.

So how do we talk to students really about this intersection of just because something is legal doesn't mean that it is good for you or the way that you're using it is productive in your coping skills or hearing you of whatever situation you might think it is. So I think that we have to be very honest with our students

about what cannabis is doing. I think they get a lot of messages that it is a safe drug. They don't really understand what THC is and how that interacts with the anti-anxiety medication that they're on or the alcohol that they're using.

So I think that for us it's really about the harm reduction piece. If you're choosing to use cannabis, maybe lay off the alcohol for the night, or if you are using seven times a week, how do we get that down to five days to three days to recreationally or whatever. So it is a huge problem on our campus and I think the legalization of it has made it more enticing and more available to students, which makes our jobs a little harder.

**Cindy Carraway-Wilson:** Anybody else care to join that conversation?

**Grant Baldwin:** Yeah, I agree with what Vicky just said. The other thing I'd flag for the group is the increased potency of the products that are available. So it's not just increased use but increased frequency of use and potency in that use, which is quite concerning. So just flag that for the group. And can validate the notion that the perception of risk of cannabis has gone down markedly over time. That because of its legalization, people now think it is in fact safe to use. And that is of concern.

**Cindy Carraway-Wilson:** Absolutely. And for the audience members, we did a lessons from the field webinar, specifically focused on marijuana use. And I know that one of the speakers there spoke to that potency issue, Dr. Baldwin, and the fact that the higher potency is actually ending up for some people to ER visits. So it's not as safe or as benign maybe as people think for sure. So we have to educate around that as well.

And I think that that's probably the last question we have time for. We have one minute, so I want to take that one minute to really thank each and every one of our speakers and our panelists. You all did a phenomenal job today. We greatly appreciate you taking time out of your day, especially those of you who are on campus looking at end of year and graduations and all that stuff, and then the summer programming. So thank you.

And I also want to thank our audience members. You all have been amazing with your questions and your reactions. We appreciate you taking time out of your busy days as well. And thank you all for being here and we hope that we will see you at our next lessons from the field webinar. We're going to bring the slide back up with the feedback link, so please take a few minutes to provide us the feedback so that we can share it with the department and with our speakers. Thank you so much and have a wonderful rest of your day.