Alcohol and other drug related problems on college campuses pose a threat to the health and performance of students (NACAAA, 2002). In February 2011, the Vanderbilt Faculty Senate convened the Student Alcohol and Drug Task Force charged with making recommendations for a strategic approach to the creation of a campus-wide culture of safety related to the consumption of these substances. The final report that was issued in April 2012 used the comprehensive social ecological model of public health as the basis for recommendations to promote responsible alcohol and other drug use on campus (Yarbrough & al, April 2012). The Task Force concluded that irresponsible alcohol and other drug use are comingled as must be the solutions for responsible use. The focus of that report was on establishing “foundation principles” applicable regardless of the drug. It was intended that the recommendations not be static but that the principles should evolve with advances. As data collection provided greater insight, additional initiatives unique to specific drugs would emerge.

At the request of the Provost, the Faculty Senate was asked to continue and establish recommendations specific to prescription drug use. The Task Force invited additional subject matter experts and students, assembling a diverse group that included faculty, administration, and students. Given that implementation of the April 2012 recommendations is underway which provides foundation initiatives to combat campus alcohol and other drug use, the Task Force elected to focus attention on the inappropriate use of schedule II prescription drugs. Specifically, the Task Force was interested in stimulants taken or dispensed without a prescription for neuroenhancement or other purposes not intended by the prescribing provider.

In general, prescription drugs pose a unique challenge, namely procurement from medical professionals. For this reason students consider the drugs to be safe and helpful, if not necessary. Recent state and local legislation related to narcotic pain prescription holds promise for stemming use that has grown in epidemic proportions from that class of drugs. Performance enhancing anabolic steroids are more commonly known due to the publicity surrounding their illicit use in athletes and controls are gaining momentum. However, inappropriate use of prescription stimulants that are also legitimately used for the treatment of many disorders, including Attention Deficit Hyperactivity Disorder (ADHD), has been less apparent despite rapid growth on college campuses.

Matthew Varga published “Adderall Abuse on College Campuses: A Comprehensive Report”. In it he described Adderall and Ritalin as example of stimulants that are increasing in inappropriate use on college campuses. (Varga, 2012). Stimulants were described as medications used to replicate the brain’s natural chemicals, effecting neurotransmitters that allow those affected by ADHA to better focus and
concentrate. He noted that stimulants can be used illicitly to produce pleasurable effects similar to those produced by cocaine, speed, and Ecstasy. Additionally, students are using stimulants to boost academic performance in pursuit of higher grades as well as for the purpose of “getting high”. Use on college campuses for performance enhancement rather than recreation makes this class of drugs somewhat unique. Varga found that while there is limited information on the extent of stimulant use on college campuses, several independent studies have reported abuse of stimulants to be approximately 20%. Young adults between ages 18 and 25 were found to have the highest incidence with use higher in college students than non-collegiate peers. Ethical, social, legal, and developmental concerns are growing nationally in response to the growing demand for “neuroenhancement” in healthy populations (Graf, Nagel, Epstein, & al, 2013).

Building on the April 2012 Faculty Senate Report, the task force again used the components of Environmental Management based on the social ecological model as a basis for establishing recommendations focused on illicit stimulant use (ED.GOV). The components are (1) environmental change, (2) intervention and screening, (3) education and awareness, and (4) health protections. This approach addresses factors influencing individual behaviors at all social levels (institutional, community, and public policy) in addition to the individual and group levels. The task force divided into 4 working groups, one for each of the categories listed. These sub-groups consisted of subject matter experts, program administrators, faculty from diverse sectors of the University, and students. Each group formed draft recommendations and presented these back to the entire task force for discussion. The smaller groups then finalized recommendations that were approved by the task force as a whole following additional discussion. A primary limitation of these recommendations is the lack of information at both the national and local level with respect to prevalence of use and established effective interventions specific to stimulant use. Vanderbilt student surveys will be collecting related information in the future that can provide greater insight to targeting specific groups and areas on campus. The recommendations of the Task Force are as follows.

**Environmental Change:**

General consensus of the task force was that the main problem is the inappropriate use of prescription stimulants – namely their use to enhance academic performance. Discussions where consensus was reached were inclusive of students, treatment providers, and addiction experts. All shared similar thoughts from their experiences. This was evident in both the small group discussion on environmental change where students participated and the larger group discussion with providers and subject matter experts. Although we did not dismiss the issue of the recreational use of prescription drugs, the students participating said that had not been what they had observed or heard from their peers. Others were in agreement. This does not mean that some educational initiatives should not be undertaken to deter students from such use, only that this was not what was perceived as most pressing. From this premise we reached a consensus on these points:
1. **Honor Code.** Consideration should be given to revision of the Honor Code to include the illegal use of performance enhancing prescription drugs as a violation of academic integrity. Even if this only deterred a small number of students, the change is worthwhile for the impact on the culture. It was our sense from debates on this issue that the Honor Code held more weight as a deterrent than the threat of policy violations. It is recommended that the Office of Student Conduct and Academic Integrity should be tasked to consider this recommendation.

2. **Legal Consequences Alert.** There should be a strong campaign to alert students that the illegal possession and distribution of prescription drugs could be considered a felony. Our group felt there is tremendous ignorance among students and faculty about the legal aspects of this problem. One student commented that a poster noting that it is a felony would have considerable impact.

**Education and Awareness:**
Stimulants need to be treated separate/different in our education and awareness efforts given that both legal and illegal use exists on campus and that the illegal use is predominately in pursuit of performance enhancement rather than recreation.

1. **Current Efforts.** There are many good educational efforts underway on campus with respect to alcohol and drugs and these should continue. Students who are legally prescribed prescription drugs like Adderall could play a role in educating their fellow students about the dangers connected to the misuse of the drug given their knowledge of the conditions requiring use and of the medications prescribed. The following are recognized as providing relevant education and awareness:
   - AlcoholEdu – Online alcohol education program required of first-year and incoming transfer students;
   - Host Responsibility Training – Required training for student groups (undergraduate, graduate, and professional) and academic department events (involving students) in which alcohol is present;
   - Immunity Rule training - The immunity rule allows students that seek help (medical assistance) for their use/abuse of alcohol with immunity from a disciplinary sanction. The rule encourages students to take care of themselves and others without the fear of getting into trouble. Regardless of immunity being granted, students are still required to complete an A&D assessment at the Psychological Counseling Center (PCC);
   - Alcohol Awareness Week – Fall Semester
   - Safe Spring Break Week – Spring Semester
   - Vanderbilt Recovery Support – Social support group for students in recovery; dedicated on-campus meeting space; and support/re-lapse prevention support from one of the A&D counselors at the PCC. VRS also provides activities for students that do not involve alcohol or drugs.

2. **Students and Faculty Education.** Students of the professional schools require education and awareness as well as undergraduate students. As in the first report, it is recommended faculty as well as students are in need of more education and awareness of the problem. Specifically targeted should be faculty and resident advisors and Directors of Graduate Studies (DGS).

3. **Focus Groups.** Student focus groups are needed to develop more informed educational campaigns. Established student groups that might prove beneficial to take up the cause as a student focus group include VSG/Residential Education – Work Smart/Play Smart Campaign and
the Campus Improvement Team (CIT). Student focus group needs to be a cross representation of the student population. Specific goals should be to determine the following:

- What type of education and awareness will get the attention of students?
- Explore why students don’t see stimulant use as a problem.
- How do cultural differences/other differences play into using?

Students on the Task Force identified the several questions that would be of interest:

- What is the potential for damage to health from the use of the stimulants?
- Why are the drugs (stimulants) prescribed?
- What is ADHD?
- When someone that doesn’t have ADHD takes the medication (stimulants) what are the short-term and long-term effects?
- What drugs are addictive and what drugs are not addictive?
- Is it illegal to share prescription or sell prescriptions to others?
- What are the student’s basing their evidence on regarding stimulants (Adderall) enhancing academic achievement/performance?
- What are the legal consequences of sharing prescription drugs?

1. **Statistics.** Better information is needed regarding the use of stimulants campus. The Core and Quality of Life Surveys should have additional questions related to stimulant use and medications being prescribed. Statistics of prescription medication use/abuse violations for Vanderbilt Students is also needed. Potential sources of this information were identified as the Office of Student Conduct and Academic Integrity, Strategic Initiatives and Assessment, and VUPD.

**Intervention and Treatment:**

Given consideration to all that was discussed by the Task Force, both in large and small group discussions, the conceptual basis for recommendations related to intervention and treatment is as follows:

- With this issue, sticks may work better than carrots, although as a counselor this is not a great way to approach the issue. Still, the point is to *create something that says prescription drug abuse is wrong*, especially if the student does not feel the consequences immediately.
- Cannot ignore that *stimulant abuse is illegal AND a prescribed stimulant is a controlled substance*. This is a key point that often gets lost.
- Need to *consider legal risks for the University* in pursuing documentation of events, honor code violations, and possible litigation (either by or against the University).
  - Honor code would need to require health care IF this is an honor code violation.
  - Is this a “discoverable” issue with regards to records?

Based on these points and discussion around them, the following recommendations are made.

1. **Honor Code Violation.** The task force recommends that as an intervention initiative, as recommended for an “Environmental Change” initiative, consideration be given to making it an Honor Code Violation to use Adderall and other prescription drugs illegally, and that consequences should be set on a par with other incidents of cheating. This would not negate or
replace any legal consequences a student may also face, but would allow the University to make a strong statement, backed by sanctions, regarding the use and distribution of illicit academic performance-enhancing substances.

2. **Competency Domains.** The task force recommends to the Faculty Senate that a new task force be commissioned to consider the development and implementation of competency domains for the entire university, similar to those being used by the Medical School. Professional programs may already have such competencies in place, but the undergraduate schools do not. Would likely need to create 6 or so domains, carrying equal weight in assessing student outcomes. One of those domains would be “Knowledge”, which would encompass academic performance. The concern is that this is essentially the only domain valued at the current time, which has allowed other life domains to fall out of balance. Another valuable domain might be “Professionalism”. An overall “Competency Grade” would be computed as an outcome of all the categories.
   a. As part of this process, would recommend creating Competency Domain Coordinators within each school to address concerns arising from student performance in each of these domains. This would be part of formalizing the system – referrals are already going to Dean’s (Care Team), who are making referrals to the system. Task would be creating a documentation system that addresses competency goals.
   b. Everyone who knows the student could assess the student – course faculty, advisors, activity coordinators, coaches, etc. Create a check box system for each domain and encourage students to do self-assessment as well. This would allow for multiple data points and minimize the chances that bias from one source could damage a student’s record.
   c. Would want to make sure the University evaluates the data to understand its impact. Need to look at goals and outcomes before and after implementation.

3. **Vanderbilt Recovery Support.** The University should continue to support the Vanderbilt Collegiate Recovery Community, VRS, and institutionalize the program through staffing, programming, housing options, accountability mechanisms, and marketing. Relationships with treatment centers should be regularly reviewed to make sure outplacement procedures include recommendations for involvement with VRS, and any return to campus should be accompanied by sobriety requirements and VRS engagement.

4. **Continuum of Care.** As part of providing a continuum of care, the University should maintain existing screening, identification, and early intervention efforts being proposed by the NCHIP group (e.g., BASICS and PCC counseling), and adopt recommendations emerging from that group around how to handle general alcohol and drug issues on campus.

**Health Protections**
Coordination of current programs and services for the management of alcohol and other drug use was recognized as essential to the health protection of those with substance misuse and abuse. Support of the PCC and other services in accomplishing this is essential. The task force reviewed the PCC revitalization intake plans for self-referrals, campus entry and outreach entry, as well as for education. We continue to support these efforts as part of the continuum of care essential for successful substance misuse and abuse, including stimulants.
1. **Education.** Mental Health Awareness and Prevention of Suicide (MAPS), student ambassadors, and faculty education are important to education and awareness as well as a health protection.

2. **Screening.** Current plans for the use of the AUDIT for PCC screening and triage of all clients is supported.

3. **Conduct.** All Conduct incidents with any alcohol or other drug involvement should be referred to PCC for assessment and required to comply with any follow-up recommendations. Basics is an important part of the effort to support students before problematic pattern of behavior occur. (Basics was recommended in the 2012 SADTF Report and should be implemented by the fall of 2013.)

1. **Leave of Absence Coordination.** As part of the continuum of care if is important to identify those students who are returning from a Leave of Absence for the treatment of alcohol and other drugs and require support. A working group of stakeholders should be convened to work on procedures that respect the rights of both the students and the University.

2. **Police Training.** The risk of suicide in students using stimulants is not insignificant. VUPD is an important partner in efforts to protect the health of students given they provide transportation of impaired students to and from medical services such as the ED. The task force recognizes the opportunity to protect health by providing education to the police force on the risk of suicide. It is recommended that the PCC work with VUPD to provide education on this risk.

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