ACADEMIC IMPACTS OF YOUTH SUBSTANCE USE:

Application to Community and School-Based Substance Use Prevention

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If your actions inspire others to dream more, learn more, do more and become more, you are a leader.

John Quincy Adams
PART 1: Downstream - The Challenges
PART 2: Mechanisms – the Whys
PART 3:
Moving Upstream:
Strategies and Solutions
PART 1: Downstream - The Challenges

• Disconnection
• High school dropout
• College graduation rates and post-college preparedness
• Substance use
• Connections between substance use and academic achievement
And if those weren’t enough...
Disconnected Youth, 2012

- Nationally, 13% of 16-19 year olds and 20% of 20-24 year olds are “disconnected”—defined as not enrolled in school and not working.

In total, 6.5 million young people are disconnected.

- Employment rates among 16-24 year olds are at their lowest level since WWII.

- Cost: 1.56 trillion dollars (Belfield, 2012)
High School Dropout in the United States

• 16% of individuals ages 16-24 (6.2 million people) are high school dropouts.

• Dropout creates enormous societal costs: Unemployment, adverse health consequences, criminal involvement...

• Each year 1 million students drop out of high school.

• Pathways to dropping out are complex and synergistic.
College Students

• They comprise a very large segment of the population (~14.5 million individuals)

• Large societal and familial investment

• Given our investment, they aren’t doing as well as we might have hoped.
Measures of Academic Success among Universities in the United States

Percentages for different types of universities:

- **Large Public**
  - Freshman retention rate: 86.6%
  - Six-year graduation rate: 73.8%
  - Five-year graduation rate: 54.8%
  - Four-year graduation rate: 33.5%

- **Small Public**
  - Freshman retention rate: 83.1%
  - Six-year graduation rate: 61.0%
  - Five-year graduation rate: 32.5%
  - Four-year graduation rate: 18.5%

- **Private**
  - Freshman retention rate: 66.7%
  - Six-year graduation rate: 37.6%
  - Five-year graduation rate: 71.1%
  - Four-year graduation rate: 60.5%
Impact on Global Competitiveness

“America’s schools face unprecedented challenges to prepare students for postsecondary education and entry into the U.S. and global workforce. The skills of the current and future workforce are closely tied to our nation’s ability to thrive in a global economy.”

Source: The Role of Common Core Standards in College and Career-Readiness Education, July 2013
“When it comes to the types of skills and knowledge that employers feel are most important to workplace success, large majorities of employers do NOT feel that recent college graduates are well prepared. This is particularly the case for applying knowledge and skills in real-world settings, critical thinking skills, and written and oral communication skills — areas in which fewer than three in 10 employers think that recent college graduates are well prepared. Yet even in the areas of ethical decision-making and working with others in teams, many employers do not give graduates high marks.”

Source: Falling Short? College Learning and Career Success, January 2015
Academic
Limited Learning on College Campuses
Richard J. Vedder

College
(Un)Bound
THE FUTURE OF HIGHER EDUCATION AND WHAT IT MEANS FOR STUDENTS
JEFFREY J. SELINGO
Editor at Large, The Chronicle of Higher Education

Wiley CIO Series

IT'S TECHNOLOGY'S GAP IN THE SKILLS GAP

PLUS WEBSITE

H. J. BEACH
WILEY
Past-Year Use of Various Drugs by 12th Graders (Percent)

- Marijuana/Hashish: 36.4%
- Synthetic Marijuana: 7.9%
- Adderall: 7.4%
- Vicodin: 5.3%
- Cough Medicine: 5.0%
- Tranquilizers: 4.6%
- Hallucinogens: 4.5%
- Sedatives*: 4.8%
- Salvia: 3.4%
- OxyContin: 3.6%
- MDMA (Ecstasy): 4.0%
- Inhalants: 2.5%
- Cocaine (any form): 2.6%
- Ritalin: 2.3%

SOURCE: University of Michigan, 2013 Monitoring the Future Study
Does College Put Kids on a ‘Party Pathway’?

By Annie Murphy Paul | Jan. 23, 2013 | 36

A fair amount of schadenfreude greeted the release last week of a study showing that the kids of parents who pay for college return their families’ largesse by achieving lower grades. The study, conducted by University of California at Merced professor Laura Hamilton and published in the American Sociological Review, offered those of us who worked our way through college — or took out burdensome student loans — a rare opportunity to gloat. But our self-congratulation is mistaken, or at least beside the point. Hamilton’s work, and that of other researchers, demonstrates that we should all be concerned about the state of higher education in the U.S. today and that college students enjoying a four-year paid vacation courtesy of their parents are merely a symptom of a larger problem.
National data: Past-month alcohol and other drug use among 18 to 22-year-olds, by college enrollment

**“Binge use” defined as “Five or more drinks on the same occasion at least once in the past 30 days.”**

**“Heavy use” defined as “Five or more drinks on the same occasion on each of 5 or more days in the past 30 days.”**

How many college students screen positive for current mental health problems?

- Any depressive or anxiety disorder:
  - Undergraduate students: 15.6%
  - Graduate students: 14.0%

- Depression (major or other):
  - Undergraduate students: 13.8%
  - Graduate students: 11.3%

- Anxiety (panic or GAD):
  - Undergraduate students: 4.2%
  - Graduate students: 3.8%

- Suicide ideation*:
  - Undergraduate students: 2.5%
  - Graduate students: 1.6%

*During the past 4 weeks

Estimated probabilities of developing alcohol dependence based on drinking level at college entry (College Life Study)

Drinking level at college entry:

High-risk Drinkers: 26% (6+ drinks/day)

Medium Risk Drinkers: 40% (3-5 drinks/day)

Low-risk Drinkers: 22% (1-2 drinks/day)

Non-drinkers: 12%

Estimated probability of developing alcohol dependence

Source: College Life Study, unpublished data. Do not use without written permission from Amelia M. Arria
Illicit and nonmedical drug use in the first four years of college

- Marijuana: 63%
- Prescription Analgesics: 23%
- Prescription Stimulants: 30%
- Hallucinogens: 16%
- Inhalants: 8%
- Prescription Tranquilizers: 13%
- Ecstasy: 7%
- Amphetamines: 3%
- Cocaine: 13%
- Heroin: 1%

Year 4
Year 3
Year 2
Year 1
Pre-College

Source: College Life Study, data weighted to adjust for both sampling bias and attrition. Do not use without written permission from Amelia M. Arria
Substance Use and Academic Achievement
Thanks, Amelia...I appreciate the recognition of me and IBH. Helen however is the real hero of the story from IBH.

Bob
America’s Dropout Crisis:
The Unrecognized Connection To Adolescent Substance Use

“There is no problem so bad that alcohol and drugs will not make it worse.”

March, 2013

Available online at www.cyahd.umd.edu
Cross-sectional research

Method 1.
Compare substance users with non-users, and see how they differ on academic performance.

Method 2.
Compare dropouts with non-dropouts, and see how they differ on substance use.
Academic achievement among 12- to 17-year-olds by lifetime substance use, 2002 to 2005

- **Non-users** (never used alcohol, tobacco, or any other drug):
  - Low grades: 3.1%
  - Moderate grades: 5.6%
  - High grades: 91.3%

- **Alcohol/tobacco users** (never used any other drug):
  - Low grades: 11.2%
  - Moderate grades: 78.8%
  - High grades: 9.5%

- **Marijuana users** (never used ecstasy):
  - Low grades: 15.7%
  - Moderate grades: 73.1%
  - High grades: 11.3%

- **Ecstasy users** (regardless of other drug use):
  - Low grades: 11.2%
  - Moderate grades: 78.8%
  - High grades: 9.5%

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Lifetime prevalence of substance use among 1,512 seventh through twelfth graders in the Southwestern United States, by dropout status and race/ethnicity

Adverse outcomes of marijuana use: Association with frequency of use

- Hurt your performance in school and/or on the job
- Caused you to be less interested in other activities than you were before
- Caused you to have less energy
- Interfered with your ability to think clearly

Longitudinal research

What % drop out by the end of the year?
High school dropout by age 18 among 496 female middle school students in a large United States city, by substance abuse developmental trajectory group membership

![Bar chart showing the percentage of high school dropouts among different developmental trajectory groups.]

% Dropped out of high school by age 18

- Non-Abusers
- Moderate-Escalating Users
- Adolescent-Limited Heavy Users
- Moderate Decreasing

Cumulative Frequency of Cannabis Use and Educational Outcomes

(Fergusson et al., 2003)

- Leaving School without Qualifications
- Enrolling in University by age 21
- Attaining University degree by age 25

Cessation of substance use is associated with improvements in academic performance and school attendance.
High school graduation among 153 adolescents following inpatient drug treatment, by substance use trajectory group membership

Academic Performance Problems

Substance Use

Worsening of Substance Use

Worsening of Academic Performance Problems

Academic Performance Problems

Substance Use

Academic Performance Problems

Substance Use
College Life Study

- Summer Orientation
  - Baseline Interview (n=1,253)
  - Screening (n=3,401)

- First Year
  - 12 Months: Interview (n=1,142) 91%

- Sophomore Year
  - 24 Months: Interview (n=1,101) 88%

- Junior Year
  - 36 Months: Interview (n=1,097) 88%

- Senior Year
  - 48 Months: Interview (n=1,019) 81%

- Post College Year 1
  - 60 Months: Interview (n=1,001) 80%

- Post College Year 2
  - 72 Months: Interview (n=982) 78%

- Post College Year 3
  - 84 Months: Interview (n=951) 76%

- Post College Year 4
Major Domains Measured in the College Life Study

Demographics
- Family Composition
- Gender
- Race/Ethnicity
- Socioeconomic Status
- Parental Education

Individual Characteristics
- Personality/Temperament
- Religiosity
- Sensation-seeking
- Physical Health

Stress & Social Support
- Peer Relations
- Peer Drug Use

Parent Influences
- Parental Monitoring
- Relationship Quality
- Communication
- Parental Authority Style
- Family History

Alcohol and Other Drugs
- DSM-IV Disorders
- Quantity/Frequency
- Consequences
- Nonmedical Prescription Drug Use
- Sharing & Selling Prescription Drugs
- Perceived Harmfulness

Academic Achievement
- Personal Goals
- Employment
- Quality of Life

Mental Health
- Major Depression
- Bipolar Disorder
- Anxiety Disorder
- ADHD
- Suicidal Behaviors

Health Services
“Stopping out” –
Gaps in College Enrollment
Alcohol and marijuana use: relationships to discontinuous enrollment

“Late discontinuity”: Years 3-4 (n=233) 20%
Continuous enrollment Years 1-4 (n=805) 70%
“Early discontinuity” Years 1-2 (n=107) 9%

First year alcohol use (typical number of drinks/day) and frequency of marijuana use was related to late discontinuity, even after controlling for demographics, psychiatric symptoms and diagnosis, and high school GPA.

Marijuana use trajectories: relationship to “discontinuous” enrollment

Chronic/Heavy marijuana users were 2.0 times as likely as “minimal users” to have discontinuous enrollment... even after controlling for demographics, personality, and high school GPA.

Drugs other than marijuana: relationship to “discontinuous” enrollment

“High-level” drug users were 2.0 times as likely as “minimal users” to have discontinuous enrollment... even after controlling for demographics, personality, and high school GPA.

Time to Graduation?

*College Life Study*

- First-year marijuana use associated with skipping more classes and lower first-semester GPA, which then was related to longer time to graduation.

- Baseline measures of other drug use and alcohol quantity exhibited similar indirect effects on GPA and graduation time.

- Even accounting for demographics and other factors, marijuana use directly affected college academic outcomes in a negative way.
Adult Work Commitment, Financial Stability, and Social Environment as Related to Trajectories of Marijuana Use Beginning in Adolescence
Judith S. Brook, Jung Yeon Lee, Stephen J. Finch, Nathan Seltzer, and David W. Brook
Substance Abuse 2013; 34(3): 298-305.
Brook, JS; Lee, JY; Finch SJ; Seltzer N; Brook DW (2013) Adult Work Commitment, Financial Stability, and Social Environment as Related to Trajectories of Marijuana Use Beginning in Adolescence. *Substance Abuse* 2013; 34(3): 298-305. Financial problems was measured with a six-item scale (highest 16th percentile); Financial independence with a three-item scale (yes to all three items = 1).
Marijuana Trajectory Class and Earnings at Age 29

(Ellickson et al., 2004)

Thousands of dollars

Yearly Earnings

Nearly half of students say that their mental health affected their academic performance in the past month.

One in five missed academic obligations during the past week due to mental health problems.

• The presence of a psychiatric disorder makes a student significant less likely to complete a college degree, especially when the disorder is diagnosed during college.

• Students with **anxiety and mood disorders** are less likely to graduate than other students.

• Having **more than one** psychiatric disorder increases the risk of not graduating.


MENTAL HEALTH PROBLEMS RELATED TO DISCONTINUOUS ENROLLMENT DURING COLLEGE

Individuals who were diagnosed with depression during college were three times more likely to experience early discontinuity, even after controlling for demographics, drug and alcohol use, and high school GPA.

THE ACADEMIC OPPORTUNITY COSTS OF SUBSTANCE USE DURING COLLEGE

A Brief Report from the Center on Young Adult Health and Development

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opportunity cost:
what a person sacrifices when they choose one option over another
PART 2: Mechanisms – the Whys
PART 2: Mechanisms – the “Whys”
PART 2: Mechanisms – the “Whys”

- Developmental Context
- Toxic Effects of Substance Use
- Rewarding Effects of Substance Use
- Balance between Risk and Reward
- Motivation, Goal-setting and Academic Behaviors
- Sleep
Risk-taking is developmentally normal during adolescence, or even earlier...
1. Direct “Toxic” Effect

Substance use is associated with attention problems, sleep disturbances, and other cognitive deficits, making classroom learning, studying and homework more difficult.
How does drug use have a negative impact on academic performance?

2. “Hijacking” of Brain Pathways that Involve Appraisal of Reward

Substance use “hijacks” reward pathways in the brain. Academic pursuits become less meaningful as drugs become more valued.
"We found that youths with consistent ‘E’ values, in all five assessments, were an estimated nine times more likely to try cocaine by young adulthood as compared to youths who consistently placed themselves at the lower end (‘A’ position) of the wall values."
What peers think, say and do compounds risk-taking – Experiments show that adolescents can behave “adult-like” in the absence of peers.
Deviant peer affiliation compounds substance use problems – having peers that also do not care about academic pursuits makes learning problems worse and encourages more substance use.
Parents matter too... parents who disapprove of early drinking and set zero tolerance limits on alcohol use during adolescence reduce their child’s chances of alcohol problems later in life.
Substance Use, Mental Health, and Student Outcomes

Intermediary Processes
- Skipping Class
- Less Studying Hours
- Decreased Motivation
- Poor Quality/Less Sleep
- Cognitive Problems

Short-term Manifestations
- Declining GPA
- Dropping Classes
- Lost Opportunities (internships, work, special studies)

Long-term Outcomes
- Delayed Graduation
- Failure to Graduate
- Attenuation of Goals
- Lack of Readiness for Employment
- Underemployment

Alcohol Use
Drug Use
Mental Health

Substance Use, Mental Health, and Student Outcomes
Academic Behaviors
Time Spent Studying, by High-Intensity Drinking

- **High-intensity drinkers**
- **All others**

Source: College Life Study, unpublished data. Do not use without written permission from Amelia M. Arria
Time Spent Studying, by Frequency of Illicit Drug Use

Source: College Life Study, unpublished data. Do not use without written permission from Amelia M. Arria
Nonmedical Use of Prescription Stimulants
Research shows that nonmedical stimulant users spend less time studying, skip classes more often, and earn lower grades.
Nonmedical prescription drug use is strongly associated with alcohol and other drug use.
Nonmedical Use of Prescription Stimulants for Studying

- Marijuana Use
- Marijuana Dependence
- Skipping Class
- Academic Performance

Time
SLEEP!
Poor sleep

- Poorer negative moods
- Higher levels of stress
- More physical illness
- Use of prescription, OTC, and other drugs
- Drinking more alcohol

Loss of sleep

Caffeine Use

Poor Sleep

Alcohol and other drug use
“Well-rested students perform better academically and are healthier physically and psychologically.”

“Losing sleep can have the same effects on your grades as binge drinking and chronic marijuana use.”
In summary, the relationship between substance use and academic outcomes is strong and compelling, but it’s complex!
Substance use directly and indirectly contributes to academic problems.

- **Individual**
  - Conduct Problems
  - Deviant Peer Affiliation
  - Impulsivity/Attention Problems

- **Parent**
  - Parental Permissiveness Regarding Substance Use
  - Low Parental Involvement in Academics

- **School**
  - Lack of School Resources
  - Poor Bonding to Teachers
  - Disengagement from School

- **Academic Failure**

- **Dropout**

Substance use directly and indirectly contributes to academic problems.
PART 3:
Moving Upstream: Strategies and Solutions
PART 3: Moving Upstream – Strategies and Solutions

- General Principles
- Addressing “Hardware Issues”
- Addressing “Software Issues”
- Addressing Connectivity
General Principles

- Think big... solutions need to be matched to the challenge.
- Start with a big idea and a small demonstration of successes.
General Principles

- Identify successful models... practice-based evidence.
This year, Newsweek sought to recognize schools that beat the odds, performing better than statistically expected for their level of poverty. For this list, we ranked schools on how well they prepare their students for college, taking students’ socio-economic background into account. A 🟦 next to a school’s name means that low-income students are scoring at or above average on state assessments. This is our way of recognizing schools that narrow the achievement gap.
Common denominators of BTO schools:

- connecting with and engaging students;
- engaging parents and community members to support school efforts;
- providing interventions and supports to students at risk of dropping out;
- creating a culture of accountability and high expectations.
General Principles

- Measure and test models, use evaluation data to think critically about the strategy.
PART 3: INNOVATIVE STRATEGIES AND SOLUTIONS

a. General Principles
b. Addressing “Hardware” Issues
c. Addressing “Software” Issues
d. Addressing Connectivity Issues
Leadership!

Tune in this Tuesday, June 10, to the Office of National Drug Control Policy (ONDCP)’s live video stream of the Academic Achievement Summit. ONDCP and the Department of Education are teaming up to explore how substance abuse affects academic achievement, with the goal of catalyzing action, especially at the local level.
Universities need to set a culture of high expectations. We need to get students to see the value in not only learning something new, but knowing how to ask a good question.

**We don't want students to just survive, but we want them to become the very best.**

In the classroom, can students explain concepts with clarity?

Can we build engagement in the classroom as well as in the campus community? Can we build communities among students, and provide more opportunities for experiential learning?

Dr. Freeman Hrabowski, Ph.D.
President, University of Maryland Baltimore County
A 2010 study of 351 colleges and universities found that:

- 58% of college administrators had reviewed the recommendations, but 1 in 5 were not aware that recommendations had been made.

- 98% of colleges and universities offered alcohol education programs, but less than half required students to complete it.

- Only half of schools offered intervention programs that were empirically supported.

www.marylandcollaborative.org
Create a system for screening, identifying and intervening with college students with different levels of alcohol involvement.
Break disciplinary boundaries

• Bring educational professionals together with substance use experts to facilitate a dialogue regarding strategies to promote student success.

• Build “a coalition of the willing” with top-level support and to implement and evaluate innovative strategies to reduce substance use as a way to promote student success.

• Engage employers and members of the larger community to communicate the message to students that substance use is inconsistent with successful careers.
PART 3: INNOVATIVE STRATEGIES AND SOLUTIONS

a. Addressing “Hardware” Issues
b. Addressing “Software” Issues
c. Addressing Connectivity Issues
Implementation of Specific Strategies

• Screen at multiple touchpoints, expanding role of academic assistance centers.

• Include careful assessment of alcohol and drug use and associated risk factors for “disengagement” (e.g., academic behaviors like skipping class, conduct problems, impulsivity).

• Design new individualized approaches to intervening with high-risk students

• Involve parents
Expand Role of Academic Assistance Center professionals

- Screen
- Identify
- Intervene
- Monitor
Top self-identified reasons for poor academic performance (ACHA, 2012)

- Stress: 27.5%
- Sleep: 19.4%
- Anxiety: 19.1%
- Cold, Flu, Sore Throat: 16.4%
- Work: 13.3%
- Internet Use/Games: 12.4%
- Depression: 11.9%
- Concern for friends, family: 11.0%
- Relationship Issues: 10.5%

*Where’s alcohol, drug use?*
“Connect the dots” between substance use and academic behaviors (e.g., skipping class, GPA)
Use technology creatively to track academic progress and facilitate outreach to at-risk students
Facilitate self-reflection of changing aspirations and diffusion of goals

• Develop confidential methods for “electronic student records” which facilitate self-reflection of student progress and changing goals and aspirations.

• This might help track student progress toward goals and draw connections between individual behaviors and achievements (or becoming de-railed).
Baseline Goal Appraisal

Baseline Goals: Plans for accomplishments during and after college

Goal Attributes:
- Present or Absent
- Tentative or Firm
- Nonspecific or Specific
- Ambitious or Modest

Developmental processes during college

Goal Follow-through
- Persistence
- Empowerment
- Inspiration

Goal Development
- Disempowerment

Goal Attenuation
- Lack of Focus
- Disillusionment

Possible Outcomes
- Existing goals maintained
- Refinement might have occurred
- New goals developed where none previously existed
- Includes substantial increases in scope or confidence in attaining earlier goals
- Baseline aspirations reduced in scope and/or confidence
- Significant spread in the focus of baseline goals with little noted accomplishment
- Baseline aspirations completely abandoned
In the fourth year of our study, we asked our participants...

“What were the negative influences or barriers to accomplishing what you wanted to achieve?”

The most common barrier to achieving their goals was a category we named “internal barriers”, with 28% citing themselves as a reason.

These items centered around laziness or motivation problems.

“The freedom I have in college makes me lazy.”
“Despite all of my planning, I am still kind of lazy.”
“Lack of motivation”
“Wanting to goof off instead of work”
“Not wanting to do my work”
“I don’t push myself hard sometimes.”
“The fact that I don’t know a specific goal I want to go towards.”

Laziness was mentioned directly in 7.0% of the responses.

Source: College Life Study, unpublished data. Do not use without written permission from Amelia M. Arria
“What were the negative influences or barriers to accomplishing what you wanted to achieve?”

The second most common category was “Friends” (23.3%).

“I think my friends engage in too much marijuana smoking to be beneficial to me or them. I have to decide now to stop hanging out with them or tell them to stop smoking.”

“With friends, there is always an activity going on to distract you.”

“Drama with friends takes away from my focus.... My friends are my biggest obstacle to staying focused.”

“I live in a party suite. I have lots of friends that party a lot.”

“I joined a fraternity and lived with friends from high school for too long.”

“People who use drugs haven’t helped me. When I hang out with them it gets me off track and I do stupid stuff.”

“The people I went to school with...all they wanted to do was drink, so I got caught up in chaos. My friends on the outside who didn’t go to college were a negative influence because it was “normal” to not go to school.”

“Friends want you to hang out with them and go to parties and forget about school.”

“Friends from different majors have been a bad influence. Business majors party a lot.”

Source: College Life Study, unpublished data. Do not use without written permission from Amelia M. Arria
8.2% mentioned their own alcohol and other drugs as a barrier.

About the same number mentioned the college social scene (8.0%) but not AOD specifically.

Combining those 2 categories, assuming that AOD was implied in most of the social scene comments, 14.7% cited AOD directly or indirectly as a barrier.

“The temptation to go out and party.”
“Wanting to just party and have fun all the time.”
“Drinking—in my own apartment, I find it easier to just forget it all, and not study when I need to sometimes.”
“Anxiety, depression, family problems, boyfriend problems, too much drugs and alcohol.”
“My siblings like to make me party a lot. They are really not kind to my liver.”
“I work at a bar, and most of the people I work with keep me from doing work. The managers have finished college and party nightly.”
“Drugs, alcohol, partying—but I can have them in moderation. Smoking after my work is done is OK.”

Source: College Life Study, unpublished data. Do not use without written permission from Amelia M. Arria
Move from a “threshold model” to a “personal best model” to intervene with students at academic risk

1. Choose a particular student population of interest

2. Calculate the standard deviation of changes in GPA from one semester to the next.

3. Flag students whose change in GPA moves more than two standard deviations.

4. Proactively reach out to students who meet this criteria.
Design new individualized approaches to intervening with high risk students
Example Program

Screening

Screening (AUDIT/CUDIT) at a computer kiosk before tutoring appointment

Brief Intervention

Email follow-up based on screener scores with links to appropriate interventions

Referral for Treatment

Respondents who score 20+ on AUDIT or 12+ on CUDIT—referral to Counseling Center
Screening

Score <8 on AUDIT/CUDIT-R
- No Intervention

Score 8-19 on AUDIT
  <8 on CUDIT-R
  eCHUG and eTOKE

Score 8-11 on CUDIT-R
  <8 on AUDIT
  eCHUG and eTOKE

Score 8-19 on AUDIT
  8-11 on CUDIT-R
  eCHUG and eTOKE

Score 20+ on the AUDIT
  12+ on CUDIT-R
  Counseling Center
Proactively Engage Parents on an Ongoing Basis

• Develop new ways for parents to become appropriately involved as their student makes the transition to college.

• During college, establish learning opportunities for parents to detect problems and intervene appropriately.

• Employees of institutions of higher education ARE parents. Disseminate information on substance use/mental health among youth through human resource employee listservs.
Getting them to college is just the beginning...
With good communication you will guide them through it.

Your child still needs your guidance to navigate the obstacles standing between them and their diploma. Excessive drinking can be one of the biggest. It is a serious problem that undermines students' health, safety, and academic success, for both themselves and their fellow students. Parents like you can help students avoid such problems... And keeping those lines of communication open is where you start.

6 HIGH RISK DRINKING SITUATIONS TO TALK ABOUT

7 TIPS FOR GOOD COMMUNICATION
High Risk Drinking Situations To Talk About

Click on the image

Spring Break

Off-Campus Housing

What situations would you like to see?
What topics are you concerned about?
Click here to let us know and subscribe to get updates!
Tools and scripts to improve communication with your college student

home  who we are  topics  communication tips  faqs  contact us

Why is This Important?

Birthdays are a joyous time for everyone involved in the celebration. Because the 21st birthday marks a change in legal drinking status, more than 80% of college students report drinking alcohol while celebrating their 21st birthday. A popular trend among college students to commemorate this day is to drink 21 alcoholic drinks.

Another trend is to make "shot books" that encourage taking a shot with 21 friends who are each commemorated with pages in the book. One study reported that 35% of female and 49% of male 21st birthday drinkers had a BAC of .05 or higher. Almost half of 21st birthday drinkers drank more than they ever had before. Drinking that much alcohol is extremely dangerous and can lead to serious health consequences, like alcohol poisoning and death. It's important to talk to your child about celebrating their 21st birthday safely.

21st Birthday

Say this

"Are you excited for your birthday? Do you have anything fun planned?"
Talk with your child BEFORE they turn 21 since most people make birthday plans in advance. One simple way to start a conversation is just to inquire about their plans.

"I was very upset to read that some celebrate this birthday by drinking 21 drinks. That is a way to seriously injure yourself or overdose on alcohol."
When talking to your child there are a few things you can say to highlight your child's safety.

"Why don't you celebrate with your friends over dinner?"
Food is a great way to fill up your stomach on something other than alcohol, and it slows alcohol absorption. Suggest that your child go out to dinner.

Not this

Don't tell "war stories."

Don't assume your child is going to drink excessively or even take 21 shots. "I know you're going to drink 21 shots. Don't do this."

Don't encourage reckless celebration or imply that being intoxicated on a 21st (or any) birthday is a rite of passage. This gives the message that high-risk drinking is OK. Make sure you encourage good decision-making and discourage risky drinking. If you say "You only turn 21 once, go crazy!" they will listen and not be cautious when celebrating.

Don't send mixed messages. Saying "I know you're not going to remember your 21st birthday, but try to be safe anyway," encourages drinking and can be seen as an expectation for their 21st birthday. Encouraging your child to be safe while assuming that they will make irresponsible choices can be confusing and doesn't support safe drinking behaviors.

Scientific References


Disclaimer: Unfortunately, even with the "best" parenting practices, there is no guarantee that students will refrain from starting to use drugs or alcohol, developing a drug problem, or even worse, experiencing serious drug-related consequences. Conversely, the worst of circumstances does not necessarily predispose one to a life of addiction.
1. Don't be afraid to start the conversation.
   Talking about drinking need not be taboo. “Detoxify” the topic. You can assume that your child has experience with high-risk drinking situations. Even if your child doesn't drink, they most likely know people who do and/or they have been offered alcohol. This website provides you with ideas on “starting points” for conversations, but it is OK to be more direct and ask about opportunities they might have had to drink or situations where drinking occurred. By asking open-ended questions, your child will be prompted to give more information in his/her answer rather than a simple “yes” or “no”. This is a great way to keep the conversation flowing. They'll be more likely to disclose what happened if you don't interrupt them or react with shocked facial expressions. By paraphrasing what they say, you show that you are really listening and want to hear and understand what they have to say. Be willing to accept without argument when they correct your paraphrased version or “justify” or “minimize.” That’s your opportunity to ask for clarification. You’re just trying to get a conversation going and learn more.

2. As a parent, you are allowed to disapprove of drinking.
   Give yourself permission to disapprove.
   Research has shown that parents who communicate zero-tolerance expectations around alcohol are much less likely to have children who drink excessively during college than parents who have permissive attitudes. Therefore, it’s OK to be a parent and take a stand—and not be “chummy” around this issue. It’s important that your child clearly understands where you stand, even if they might not agree with you. It’s your voice—and your words—that will play in their head when they are faced with a tough situation around high-risk drinking. And they can use your message when they refuse to drink. In other words, it’s OK for you to be the “bad guy” if it helps your kid save face when he refuses a drink. Your message should be clear: no alcohol is best, and certainly not excessive amounts even when they are of legal age to drink.

3. Banish any fear that your disapproval is naive.
   There is nothing naive about disapproving of your child’s drinking—although it might be naive to expect that your son/daughter won’t ever drink (or ever drink too much) just because you’ve stated your disapproval of them drinking. Many college students do experiment with drinking, but your stance on the matter can still have a powerful impact on when, where, and how it happens. And if they do have negative experiences along the way, your warnings make you look like a genius without ever having to say “I told you so.” Furthermore, you can have it both ways—that is, you can both say they shouldn’t drink and keep the door open for future discussion about drinking experiences, because you know that, most likely, they will have opportunities to drink anyway (at least eventually). Follow-up debriefing conversations are very powerful, as you can show that even if they don’t always follow all of your advice all the time, you still want to hear honestly how things are going.

4. Focus on one message during the conversation.
   This is also known as the “pick your battles” principle. When you are having a conversation about something related to alcohol, it’s not a good idea to let the conversation wander to a different topic. Now is not the time to remind them to call their grandmother, or to check their schedule for their sister’s birthday celebration. Don’t allow your message to get lost in the blur of “laundry list” demands. Stick to your message. Choose a time and place that lets you minimize potential distractions from other family members or work. Silence your mobile devices—better yet, leave them in another room. Focus on talking to your child only. Otherwise, they won’t be getting the full impact of the conversation, and you might skip important things you want to say.
PART 3: INNOVATIVE STRATEGIES AND SOLUTIONS

a. Addressing “Hardware” Issues
b. Addressing “Software” Issues
c. Addressing Connectivity Issues
Strengthening within-campus connectivity
Strengthening external connections
Strengthen collaborative relationships between schools and community-based clinicians
active minds
changing the conversation about mental health
National Day Without Stigma

www.activeminds.org
Empower teachers: **Build their knowledge base**

*Schools of Education rarely require coursework related to child development, neurodevelopment, assessment methods for high-risk behaviors, or ways of managing parental involvement.*

- Develop coursework modules for schools of education to improve the knowledge base for future teachers.

- Offer professional continuing education courses for existing teachers (e.g., new research on child development, neuroscience).

- Advocate for enhancements to the required curriculum.
Involve alumni

• Leverage opportunities with alumni to discuss the possible impact of AOD/mental health on student success to rally support from them to enhance/expand capacity to implement innovative solutions.

• Facilitate similar interactions with alumni networks.
Involve potential employers

Proactively engage local and national businesses in the discussion – during job fairs, sponsor talks by CEOs to get the message to young people about what they are looking for in potential employees...

Are you motivated... cognitively strong?

Do you know how to ask the right question?

Do you know how to seek help when needed?

And that alcohol and drug use will not be part of the road to a successful career at their company.
Expand and promote collegiate recovery communities
Interlocking Dimensions of Student Success

- Cognitively Strong
- Motivated
- Supported
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