Executive Summary

In the spring of 2011, the Faculty Senate Executive Committee asked, “What would responsible student drinking look like on campus?” A task force was formed and charged with making recommendations for the most strategic approach to creating a culture of safety with respect to alcohol and drug consumption among students. The Task Force was multi-disciplinary and met monthly during the school year.

There is reason for concern given the rising toll inappropriate alcohol drug use takes on college students, including accidents, assaults, property damage, academic problems, risky sex, rape, and deaths. (NACAAA, 2002) One in four full-time college students experience alcohol abuse or dependence each year. (SAMHSAb, 2003) There is also a toll on academic performance and legal considerations for the University.

Nationally, alcohol use and illicit drug use is highest in the college age groups. (SAMHSAA, 2011) The main drug of abuse among college students is alcohol with 65-70% of college students drinking each month. (CASA, 2007) Forty-nine percent of full time college students binge drink and/or abuse prescription and illegal drugs while 23% meet medical criteria for substance abuse and dependence.

Low-risk drinking limits for men are no more than 4 drinks on any day AND no more than 14 drinks per week. For women (and men over the age of 65), it is no more than 3 drinks on any day AND no more than 7 drinks per week. Drinking more than these amounts is considered “at-risk” or “heavy” drinking. About 1 in 4 drinking this amount has alcoholism or alcohol abuse.

The 2009 Quality of Life Survey administered at Vanderbilt to undergraduates found that 70-76 percent of students consumed alcohol (1 time in last month) with 40 percent binge drinking (>5 beers at one time in last 2 weeks.) (QLS-a, 2009) The CORE Alcohol and Drug Survey designed to measure usage, attitudes, and perception found that 16 percent of Vanderbilt students had consumed marijuana (use in past month). The first year students reported consuming less alcohol than other students (58% vs. 70%). Marijuana consumption was about the same for upperclassmen and first year students (18% vs. 16%).

Thirty percent of Vanderbilt students reported some form of public misconduct once in past year as result of drinking (police, fight, DWI, or vandalism). Twenty percent have suffered a serious personal problem at least once (thoughts of suicide, hurting self, trying to stop, sexual assault). According to the Quality of Life Survey of upperclassmen in 2009, 1.3 percent of students reported going to Vanderbilt Emergency Department or another local Emergency Department within the last year due to an alcohol

The Task Force identified the essential elements of prevention efforts to address responsible alcohol and drug use were interventions that serve to change the culture, or the environment. (ED.GOV) An
environmental management approach uses the comprehensive social ecological model of public health that supports addressing individual health decisions and behaviors at multiple levels. Environmental management addresses a number of factors influencing individual behaviors at all social levels (institutional, community, and public policy) in addition to the individual and group levels. Activities to influence behaviors are categorized as (1) environmental change that includes policy changes at the campus and community, (2) intervention and treatment programs aimed at students displaying signs of distress, (3) education and awareness activities aimed at groups known to be at higher risk for engaging in problem behaviors, and (4) health protection programs that aim to minimize the harm incurred by problem behaviors. Interventions should involve multiple stakeholders including administrators, faculty, other campus officials, and students.

The recommendations were achieved through consensus of the Task Force members who met monthly from the spring of 2011 through the spring of 2012. A variety of stakeholders were represented: addiction specialists, psychiatrists, physicians trained in prevention and treatment of alcohol and drug problems, human and organizational development professionals, the past faculty senate chairman and other senators, student counselors, undergraduate faculty advisors and educators, administration from Student Affairs, health and wellness program staff, faculty and physician wellness program staff, police, administration interacting with Greek Life, and importantly, the president of the Student Government. The Task Force performed literature reviews, inventories of current alcohol and drug related activities, and participated in the NCHIP project team that was initiated over the summer of 2011.

Several excellent resources to address student alcohol and drug use on the Vanderbilt campus were identified. The Task Force was impressed with, and recognizes the current expertise of the staffs of, the Offices of the Dean of Students and the Dean of the Ingram Commons, some of whom worked with us on the Task Force. They have implemented many quality initiatives. It was the intent of the Task Force to make recommendations that build upon the strengths of the current programs. The general preventive initiatives that are in place are based on best practices and current research.

The Task Force recognized that continuous evaluation and improvement is consistent with good principles of programmatic operations and supports the current initiatives stemming from the NCHIP project team as well as other quality initiatives. Given the current staffing infrastructure, there is an excellent opportunity to move to the next level and increase services beyond universal preventive initiatives to address “at risk” and “high risk” students. The recommendations are structured consistent with the ecological model for social change with the parties we believe to be in the best position to facilitate the recommendation identified.

The greatest challenges are the perception of what is “OK” and what is not, and deciding how far the veil of prohibition should be lifted on college campuses. It is not a simple solution resolved through creation of a Task Force every 10 years. One observer described the challenge by sharing the prevailing attitude of Vanderbilt students: “Alcohol, well, it’s legal. Pot, well, everybody does it. Speed, it is prescription so it’s safe.” The efforts must be evolving and inclusive at all levels engaging all stakeholders. A model for success is inclusive of creating a culture supportive of responsible consumption as well as legal realities.
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Alcohol problems and the problems of other drugs are comingled as must be the solutions for responsible use. The Task Force feels that various drugs must be addressed over time in parallel, using a consistent ecological model that targets multiple levels with multiple interventions. For this report the focus was on identifying foundation principles needed regardless of the drug. Over time additional initiatives unique to specific drugs should be implemented, e.g. those addressing specific goals around amphetamines, marijuana, and narcotic drug use. These should be data driven, identified and developed as part of a continuous quality improvement process. Therefore recommendations, such as establishing a committee of stakeholders and a stronger system of data collection, are foundation principles.

**Recommendations from the Task Force**

1. **Environmental Change**

   - We recommend a standing committee, inclusive of senior administration, faculty, students, alumni, parents, and those responsible for alcohol and drug programming, be convened to define an ongoing environmental management strategy for promoting appropriate alcohol and drug use on campus and to monitor the success of this strategy.

     Responsibility: Chancellor

   - We recommend consideration be given to the following strategies for establishment of an environment consistent with appropriate alcohol and drug use on campus: (1) Engagement of parents to influence attitudes toward appropriate alcohol and drug use, (2) Correcting misperceptions of social norms for high risk drinking by promoting healthy norms in recruitment and promotional materials, (3) Scheduling classes to promote responsible academic performance, e.g. early morning and Friday classes, (4) Providing professors opportunities to engage students as individuals, (5) Offering substance–free living options, (6) Limiting or prohibiting alcohol advertising, and (3) Working with community leaders to create a health-promoting community environment.

     Responsibility: Offices of the Dean of Students and Dean of the Ingram Commons

   - We recommend an annual report be formally presented to and discussed with the Campus Assessment Response and Evaluation (CARE) Team as well as the Chancellor, Provost and Deans, and that the report address progress toward initiatives, implementation metrics, and overall measures of conduct, screening, assessment, treatment, intervention and recovery.

     Responsibility: Offices of the Dean of Students and Dean of the Ingram Commons

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• We recommend the continued resource support of alcohol and other drug related activities that have been established in relation to NCHIP once funding has ended.

Responsibility: Offices of the Dean of Students and Dean of the Ingram Commons

• We recommend the use of campus and local media to further increase visibility of strategies as well as to provide accurate information of use rather than relying on retail marketing to define the culture.

Responsibility: Offices of the Dean of Students and Dean of the Ingram Commons

• We recommend the University continue to provide substance-free events as a way to support those who choose to abstain from or limit their drinking.

Responsibility: Offices of the Dean of Students and Dean of Ingram Commons

• We recommend drug screening only occur when safety of others or the student in question is at risk.

Responsibility: Office of the Dean of Students

• We recommend that support be provided for the newly formed Student Government Health and Wellness Committee.

Responsibility: Office of the Dean of Students

2. Intervention and Treatment

• We recommend that high-risk students should continue to be referred for individual assessment, i.e. students undergoing disciplinary procedure, in recovery, or with a substance use disorder following treatment, and needing medical care at student health and ED for alcohol and drug related problems.

Responsibility: Offices of the Dean of Students and Dean of Ingram Commons

• We recommend the screening and assessment of at-risk students as well as screening to identify students prior to high-risk behaviors. Responsibility: Office of the Dean of Students

• We recommend centralizing information related to students going on leave for alcohol and drug issues and having a single port of approval for relapse prevention plans prior to returning to campus.

Responsibility: Office of the Dean of Students

• We recommend that insurance provided to students by the University should continue to cover alcohol and drug treatment.
Responsibility: Office of the Dean of Students

3. Education and Awareness

- We recommend that students and faculty be included in determining effective education and awareness programming.

Responsibility: Offices of the Dean of Students and Dean of Ingram Commons

- We recommend that education and awareness targeting high-risk populations should be incorporated into the academic curricula of both undergraduates and professional students.

Responsibility: Offices of the Provost and Vice Chancellor of Medical Affairs

- We recommend that there be annual education of faculty with respect to appropriate alcohol and other drug use, related risks, problem recognition, and resources available at Vanderbilt for assessment and treatment of abuse and addiction.

Responsibility: Offices of the Provost and Vice Chancellor of Medical Affairs

- We recommend that a module on the appropriate use of alcohol and other drugs be included in Vanderbilt Visions and made available to VUceptors.

Responsibility: Office of the Dean of the Ingram Commons

- We recommend the distribution of alcohol and other drug related resources that are available to students on campus such as VUMC Emergency Department and surrounding emergency departments.

Responsibility: Office of the Dean of Students

4. Health Protection Programs

- We recommend serious consideration of sober living spaces both for students who choose to abstain from alcohol use as well as students in recovery who may benefit from a more intentionally supportive environment geared toward relapse prevention.

Responsibility: Offices of the Dean of Students and Dean of the Ingram Commons

- We recommend the continued support of the Sexual Assault committee as recommended by the Faculty Senate in 2009 as an important part of this effort.

Responsibility: Office of the Provost
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• We recommend continued support of campaigns, such as the Green Dot, to emphasize the power of one person intervening to support someone with an alcohol or other drug problem.

Responsibility: Office of the Dean of Students

• We recommend continued support for the Vanderbilt Recovery Support and development of a process to strongly encourage student participation in VRS in their relapse prevention plans.

Responsibility: Office of the Dean of Students

• We recommend that for events in which alcohol will be present/served, host responsibility training be required.

Responsibility: Office of the Dean of Students

5. Evaluation of the normative environment for alcohol and other drugs

• We recommend metrics be established in four categories of outcome measures and that they be monitored monthly: (1) High risk drinking and other drug use, (2) Drinking related harms, (3) Medical Care, and (4) Law Enforcement.

Responsibility: Office of the Dean of Students and Dean of the Ingram Commons

• We recommend the continued participation in the NCHIP initiatives with a PDSA (Plan, Do, Study, Act) focused to develop the metrics of evaluation.

Responsibility: Office of the Provost

• We recommend plans be required to assess all education and awareness programs for effectiveness.

Responsibility: Offices of the Dean of Students and Dean of the Ingram Commons
Charge

In the spring of 2011, the Faculty Senate Executive asked, “What would responsible student drinking look like on campus?” A task force was formed and charged with making recommendations for the most strategic approach to creating a culture of safety with respect to alcohol and drug consumption among students. The Task Force was multi-disciplinary and met monthly during the school year.

The Task Force was sensitive to the implications of misinterpreting the charge. To even ask this question might be seen by some as ignoring the fact that consuming alcohol is illegal for students under 21 years of age and that to do so would be in violation of Vanderbilt policy as well as Tennessee State Law. By accepting this charge, we do not condone the practice of underage consumption on campus. Rather, we interpret this charge to be more global and to be seeking recommendations for how the University might create a health promoting normative environment that will positively impact the social norms of all students regarding the use of alcohol and other drugs, i.e. the beliefs, attitudes, and expectations of what behaviors and practices are normal or acceptable. This would include the expectation that students under the age of 21 would not consume alcohol and that all would use drugs only as prescribed by approved providers.

Background

Concern

There is reason for concern given the rising toll inappropriate alcohol use takes on college students, including accidents, assaults, property damage, academic problems, risky sex, rape, and deaths. (NACAAA, 2002) The number of alcohol related deaths has been estimated upwards of 1700 annually among students aged 18-24. (Hingson-a, 2002) Additionally, there are 676,000 students who are assaulted annually by students who have been drinking and more than 97,000 are victims of alcohol-related sexual assault or rape. One in four full-time college students experience alcohol abuse or dependence each year. (SAMHSAb, 2003)

Women are at greater risk than men for developing alcohol-related problems, including driving accidents, breast cancer, and fetal alcohol syndrome. (NIH, 2008) One in 4 women will be raped in their college careers. Two-thirds of women who are assaulted don’t tell anyone, and one-third who do tell, tell a friend and no one else. (Senate, 2008 - 2009) The Vanderbilt University Police Department states that there is a near 100% correlation on campus between sexual assault and the use of alcohol or drugs. Among men, greater alcohol use is related to greater sexual aggression. One University reported that
67% of male sexual aggressors, as well as 50% of female victims, had been drinking at the time of the sexual assault or other incident victimization. (Fainter, 1993)

In addition to the physical toll, student substance abuse compromises academic performance that is central to the academic mission. Educational institutions have a public health obligation to protect students, faculty, and administrators. It has been argued that much attention is given to fire safety and disaster planning on college campuses nationally while alcohol results in more deaths. (Saltz-b, 2004-2005)

Substance abuse has significant legal implications as well. As noted, it is illegal for students under the age of 21 to drink, and illicit drugs are illegal. Parents and students can seek redress for damages, including wrongful death from alcohol poisoning or accidents, caused by substance abuse at college and universities.

*Scope of the Problem*

Nationally, alcohol use and illicit drug use is highest in the college age groups. (SAMHSAa, 2011) The main drug of abuse among college students is alcohol with 65-70% of college students drinking each month. (CASA, 2007) Forty-nine percent of full time college students binge drink and/or abuse prescription and illegal drugs while 23% meet medical criteria for substance abuse and dependence.

Half of all admissions for substance abuse treatment admission aged 18 to 24 were in college or other postsecondary school students. (CBHSQ, 2012) Half of admissions for substance abuse treatment in college students are primarily related to alcohol. College student admissions are more likely to be related to alcohol than nonstudent admissions (47.6% vs. 30.65%). About 30% of both college and nonstudent admissions were related to marijuana. College students were less likely than nonstudents to have a primary admission for heroin (7 vs. 16), opiates (8 vs. 11), cocaine (2 vs. 4), or methamphetamine (1 vs. 4). (NACAAA, 2002)

Students are more likely to binge drink than a decade ago. (SAMHSAa, 2011) Binge and heavy alcohol use peaks in college age adults with binging rates higher among college students than for similar age adults not enrolled in college (35.6 vs. 44.2). While men are slightly more likely to use alcohol, binge and participate in heavy drinking, binging is rising faster for women.

While the use of alcohol has slightly decreased in the past decade in all adults in these age groups (51 to 48.9%), the use of illicit drugs has increased (20.2% to 21.5%). Illicit drugs include marijuana, cocaine, heroin, hallucinogens, and inhalants, as well as the non-medical use of prescription-type pain relievers, tranquilizers, stimulants, and sedatives. Illicit drug use is rising faster for men than women.

Since the 1990’s, students abusing controlled prescription drugs “has exploded” (Califano, 2007). Pain killers: Percocet, Vicodin, and OxyContin increased by >300%. Stimulants, like Ritalin and Adderall, are up >90%. Marijuana use (daily) increased 110%. (CASA, 2007) And, cocaine and heroin are on the rise. 1 in 4 full-time college students already meet DSM diagnosis for alcohol and/or drug abuse and/or drug dependence compared with less than one in 10 in general population. (Knight, 2002)
Responsible Alcohol and Other Drug Use

According to the National Institute of Alcohol Abuse and Alcoholism, drinking can be beneficial or harmful depending on age, health status, and amount consumed. (NIAAA, 2011). A standard drink contains 0.6 fluid ounces or 14 grams of “pure” alcohol. This is amount is present in 12 fl oz of regular beer, 5 fl oz of table wine, and a 1.5 fl oz shot of 80-proof spirits (hard liquor). Alcohol should be avoided if planning to drive a vehicle, taking medications that interact with alcohol, managing a medical condition made worse by drinking, or if pregnant or trying to become pregnant. “Low Risk” drinking will still result in about 2 in 100 people having alcoholism or alcohol abuse, i.e. “low risk” is not “no risk”. Low-risk drinking limits for men are no more than 4 drinks on any day AND no more than 14 drinks per week. For women (and men over the age of 65) it is no more than 3 drinks on any day AND no more than 7 drinks per week. Drinking more than these amounts is considered “at-risk” or “heavy” drinking. About 1 in 4 drinking this amount has alcoholism or alcohol abuse.

Strategies to control alcohol consumption include the following: (1) keeping track of consumption; (2) knowing “standard” drink sizes; (3) setting goals on how many days to drink and how much to drink on those days, (4) limiting to no more than 1 standard drink per hour and using “drink” spacers such as water or soda between drinks; (5) finding alternatives to drinking, e.g. hobbies, relationships, healthy activities; (6) avoiding triggers such as people and places that encourage drinking; (7) when triggers cannot be avoided, talking things through with a trusted person or seeking a distraction; and (8) planning a polite and convincing way to say “no.”

Drinking alcohol under the age of 21 and consuming illegal drugs is not condoned. Despite its common use, marijuana can impair short-term memory and judgment, and distort perception. As with alcohol and other drugs, it can be addictive. (NIDA, 2010)

Inappropriate prescription drug use is a growing trend on college campuses. (ED.GOV) Prescription drugs are used inappropriately to “get high,” to improve concentration with extended study, to control anxiety or depression, or to improve stamina playing sports. Of note, 90% of college students who used Adderall non-medically in the last year were also binge drinkers and heavy users of alcohol. (NSDUH, 2009)

Strategies for Colleges and Universities

According to the Higher Education Center for Alcohol, Drug Abuse, and Violence Prevention, students turn to alcohol and drugs to relieve stress, improve mood, or enhance performance. (ED.GOV) First-year students arrive on campus believing that “all college students binge drink,” and many of them think that this is what they must do to “fit in” with campus life. Research supports community initiatives to reduce alcohol problems among college students. Problems include underage drinking, alcohol-related assaults, emergency department visits, and alcohol-related crashes (Hingson-a, 2002) The essential elements of prevention efforts are interventions that serve to change the culture, or the environment.
This environmental management approach uses the comprehensive social ecological model of public health that supports addressing individual health decisions and behaviors at multiple levels.

Environmental Management

Environmental management addresses a number of factors influencing individual behaviors at all social levels (institutional, community, and public policy) in addition to the individual and group levels. Activities to influence behaviors are categorized as (1) environmental change that includes policy changes at the campus and community, (2) intervention and treatment programs aimed at students displaying signs of distress, (3) education and awareness activities aimed at groups known to be at higher risk for engaging in problem behaviors, and (4) health protection programs that aim to minimize the harm incurred by problem behaviors. Interventions should involve multiple levels of the University including administrators, faculty, other campus officials, and students.

Environmental Change

Environmental change seeks change through 5 strategic interventions: (1) substance-free social, extracurricular, and public service options (2) health-promoting normative environment, (3) restrictions on marketing and promotion of alcohol and other drugs on and off campus, (4) limiting availability of alcohol and other drugs, and (5) development and enforcement of campus policies and enforcement of laws addressing high-risk and illegal alcohol, other drug abuse, and violence.

The US Department of Higher Education lists as effective campus policies banning kegs, prohibiting drinking games, enforcing sanctions for AOD policy violators, and requiring that nonalcoholic beverages and food be made available at all campus events and requiring registration of on-campus functions. Effective local and state policies to support include: cracking down on fake IDs, requiring responsible beverage service training, prohibiting low-price drinking specials, requirement of keg registration, increasing patrols of off-campus parties, development and enforcement of noise ordinances, enforcing the sale of alcohol to minors, strengthening drunk driving laws, controlling the cost and sale of alcohol, and allocation of state funds for alcohol prevention.

To create a health-promoting normative environment requires: (1) engaging students and parents in changing attitudes; (2) correcting misperceptions of social norms for high risk drinking through media campaigns as students' perceptions of peers' drinking and drug use are usually overblown; and (3) implementing interventions to create a normative environment to influence student decisions about alcohol and drugs such as promoting healthy norms in recruitment and promotional materials, increasing early morning and Friday morning classes, giving professors opportunities to engage students as individuals, offering substance-free living options, limiting or prohibiting alcohol advertising, and working with community leaders to create a health-promoting community environment. Campus and local media should be used to increase visibility of strategies.

checkpoints; social host ordinances; use of campus and local media to increase visibility of strategies; and having no “spillover” drinking sites like public parks, beaches, or other off-campus sites. (Saltz-a, 2010)

**Individual strategies**

Individual-focused strategies to reduce problematic alcohol consumption by college students have been reviewed. (Larimer, 2002) Those most effective include: brief, motivational or skills-based interventions; targeting high-risk students through health screening or targeting high risk groups, including freshmen, Greeks, children of alcoholics, and student athletes; marketing with incentives for participation; multidisciplinary evaluation technical assistance for implementation and evaluation; and fostering a supportive campus climate through multidisciplinary collaborations. Colleges should work with faculty, staff, and RAs to educate on substance abuse as well as increase faculty-student contact and mentoring. (ED.GOV)

**Barriers to the Successful Initiatives**

There are barriers to the success of these initiatives. The college climate promotes substance abuse. There may be a failure of administrative acceptance of responsibility. Nationally, 65.5% of administrators say appropriate use is the responsibility of students and only 20% felt the school had primary responsibility. (CASA, 2007) Failure to provide appropriate needed resources, trained resource people dedicated to the issue and not overwhelmed with other responsibilities, is problematic nationally. And, evaluation of the efficacy of resource use and interventions is often not taken seriously. Evaluation of interventions should be taken as seriously as enrollment projections and alumni accomplishments.

Student resistance also plays a primary role. Students are aware of lower academic performance, date rape, and other sexual violence but this often fails to dissuade use. Developmentally, college-age individuals have difficulty believing that anything negative could happen to them, and what they perceive as “scare tactics” are not likely to influence their behavior at all. Limited parental engagement, the stigma of seeking help, and fear of reprisal are all barriers to reducing use.

**Vanderbilt’s Initiatives to Address the Use, Abuse and Addiction in Students**

The Associate Provost and Dean of Students has administrative oversight for the offices of Housing and Residential Education, Student Conduct and Academic Integrity, Student Centers, Greek Life, Student Organizations and Governance, Student Campus Events, International Student and Scholar Services, Leadership Development and Intercultural Affairs, The KC Potter Center, Active Citizenship and Service, Arts and Creative Engagement, Student Health Center, Psychological and Counseling Center, Student Health and Wellness, Women’s Center, and Conference services. The areas reporting to the Associate Provost and Dean of Students have primary responsibility for addressing student use of alcohol and
drugs on campus. The Dean of the Ingram Commons has responsibility for addressing alcohol and drug use in freshman in conjunction with the Dean of Students.

**Vanderbilt Alcohol and Drug Statistics**

Vanderbilt routinely evaluates student alcohol use and their attitude toward use of both alcohol and other drugs. The 2009 Quality of Life Survey found that 70-76% of students consumed alcohol (1 time in last month) with 40 Percent binge drinking (>5 beers at one time in last 2 weeks.) (QLS-a, 2009) The CORE Alcohol and Drug Survey designed to measure usage, attitudes, and perception found that 16 percent consumed marijuana (use in past month). (QLS-b, 2010) The first year students report consuming less alcohol than other students (58% vs. 70%). Marijuana consumption is about the same (18% vs. 16%). The belief held by 33% is that some illegal drug is used once a week at least. Ninety nine percent of all and freshman know of policies for drug and alcohol.

Over 85% of all students feel alcohol is central to the social life (92% male and 87% female). A higher percent (98% male and 83% female) see drinking central to the social life of fraternities and sororities. And, over 90% believe the social atmosphere on campus promotes alcohol use (29% for drug). 25% of all students (and 34% of freshman) wish alcohol was not available at parties while 83% wish drugs were not available.

At VU, 80% have the perception that alcohol breaks the ice socially with 76% feeling it enhances social activity. Forty- four percent feels it helps with stress. Bonding is facilitated according to 69% of males and 58% of females. Sixty-four percent feel alcohol facilitates sexual opportunities.

The only statistics available for specific other potential drugs of abuse were related to the prevalence of students with ADHD/ADD who had a legitimate need of the drugs. There are 171 students are registered with ADHD/ADD (or 42% of all registered disorders) (EAD, 2011)

Thirty percent of Vanderbilt students reported some form of public misconduct once in the past year as a result of drinking (police, fight, DWI, or vandalism). Twenty percent have suffered a serious personal problem at least once (thoughts of suicide, hurting self, trying to stop, sexual assault). According to the QLS of upperclassmen in 2009, 1.3 percent of students reported going to Vanderbilt ED or another local ED within the last year due to an alcohol or alcohol-related incident in which that person was the drinker. (QLS-a, 2009)

The Vanderbilt University Medical Center Emergency Department estimates at least 1-2 alcohol or drug related admissions occur weekly. (Russ, 2010) In March 2010, 7 students were seen in one week. The ED also reports that students go to surrounding Emergency Departments to avoid being treated at VU for fear of reporting. (Jones, 2011)

**Historical Review**

In 1998, Vanderbilt formed an Ad Hoc Committee on Greek Life chaired by Dr. Lawrence Dowdy that prepared a report, “Enhancing Student Life at Vanderbilt.” (Dowdy, 1998) Alcohol issues were
addressed. The report states, “For some students there is clearly too much alcohol on campus, much of it is associated with the Greek social life.” It was concluded that “alcohol plays too large a role and focus within the Greek system. Many Greeks feel that unless music and alcohol are components of a social event, the event will not be a success.” Further stated was that “too often, underage drinking is tolerated and self-enforcement of the University’s alcohol policy is lax…..”

Recommendations from the committee urged VU leadership to “encourage and support those Greek organizations that have demonstrated efforts to foster intellectual activities, to eliminate the abuse of alcohol, and to build a sense of community at Vanderbilt” and to “critically evaluate the university’s alcohol policy and monitor its implementation and effectiveness.

Vanderbilt’s Resources to Support Students

Vanderbilt has several primary resources with all or part of their mission being to address student drug and alcohol use. The Office of Student Health and Wellness, as a part of the Dean of Students Office, coordinates with those who provide the mental health (emotional), physical, social, and spiritual support services on campus and provides case management for students with complex needs. The Office of Wellness Programs and Alcohol Education (formerly the Office of Alcohol and Drug Abuse Prevention) has a mission to promote, develop, and support opportunities for students to enhance existing knowledge and skills necessary to make healthy lifestyle choices regarding alcohol and other drugs. The Student Health Center treats students with medical problems and refers those with mental and substance abuse problems to the Psychological and Counseling Center.

The Psychological and Counseling Center now houses the campus’s one designated Alcohol and Drug Counselor (previously located in Student Health Center). This counselor is responsible for performing A&D assessments for all students seen by the Conduct Office for any offenses regarding possession or use of alcohol or other drugs. While most do not need specialized follow-up, those who do are required by Conduct to fulfill recommendations based on the assessment. The A&D Counselor is readily available to any student requesting assessment or consultation without first going through the PCC intake process. All PCC staff screen for substance use issues in performing intake interviews. Within the coming semester, all individuals coming to the PCC will be given the AUDIT as part of the initial intake process.

Vanderbilt Recovery Support (VRS) provides caring and encouraging support services to assist students who are recovering from substance use problems or dependency, and who are working towards success in their academic, social, personal, and professional lives. As students achieve success due to the recovery supportive environment, they in turn become peer leaders and advocates for new members of VRS. Members of VRS are given access to the VRS room in Towers as a safe, alcohol-free place to study or relax. Recovery meetings are part of the support program.

Environmental Initiatives since the Dowdy Report

Since the Dowdy report several organizational changes have been taken to address alcohol use on campus. Non-alcohol alternative programs, events, and activities were created that are not focused on
alcohol and are distinct from the Greek system, such as Weekend Campus Programming with non-alcohol related events. Emails alert students on Thursdays of non-alcohol weekend events both on and off campus and these emails are also available to parents.

Diversity on campus has increased which provides opportunities for students from different backgrounds to have interactions and events where social pressures are eased. This has been suggested as one way to decrease the need for alcohol. A multicultural leadership council was established which sponsors many popular cultural events. An Interfaith Council collaborates to support varies religions. And, the Office of Active Citizenship and Services co-sponsors events to “connect groups together.” There are 63 student organizations that are supported by this office. Community service and advocacy groups have also been formed. An alternative spring break program was also begun.

Alternative living arrangements have also increased. More student space was developed, e.g. the Student Life Center and the lower level of Sarratt. Innovative selective living groups have been established—Mayfield Living/Learning Communities, McTyeire, McGill, Kissam experience, Vanderbilt Interest Projects, Dismas House, etc. And, the addition of a residential college with establishment of The Commons had provided greater social support. Kissam residential college will soon begin construction to further enhance a sense of community.

With respect to Greek life, a Greek Excellence Review Board, consisting of Vanderbilt faculty, staff, alumni, and undergraduate students, evaluates Greek organizations on an annual basis and provides recommendations to improve operations, including risk management issues. In addition, Greek Life continues to evaluate its policies related to alcohol in an effort to reduce risk associated with alcohol and drug abuse. Just this semester the students voted to require 3rd party, licensed bartenders at all registered social functions. The bartenders are now solely responsible for distributing the beer to members and guests that bring beer to the party, ensuring that they have a wristband issued by 3rd party security signifying they are 21 years of age or older. The bartenders are ABC certified and can better recognize when members or guests should no longer receive beer due to consumption levels. This is a major initiative and will almost certainly alter the alcohol culture at these events.

In 2009-10 a report of the Faculty Senate encourage the development of a committee to address Sexual Assaults on campus. That has been established in the last year.

The Vanderbilt University Police Department and Dean of Students Office have been active in establishing relationships with students and visits to bars that adjoin campus to address underage drinking and targeting of Vanderbilt students. These meetings raise awareness of issues that arise on campus from students who come back from their establishments intoxicated. This encourages enforcement of laws associated with underage consumption and allows the bars to see the University as a resource and partner in trying to address excessive alcohol consumption.

The annual Quality of Life survey now has a section for alcohol use to better understand patterns of use.

There is a policy governing the use of alcohol by graduate and professional students as well as undergraduates, including prohibition of intoxication regardless of age.
All incoming freshmen and incoming transfer students must complete the AlcoholEdu-online alcohol education program.

Host Responsibility Training (formerly Party Management training) is available for student events in which alcohol is BYOB and/or being served to students of legal drinking age. This training should be required for any student event where alcohol is served.

During the summer of 2011, Vanderbilt began participation in the National College Health and Improvement Project (NCHIP). The purpose of this initiative is to evaluate the evidence of the need for intervention and the effectiveness of interventions implemented to address high-risk drinking on college campuses nationally.

Actions address individuals, the environment and systems through a Campus Improvement Team (CIT). To determine intervention projects, baseline data is gathered, concerns are identified, interventions are proposed, hypotheses are formed, time lines are set and measurements are identified. There is a part-time position dedicated to this initiative.

**Individual Initiatives**

Best practices for addressing alcohol and drug use on college campuses recommends the use of a continuum of school services. Primary prevention extends to all students, staff and settings (the 40% abstinent and 20% with infrequent use.) Secondary prevention targets specialized groups and systems for students with at-risk behaviors (the 30% with sub-clinical use). Tertiary prevention consists of specialized, individualized, and systems for students at high-risk (the 10% with dependence and abuse). The services vary among the continuum with primary prevention users at the lowest level, combination screening with a questionnaire and motivational intervention at the secondary, and alcohol and drug treatment and continuing care necessary for those with dependence and abuse.

Past emphasis at Vanderbilt has been heavily directed at primary prevention and it is well represented in this area. An emphasis on prevention and wellness promotion increases the likelihood that more students will be healthy and fewer will require treatment services for a variety of physical conditions and psychosocial problems such as eating disorders, sexual violence, and alcohol related accidents.

Students at high risk for alcohol and/or drug abuse or addiction who need assistance are identified in many ways: visits to student health for treatment, admission to the emergency room, violation of conduct, athletic drug screening, or self-identification. These cases are referred to the Psychological and Counseling Center where there is a dedicated counselor to evaluate and support the students. Violations of conduct result in mandatory referrals. The counselor uses accepted screening evaluation questionnaires (including the CAGE, CRAFFT, AUDIT, and DSM definitions of abuse and dependence as appropriate) and motivational interviewing.

Secondary and tertiary prevention services at VU, including screening evaluation questionnaires, have been primarily directed at high-risk students who have exhibited behaviors that warrant further
assessment and possibly treatment. However, strategies are evolving to identify at-risk students for which behavioral problems have not yet come to attention.

The Campus Assessment Response and Evaluation (CARE) Team which is comprised of associate/assistant deans from the undergraduate colleges/schools and representatives from the Dean of Students is in place to discuss students of concern with appropriate validation and referrals which “connects the dots” for students of concern. Referrals may be for “talks” with Student Welfare or Student Health and Wellness, screening at Student Health, or assessment with the Psychological and Counseling Center as needed.

Students can also be seen at Student Health for mental health concerns, including alcohol and drug use. In 2010-2011, there were 5500 visits for mental health concerns. Of these, 13% were for alcohol and drug related issues, 54% being for depression/anxiety, and 6% had a diagnosis of ADHD. All prescribing occurred in Student Health for these disorders until May 2011, at which time all prescribers moved to the Psychological and Counseling Center.

Time and resources limit the routine screening for alcohol and drug abuse and addiction in all students presenting to Student Health. Screening, Brief Intervention, and Referral to Treatment (SBIRT) would be ideal, and it is crucial for students with a family history of addiction. The requirement of 10-15 minutes to administer and provide brief motivational counseling, however, currently makes SBIRT prohibitive. The AUDIT should be considered for those who are depressed and have anxiety with referral as indicated by the screen. The students coming to Student Health are an ideal population to screen given that 70-80% of people with an alcohol and drug disorder have a co-occurring disorder. And, screening for alcohol may reveal the presence of other mental illnesses.

The Psychological and Counseling Center performs screenings related to mandatory conduct referral for alcohol and drug violations as well as referrals from Student Health, the VUMC ED, athletics, and self-referrals. About 120–130 assessments are done each semester with many requiring ongoing support. In the last year, it appears that since moving out of the office next to student conduct, the Alcohol & Drug Counselor has seen more self referrals and the students are more likely to return for continued support. All students are screened for alcohol and drug problems in addition to depression, anxiety, etc. Data prior to that move was unavailable to the Task Force.

Alcohol and drug treatment is covered on the Vanderbilt student insurance plan. Only 25% of undergraduates, however, are covered on the plan. Most are covered on their parents’ insurance plan.

Recovery support is available through Vanderbilt Recovery Support, but the system that surrounds this resource is evolving—Students completing treatment programs need this support too, as they are away from family, and other students are not equipped to provide this service. When Student Health or the Office of Student Health and Wellness is aware of a student who has gone on leave because of alcohol or drug issues, the student is given information about need for relapse prevention planning and is required to submit a completed Relapse Prevention Plan as part of the process of returning to Vanderbilt. Still, students are not required to participate in Vanderbilt Recovery Support. Not all medical
leaves are through Student Health and Wellness; academic areas can process medical leave requiring clearance through Student Health. Students who require substance abuse services may, however, be granted medical leave for reasons unrelated to substance abuse, and thus may not be referred for needed continuing care services. More intentional communication, therefore, could help increase the number of students that return from MLOA with the appropriate health and wellness areas being informed.

While students may be identified whom need recovery support, only those who engage in behavior that is disruptive to the campus community or engage in clear self-harm behaviors will have any conditions put upon them by the University.

Vanderbilt has begun other initiatives to address early identification of students at-risk through (NCHIP) initiatives. Screening 100% of students occurs in the following areas: Office of Student Conduct, for AOD policy violations; Student Welfare Panel, for AOD-related concerns; Office of Student Health and Wellness, for AOD-related concerns.

One at-risk screening project will involve faculty in the Commons who will identify students through the Vanderbilt Visions program, groups of first-year students led by faculty members. Work with RA’s and VUceptors to identify and refer students who may need further assessment is also underway.

Screening will be limited according to priority of competing student initiatives and resources. Of utmost importance is the need to monitor the progress in order to improve rates and efficacy of prevention and intervention services given limited resources and to provide appropriate resources based upon this tracking.

**Recommendations from the Task Force**

The recommendations were achieved through consensus of the Task Force members who met monthly from the spring of 2011 through the spring of 2012. A variety of stakeholders were represented: addiction specialists, psychiatrists, physicians trained in prevention and treatment of alcohol and drug problems, human and organizational development professionals, the past faculty senate chairman and other senators, student counselors, undergraduate faculty advisors and educators, administration from Student Affairs, health and wellness program staff, faculty and physician wellness program staff, police, administration interacting with Greek Life, and importantly, the president of the Student Government. The Task Force performed literature reviews, inventories of current alcohol and drug related activities, and participated in the NCHIP project team that was initiated over the summer of 2011.

Several excellent resources to address student alcohol and drug use on the Vanderbilt campus were identified The Task Force was impressed with, and recognizes the current expertise of the staffs of, the Offices of the Dean of Students and the Dean of the Ingram Commons, some of whom worked with us on the Task Force. They have implemented many quality initiatives. It was the intent of the Task Force to make recommendations that build upon the strengths of the current programs. The general preventive initiatives that are in place are based on best practices and current research.
The Task Force recognized that continuous evaluation and improvement is consistent with good principles of programmatic operations and supports the current initiatives stemming from the NCHIP project team as well as other quality initiatives. Given the current staffing infrastructure, there is an excellent opportunity to move to the next level and increase services beyond universal preventive initiatives to address “at risk” and “high risk” students. The recommendations are structured consistent with the ecological model for social change with the parties we believe to be in the best position to facilitate the recommendation identified.

The greatest challenges are the perception of what is “OK” and what is not, and deciding how far the veil of prohibition should be lifted on college campuses. It is not a simple solution resolved through creation of a Task Force every 10 years. One observer described the challenge by sharing the prevailing attitude of Vanderbilt students: “Alcohol, well, it’s legal. Pot, well, everybody does it. Speed, it is prescription so it’s safe.”

The efforts must be evolving and inclusive at all levels engaging all stakeholders. A model for success is inclusive of creating a culture supportive of responsible consumption as well as legal realities.

Alcohol problems and the problems of other drugs are comingled as must be the solutions for responsible use. The Task Force feels that various drugs must be addressed over time in parallel, using a consistent ecological model that targets multiple levels with multiple interventions. For this report the focus was on identifying foundation principles needed regardless of the drug. Over time additional initiatives unique to specific drugs should be implemented, e.g. those addressing specific goals around amphetamines, marijuana, and narcotic drug use. These should be data driven, identified and developed as part of a continuous quality improvement process. Therefore recommendations, such as establishing a committee of stakeholders and a stronger system of data collection, are foundation principles.

1. Environmental Change

- We recommend a standing committee, inclusive of senior administration, faculty, students, alumni, parents, and those responsible for alcohol and drug programming, be convened to define an ongoing environmental management strategy for promoting appropriate alcohol and drug use on campus and to monitor the success of this strategy. Promoting a healthy normative environment related to alcohol and drugs will require a sustained effort, beginning as early as the recruiting phase and continuing throughout the students’ academic experience. This effort should engage stakeholders. The goal is to encourage the appropriate use of alcohol and drugs by recommending initiatives that model behaviors intended to influence students’ knowledge, attitudes, and beliefs. The Campus Improvement Team (CIT) that began in the spring of 2011 is an excellent model from which to start.

While not advocating for more punitive measures, e.g. bans or dismissal from school, we do support helping students understand when they have crossed the line and ensuring appropriate referral to a counselor. Included in the charge of the committee should include a review of mandatory measures/policies as well as evaluation of uniform enforcement and referral.
Responsibility: Chancellor

- To create an environment consistent with the desired appropriate use of alcohol and drugs requires continuous quality improvement. Selection of initiatives should be a dynamic process that is consistent with the overall academic mission. **We recommend consideration be given to the following strategies for establishment of an environment consistent with appropriate alcohol and drug use on campus:** (1) Engagement of parents to influence attitudes toward appropriate alcohol and drug use, (2) Correcting misperceptions of social norms for high risk drinking by promoting healthy norms in recruitment and promotional materials, (3) Scheduling classes to promote responsible academic performance, e.g. early morning and Friday classes, (4) Providing professors opportunities to engage students as individuals, (5) Offering substance-free living options, limiting or prohibiting alcohol advertising, and (6) Working with community leaders to create a health-promoting community environment.

Responsibility: Offices of the Dean of Students and Dean of the Ingram Commons

- Initiatives should be benchmarked against other universities through ongoing initiatives, such as NCHIP. **We recommend an annual report be formally presented to and discussed with the Campus Assessment Response and Evaluation (CARE) Team as well as the Chancellor, Provost and Deans, and that the report addresses progress toward initiatives, implementation metrics, and overall measures of conduct, screening, assessment, treatment, intervention and recovery.**

Responsibility: Offices of the Dean of Students and Dean of the Ingram Commons

- **We recommend the continued resource support of alcohol and other drug related activities that have been established in relation to NCHIP once funding has ended.** Once the national collaborative has ended, the Vanderbilt Campus Improvement Team (CIT) should continue meeting regularly to monitor progress, suggest program improvements, and consider additional programming. Staffing resources should be continued to implement and manage CIT initiatives.

Responsibility: Offices of the Dean of Students and Dean of the Ingram Commons

- **We recommend the use of campus and local media to further increase visibility of strategies as well as provide accurate information of use rather than relying on retail marketing to define the culture.** Social media should be engaged in awareness initiatives, such as forums for stimulating discussion of mental health, including alcohol and drugs.

Responsibility: Offices of the Dean of Students and Dean of the Ingram Commons
• Vanderbilt has made considerable strides in supporting substance-free social events since the Dowdy report. This supports a normative environment and reduces dependence on alcohol and drugs. We recommend the University continue to provide substance-free events as a way to support those who choose to abstain from or limit their drinking.

Responsibility: Offices of the Dean of Students and Dean of Ingram Commons

• We do not think urine drug screening is the answer nor do we support it other than for mandated cases following treatment when safety of others is at risk or other extreme cases. All drug screens should be done confidentially as part of agreements in the context of treatment and under the supervision of health care professionals. We recommend drug screening only occur when safety of others or the student in question is at risk.

Responsibility: Office of the Dean of Students

• We recommend that support be provided for the newly formed Student Government Health and Wellness Committee. The support should be directed at helping the Committee gain visibility and the leadership status equivalent that of other more established student committees so that they can support the promotion of a healthy normative environment.

Responsibility: Office of the Dean of Students

2. Intervention and Treatment

• We recommend that high-risk students should continue to be referred for individual assessment, i.e. students undergoing disciplinary procedure, in recovery or with a substance use disorder following treatment, and needing medical care at student health and ED for alcohol and drug related problems.

Responsibility: Offices of the Dean of Students and Dean of Ingram Commons

• We recommend the screening and assessment of at-risk students as well screening to identify students prior to high-risk behaviors. The BASICS screening devices has been selected for use at this level. This can be self-administered or can be administered by trained non-professionals. Use of SBIRT and full assessments should be limited to professionals. Those to screen include special student population with a higher incidence of problem use, such as Greek, first year students, and athletes. Screening should be part of a continuum that includes science based prevention, intervention, and treatment services. In addition, screening should be done by questionnaire and in conjunction with motivational interviewing.
Screening needs to use resources appropriately. While screening all students who come to Student Health through a questionnaire may be a long-term goal, we recommend that resources be made available in the short-term to screen, and assess as indicated, at a minimum those who come to Student Health with mental illness, injuries, and ED visits. This level of screening has the added value of identifying co-occurring illness, especially other mental health disorders currently under-represented in the treatment population.

Responsibility: Office of the Dean of Students

- Multidisciplinary collaborations are necessary to support students in need of alcohol and other drug services. Vanderbilt has excellent expertise and a broad array of services. Continued efforts to “connect the dots” and create a robust system, especially between treatments and follow up care, would further strengthen the foundation that has been laid. We have seen from our committee’s deliberations that there are many pieces to this quilt of services for the students. An administrative oversight group to coordinate these services with the data from each one driving the future strategies would be ideal. This may also fall under the CIT. Centralizing information related to students going on leave for alcohol and drug issues and having a single port of approval for relapse prevention plans prior to returning to campus is recommended.

Responsibility: Office of the Dean of Students

- **We recommend that insurance provided to students by the University should continue to cover alcohol and drug treatment.** The appeals process in the event treatment is not authorized should be transparent.

Responsibility: Office of the Dean of Students

3. Education and Awareness

- **We recommend that students and faculty be included in determining effective education and awareness programming.** Creative programs to encourage responsible drinking that are currently offered and considered successful should be supported, e.g. the Solo Cup (what is “one” drink), Sam’s Story (power of one intervening), online Blood Alcohol calculator (judging intoxication), and positive initiatives associated with the Great American Smokeout and spring break awareness programming.

Responsibility: Offices of the Dean of Students and Dean of Ingram Commons

- **We recommend education and awareness targeting high-risk populations should be incorporated into the academic curricula of both undergraduates and professional students.** Information provided should include the genetics of addiction, the risk of abuse and addiction based on the history in the family of origin, and the safe use of
alcohol and other substances. Curricula should be inclusive of detection of abuse and resources to address both personal problems and those of friends.

Responsibility: Offices of the Provost and Vice Chancellor of Medical Affairs

- We recommend annual education of faculty with respect to appropriate alcohol and other drug use, related risks, problem recognition, and resources available at Vanderbilt for assessment and treatment of abuse and addiction.

Responsibility: Offices of the Provost and Vice Chancellor of Medical Affairs

- We recommend a module on the appropriate use of alcohol and other drugs be included in Vanderbilt Visions and made available to VUceptors.

Responsibility: Office of the Dean of the Ingram Commons

- We recommend the distribution of alcohol and other drug related resources available to students on campus to VUMC Emergency Department and surrounding Emergency Departments.

Responsibility: Office of the Dean of Students

4. Health Protection Programs

- We recommend serious consideration of sober living spaces both for students who choose to abstain from alcohol use as well as students in recovery who may benefit from a more intentionally supportive environment geared toward relapse prevention. It would take continued planning and consultation with those universities already providing sober and recovery-supportive housing for the university to offer this option. However, well-established programs have shown excellent outcomes. In the interim, students in recovery could be given the option of forming a living/learning community using procedures already in place.

Responsibility: Offices of the Dean of Students and Dean of the Ingram Commons

- We recommend the continued support of the Sexual Assault committee as recommended by the Faculty Senate in 2009 as an important part of this effort.

Responsibility: Office of the Dean of Students

- We recommend continued support of campaigns, such as the Green Dot, to emphasize the power of one person intervening to support someone with an alcohol or other drug problem.

Responsibility: Office of the Dean of Students
• We recommend continued support for the Vanderbilt Recovery Support and development of a process to strongly encourage student participation in VRS in their relapse prevention plans.

Responsibility: Office of the Dean of Students

• We recommend that for events in which alcohol will be present/served, host responsibility training and certification be required.

Responsibility: Office of the Dean of Students

5. Evaluation of the normative environment for alcohol and other drug

• Progress in creating a healthy normative environment should be monitored and improvement strategies evaluated through rates and efficacy of prevention and intervention services. We recommend metrics be established in four categories of outcome measures and that they be monitored monthly: (1) High risk drinking and other drug use, (2) Drinking related harms, (3) Medical Care, and (4) Law Enforcement. Examples of drinking related harms include Emergency Department admissions. Continued work should occur with the VUMC ED to provide monthly statistics of student admissions. Examples of medical care include (1) encounters of medical care for acute intoxication per 1000 students, e.g. ED A&D admissions for alcohol intoxication, Student health cases or cases monitored by the Psychological and Counseling Center and (2) rates for voluntary treatment vs. treatment by enforcement vs. those in recovery. We must receive BAC for students at the hospital to inform us as to whether students are going there for greater precautions or if we are seeing more students with higher BACs

• Responsibility: Office of the Dean of Students and Dean of the Ingram Commons

• We recommend the continued participation in the NCHIP initiatives with a PDSA (Plan, Do, Study, Act) focused to develop the metrics of evaluation.

Responsibility: Office of the Provost

• We recommend plans be required to assess all education and awareness programs for effectiveness.

Responsibility: Offices of the Dean of Students and Dean of the Ingram Commons
Bibliography


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