

# **2020 Drug-Free Schools and Campuses Regulations**

## **[Edgar Part 86] Biennial Review**

Academic Years 2017-2018 & 2018-2019

Washington State University

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# Washington State University (WSU) Drug-Free Schools and Campuses Regulations [EDGAR Part 86]

## Alcohol and Other Drug Prevention Certification

The undersigned certifies WSU has adopted and implemented an alcohol and other drug prevention program for its students and employees which, at minimum, includes:

1. The annual distribution to each employee, and to each student who is taking one or more classes of any kind of academic credit except for continuing education units, regardless of the length of the student's program of study, of:
  - Standards of conduct which clearly prohibit, at a minimum, the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees on its property or as part of any of its activities
  - A description of the applicable legal sanctions under local, State, or Federal law for the unlawful possession or distribution of illicit drugs and alcohol
  - A description of the health risks associated with the use of illicit drugs and the abuse of alcohol
  - A description of any drug or alcohol counseling, treatment or rehabilitation or re-entry programs available to employees or students
  - A clear statement that the institution will impose disciplinary sanctions on students and employees (consistent with State and Federal law), and a description of those sanctions, up to and including expulsion or termination of employment and referral for prosecution, for violations of the standards of conduct. A disciplinary sanction may include the completion of an appropriate rehabilitation program.
2. A biennial review by the institution of its alcohol and other drug prevention comprehensive program to:
  - Determine its effectiveness and implement changes to its comprehensive alcohol and other drug prevention program and policies, if they are needed
  - Ensure its disciplinary sanctions are consistently enforced.

Mary Jo Gonzales

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# Introduction

Drug-Free Schools and Communities Act (DFSCA) was amended in 1989 to include institutions of higher education (IHE). To receive funds (or any other forms of financial assistance under any Federal program), DFSCA requires IHE to certify they have adopted and implemented a Drug & Alcohol Abuse Prevention Programs (DAAPP), in order to prevent “unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees.”

Washington State University (WSU or the University) is committed to maintaining an environment that supports the health and well-being of its community members, while discouraging the illicit use of drugs and alcohol. The University demonstrates this commitment through the continuous development of policies, programs, and services which support healthy lifestyles. The intent of this document is to meet the legal requirements of conducting a biennial review and summarize the various activities and AOD prevention programs which occurred on the WSU campuses.

## Biennial Review Process

**Time Frame of the Review:** Academic Years 2017-2018 & 2018-2019. The review process began spring semester 2020 and ended fall semester 2020.

**Data:** The participants and their departments listed below (primary and contributing authors) collected and assessed data and policy/procedure information from their respective departments. This information and supporting documents were provided to primary authors. The information was drafted into the WSU DFSCA and submitted for final review by primary authors. Past reports are kept for a minimum of 3 years and are available upon request to Cougar Health Services – Health Promotion.

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Office for Civil Rights and Compliance

Athletics Department

Investigation (CRCI)

Global Learning Programs

WSU Police Department

## Annual DFSCA Report Notification Policy

The Biennial Review is distributed through:

1. WSU campus-wide notice of print and digital report availability
2. Past reports are available upon request to Cougar Health Services – [Health Promotion](#)

## Annual Drug and Alcohol Policy Notification Process

As a requirement of these regulations, WSU is to disseminate and ensure receipt of the below policy/information to all students, staff, and faculty on an annual basis. Digital delivery of the Alcohol and Drug policy and the DAAPP programs goes directly to individual WSU students and electronic communication is one of the university's primary modes of communication. This process is formally conducted by:

1. Digital annual notifications sent directly to individual WSU email accounts by the WSU Student Affairs Communications department.
2. Ongoing annual digital notification on WSU websites by the WSU Student Affairs Communications department, including the [Center for Community Standards](#), [Human Resources](#), [Athletics Student Athlete Handbook](#), [New Student Programs – ALIVE](#), and [Cougar Health Services – Health Promotion](#).
3. [Annual Security and Fire Report](#): Annual Security Reports are available to all enrolled students online (printed copies are available upon request), and each year's publication is communicated to all enrolled students via email. Ongoing digital distribution and print distribution in fall and spring semesters available to all enrolled students. Report contains a full description of WSU Alcohol and Drug policy information including aim of

the policy, statement of enforcement, substance use and recovery support information, health risks associated with substance use, and WSU expectations for substance use.

4. Digital copies of the WSU Drug and Alcohol Policy available to:

- All students, who enter the institution after the policy is distributed, via the Annual Security/Fire Report and via the Financial Aid Department
- Students, who sign a housing contract with Residence Life for on-campus housing
- Students, who take classes online through [Global Campus](#)
- [Graduate Students](#)
- Global Learning Programs: Presentation for [students attending education abroad](#) and mandatory online pre-departure orientation

# WSU Policy Content

WSU has created drug and alcohol abuse prevention education and training programs and policies to aid in establishing the campuses and worksites from illegal use, possession, or distribution of alcohol or of controlled substances. The unlawful manufacture, distribution, dispensing, possession, use or sale of alcohol or of controlled substances by WSU employees and students in the workplace, or on WSU premises, at official WSU functions, or on WSU business is prohibited. Employees and students shall not use illegal substances or abuse legal substances in a manner that impairs work performance, scholarly activities, or student life.

## WSU Alcohol and Drug Policy

*(Read the full [WSU Alcohol and Drug Policy](#))*

### *University's expectation for use of alcohol:*

The legal age for individuals to consume alcohol in the state of Washington is 21. Those who consume, possess or distribute alcohol while not of legal age (21) to do so will be in violation of the Standards and WSU's Alcohol and Drug Policy. Prohibited alcohol and drug use is also defined in the [Washington Administrative Code \(WAC 504-26-211 and WAC 504-26-212\)](#). In addition, students of the legal age of 21 who choose to drink alcoholic beverages are expected to do so responsibly and according to the policies and regulations of their living environment (i.e., residence halls, Greek residences, campus apartments, etc.) (Environmental strategy and universal intervention; CollegeAim ENV 11).

### *Policy Summary*

1. **WSU Alcohol and Drug Policy:** Campus and local police will enforce all Washington State laws pertaining to drugs and alcohol, and the Center for Community Standards (CCS) will follow procedures outlined in Standards of Conduct for Students (WAC 504-26) when violations occur. Students of legal age who choose to drink alcoholic beverages are expected to do so responsibly and according to the policies and regulations of their living environment (i.e., residence halls, Greek residences, campus apartments, etc.). The [WSU Alcohol and Drug Policy](#) prohibits:
  - Distributing alcohol to anyone under the age of 21.
  - Drinking or possessing alcohol if under the age of 21.
  - Drinking or possessing alcohol and/or drugs (regardless of age) when prohibited at the location.

- Using, manufacturing, or possessing drugs (marijuana, narcotics, or other controlled substance) and drug paraphernalia (pipes, bong, scales, cigarette papers, etc.).
- Drinking alcohol at a sponsored event on any University without an alcohol license or banquets permit.
- Over-consuming alcohol or being intoxicated in public

2. **Federal Drug Free Campus Policy:** Use of marijuana and other controlled substances

- The use, possession, manufacture, or distribution of marijuana and other controlled substances anywhere on campus is prohibited by federal law and is a violation of the [Standards of Conduct for Students](#). The Standards of Conduct may also apply to off campus behavior.
- Medical marijuana use is also prohibited on campus, including in campus housing. All questions regarding the reasonable accommodation of medical conditions, including conditions treated with medical marijuana, should be directed to the [Access Center](#) at 509-335-3417.
- Resources available:
  - i. Please access the [Cougar Health Services](#) website for a listing of WSU resources and services available to students
  - ii. [Center for Community Standards](#) also provides a resource list on their website.

3. **Tobacco Free Campus Policy and Regulation** ([WAC 504-38-020](#)):

- Washington State University Pullman acknowledges the findings of the United States Surgeon General that tobacco use in any form, active and passive, is a significant health hazard. The university further recognizes that the United States Environmental Protection Agency classifies environmental tobacco smoke as a class A carcinogen.
- In light of these health risks, and in support of a safe and healthy learning/working environment, WSU Pullman establishes the restrictions in this section, [WAC 504-38-010](#), and [WAC 504-38-030](#), otherwise collectively referred to as the WSU Pullman tobacco and nicotine use policy. Washington state law prohibits smoking in any WSU owned, leased, or rented public place or place of employment. All WSU campuses each restrict tobacco and nicotine use on respective campus.
- Specifically, no smoking is permitted on the WSU Pullman campus including buildings, residence halls, and apartments. WSU Pullman's campus policy in

Washington Administrative Code (WAC) Chapter 504-38 prohibits all forms of tobacco and any nicotine-delivery devices, including electronic cigarettes or vaping devices, in or on WSU Pullman campus grounds and state-owned vehicles and equipment. This includes non-contiguous WSU-owned property located within the city limits of Pullman, WA and within Whitman County.

- WSU employees, students and visitors are responsible for complying with Washington state law (RCW Chapter 70.160, Clean Indoor Air Act) and any applicable campus tobacco and nicotine use policy, referenced above.
4. **Athletic Event consumption or possession** (Environmental strategy and universal intervention; CollegeAim END 3, 11, 17, Higher to moderate effectiveness): Alcoholic Beverages at Concerts or Athletic Events Consumption or possession of alcohol in public areas of any University-owned or controlled property is prohibited except when those who are 21 years of age or older are participating in a sponsored event for which there is an alcohol license or banquet permit.

## Center for Community Standards

*(Read the full [WSU Alcohol and Drug Policy](#) and [Standards of Conduct for Students](#))*

### *About the Center for Community Standards*

The Center for Community Standards (CCS) is committed to providing experiences for students to help them succeed. All students are expected to contribute to a safe, healthy, and inclusive campus. CCS is here to help guide and correct behaviors which may not align with our values. CCS challenges students to make better choices with opportunities for educational and personal development, and accountability.

The Center for Community Standards:

1. Supports students
2. Upholds their rights and responsibilities
3. Holds students accountable for behavior that does not meet the community expectations. (Environmental strategy and universal intervention; CollegeAim ENV 11)

# Emergency Services and Disruptive Situations

*(Includes substance use)*

## *Annual Security and Fire Report:*

Policy, procedure, and resource descriptions.

*Good Samaritan Policy (Universal and selected intervention; CollegeAim ENV 5 and IND 23, Unable to rate effectiveness and higher effectiveness, respectively):*

Seeking assistance for intoxication. In order to ensure that students receive prompt and appropriate attention for alcohol and drug intoxication, and to ensure there are no impediments to seeking such assistance, WSU instituted a [Good Samaritan guideline](#) in 2010.

*Safety Policies and Procedures Manual - Responding to an emergency situation (Injured, incapacitated, or unresponsive person):*

Upon notification or observation of an injured person, employees are to notify emergency medical services (EMS) by calling 911.

*Faculty guide for disruptive behavior: Student Care Network*

Disruptive behavior in the classroom and disruptive behavior requiring a response.

## *Student Care Network Report:*

The [Student Care Network](#) report is an online form that generates an email to the following offices: Dean of Students, Cougar Health Services, Residence Life, Center for Community Standards, and the Office of Compliance and Civil Rights. All submitted Student Care Network reports are reviewed by the staff receiving the report. A representative from the Office of the Dean of Students will contact the reporter (if they provide their contact information) to gather additional information, consult about the situation, and determine next steps. The goal of this conversation is to determine the best way to help connect the student with resources that can support their success without causing additional stress for the student (includes substance abuse concerns).

## *Global Campus:*

Safety is the responsibility of every member of the campus community and individuals should know the appropriate actions to take when an emergency arises, including substance use emergency situations. In support of our commitment to the safety of the campus community, the University has developed a Campus Safety Plan. It is highly recommended for Global Campus

students to visit the Office of Emergency Management website to become familiar with the information provided as well as the site for WSU branch campuses.

## Federal Student Financial Aid Penalties for Drug Law Violation

Student eligibility might be suspended if the drug offense occurred while receiving federal student aid (grants, loans, or work-study). When completing the [FAFSA form](#), students are asked whether a drug conviction for an offense occurred while receiving federal student aid. If the answer is yes, students will be provided a worksheet to help determine whether the conviction affects eligibility for federal student aid.

If there is a conviction of a drug-related offense after submission of the FAFSA form, a student might lose eligibility for federal student aid, and might be liable for returning any financial aid received during a period of ineligibility. If a student loses eligibility, there are ways to regain eligibility. Here is more information about the [FAFSA and drug law violations](#).

## Drug Free Workplace Policy

*(Read the full [Drug Free Workplace Policy](#))*

WSU has developed programs to prevent unlawful possession, use, and/or distribution of illegal drugs and alcohol by employees, [Executive Policy #20](#).

1. The teaching, research, and public service missions of WSU must be consistent with state and federal laws concerning controlled substances. Thus, a policy statement and education and training program have been developed to ensure students, faculty, and staff employees do not use any controlled substances in the workplace. The WSU Drug-Free Workplace Policy and supporting programs are in compliance with the Drug-Free Workplace Act of 1988.
2. WSU Human Resources Alcohol and Drug Abuse information for all employees, including Pullman campus off-site employees, is available online and through departmental new employee orientation:
  - As part of their new employee orientation, all employees receive the Alcohol and Drug Abuse Policy #20 and information on the Employee Assistance Program.
  - WSU policy on the permitted use and enforcement of alcohol laws and statutes on all WSU properties statewide: Alcohol and Drug Abuse Policy, [Executive Policy #20](#).

- Guidelines and potential legal sanctions for dealing with alcohol and drug abuse in the workplace: [Alcohol and Drug Abuse Managers Guideline](#)
3. Alcohol is prohibited in the workplace (WAC 296-800-11025) with the following exceptions:
    - The event takes place before or after work hours.
    - Employees are not required or ordered by their employer to attend the event.
    - Employees are not compensated for any of their time while attending the event.
  4. For substance use concerns, WSU Employees have access to the [Employee Assistance Program](#) (EAP) for [mental health services, evaluation, and referral](#).

## Request to Serve Alcohol Policy

*(Environmental strategy and universal intervention; CollegeAim ENV3, 11, 17)*

1. Consumption or possession of alcohol in public areas of any University owned or controlled property is prohibited except when those who are 21 years of age or older are participating in a sponsored event for which there is an alcohol license or banquet permit.
2. Registered Student Organization (RSO) events: As per WSU policy, the approval process to serve alcoholic beverages at RSO events is conducted by the Office of Student Involvement.
3. Serving alcohol is governed by the following policies:
  - When WSU events are held at private venues, individuals may purchase spirits from private vendors.
  - When private parties rent WSU facilities including those in the Compton Union Building (CUB), beer, wine and distilled spirits may be served in accordance with state law.
  - [WSU CUB scheduling office](#):
    - i. Event food and alcohol policies. All catering in the CUB event/meeting spaces will be provided by University Catering.
  - Alcohol will not be served at WSU events held at WSU facilities during regular business hours (8:00 a.m. – 5:00 p.m., Monday through Friday).
  - On football and baseball game days, the following policies will be followed:

- i. Beer, wine, and distilled spirits sales and service will begin no earlier than three hours prior to kickoff or first pitch, and will end no later than the end of the game. Plans for alcohol sales and service in all locations are subject to review and approval by the President or the President's designee prior to initiation.
  - ii. Identification will be checked for everyone who is served or purchases alcohol at any University facility or event site and individuals who are 21 or older may be issued a wristband or other suitable designation that they are of legal drinking age. In the absence of such designation, identification will be appropriately checked for all purchases or service of alcohol.
- Permit/License for Each Event:
  - i. Purchase a separate banquet permit or special occasion license for each event at which alcoholic beverages are served.
- Obtaining Banquet Permit:
  - i. The unit must purchase the banquet permit at least three days before the event. Banquet permits are available to order from the [WSLCB](#) website.
  - ii. A purchasing card must be used to obtain the online banquet permit. The WSLCB accepts only credit or debit cards for this service. NOTE: Purchasing cards may not be used to purchase special occasion licenses. The cost for a banquet permit must be charged to an account in programs 09G, 14L, 17A, 17C, 17F, or 17G only. A state-supported account may not be used to purchase a banquet permit.
- Banquet Permit Application – A WSU administrator or employee completes the online permit application. The information below is required to complete the permit application:
  - i. Name of department
  - ii. Name, telephone number, e-mail address, and home address of the person responsible for arrangements
  - iii. Date, beginning time, and ending time for the occasion
  - iv. Location of the event, including address, building, and room number
  - v. Purpose of occasion
  - vi. Number of attendees
  - vii. Number of attendees under age 21

- viii. Whether or not attendees will bring their own liquor
- ix. Name, address, and telephone number of caterer (if event is catered)
- WSU Approval:
  - i. A WSU unit administrator responsible for the location where the event occurs signs the permit application. The unit administrator may authorize a subordinate employee to sign the form.
- Permit Issued and Posted:
  - i. The WSLCB issues the banquet permit to the WSU unit. The unit displays the permit at the event.
- Only the following types of accounts, with indicated limitations, may be used to purchase alcoholic beverages:
  - i. Accounts in programs 09G or 14L (conference accounts). Only the conference account designated to pay costs of the event may be charged for the alcoholic beverages. Any income must be deposited back into that account.
  - ii. Certain accounts in program 17A (discretionary funds). If the expenditure is from a discretionary account, the item purchased must conform with the donor's intent as documented on an Establishment of Fund form (see [BPPM 30.75](#)).
  - iii. Accounts in program 17C (agency accounts), 17F (WSU Foundation), or 17G (Alumni Relations).
  - iv. Other accounts if the beverage is to be used for food preparation, e.g., state supported accounts.

## Ordering Alcohol Beverages Policy

*(Fiscal policy about spending University money on alcohol)*

1. Alcoholic beverages may be purchased with University funds if established University and state of Washington procedures are followed (also see [Executive Policy #20](#)).
2. If an event is held out-of-state for which alcohol is purchased with University funds, that state's procedures for purchasing and serving alcoholic beverages must be followed, in addition to established University procedure.

## WSU Tailgating Policy

*(Read the full [WSU Tailgating Policy](#))*

Alcohol consumption or open container in public is prohibited (see [City of Pullman ordinance, 5.55.010](#)).

1. 5.55.010 Alcohol Consumption or Open Container In Public – Prohibited. It is unlawful for any person to consume any beer, wine, or any other intoxicating liquor, or have in his or her possession any opened containers or receptacles containing any beer, wine, or any other intoxicating liquor on any sidewalks, streets, or public place within the city or in any vehicle parked or moving on public streets, or at any other place within the city other than a private residence or upon premises licensed for the sale and consumption of beer or liquor or upon premises whereon beer or intoxicating liquor is sold by a license under the laws of the state. (Ord. 07-18 §2, 2007).
2. 5.55.020 Violation – Penalty. A first violation of this chapter shall be a Class 1 infraction, punishable by a penalty of not less than \$250.00. For each repeat violation of this chapter, the penalty shall be not less than \$500.00. (Ord. 07-18 §3, 2007)

## University Recreation Policy

*(Read the full [University Recreation Policy](#))*

1. Use or possession of alcoholic beverages are prohibited in University Recreation facilities. Intoxication or appearance of intoxication will be grounds for immediate removal from the facility. Drugs and alcohol are not permitted in WSU vehicles/vessels or at campsites (or other accommodations) at any time.
2. Depending on the severity of infraction of rules and policies, a range of disciplinary actions may take place from a verbal warning to removal from activity, contacting local authorities, and the Center for Community Standards.

## Housing and Dining Policies for Alcohol and Alcohol Containers

*(Environmental strategy and universal intervention; CollegeAim ENV 11)*

1. **Alcohol:** Alcoholic beverages may not be possessed and/or consumed in alcohol-free communities and/or by minors. Consumption of alcoholic beverages may only occur in other communities by those aged 21 or over in the privacy of their own room or in the room of another legally aged resident, behind closed doors. Residents who drink illegally and behave irresponsibly may face disciplinary action. Individual residents are held

accountable for the actions of all their guests. Open containers of alcoholic beverages are not allowed in any public areas including lobbies, lounges, hallways, stairways, elevators, laundry rooms, study rooms, and restrooms. Bulk alcohol, including “spodies,” “party balls,” and/or “kegs” in any form or container, is not allowed.

2. **Alcohol Containers:** Only individuals over the age of 21 may possess alcohol containers. If you are under of the age 21, you cannot have empty alcohol bottles/cans including those used for decorations, display, or have been repurposed in other ways (e.g. used as a vase for flowers, painted as decoration). Violation of this policy may result in disciplinary action.

## Sexual Assault and Other Violence-Related Policies

*(Related to alcohol and other drug use)*

Annual Security Reports are available to all enrolled students online (printed copies are available upon request), and each year’s publication is communicated to all enrolled students via email. A report of sexual violence can be made to CRCI or the Title IX Coordinator by telephone at 509-335-8288, by email at [crci@wsu.edu](mailto:crci@wsu.edu), or by visiting the CRCI office located in Room 225 of the French Administration Building on the Pullman campus. Additionally, a report can be filed online at [crci.wsu.edu/file-a-complaint](http://crci.wsu.edu/file-a-complaint). Note: In Fall 2020, CRCI changed names to the Office of Compliance and Civil Rights (CCR).

1. [Executive Policy 15](#): Policy prohibiting discrimination, sexual harassment, and sexual misconduct
2. [Office of Civil Rights Compliance and Investigation](#) (CRCI)
  - Resources and Information for WSU Students: Consent and incapacitation due to substance use
  - Global Campus Resources and Information for Students: Consent and incapacitation due to substance use

## Americans with Disabilities Act (ADA)

In accordance with Americans with Disabilities Act of 1990, no individual shall be discriminated against on the basis of disability in the full and equal enjoyment of the goods, services, facilities, privileges, advantages, or accommodations of the University. Further, no qualified individual with a disability shall, by reason of such disability, be excluded from

participation in or be denied the benefits of the services, programs, or activities of the University or be subjected to discrimination by the University. For information regarding ADA accommodations: the WSU [Access Center](#).

## Policy Enforcement and Legal Sanctions

Policies Specific to WSU Students: The WSU Police Department and local police enforce all Washington state laws pertaining to drugs and alcohol, and students may also be subject to disciplinary sanctions enforced by the Center for Community Standards (CCS). CCS will follow procedures outlined in Standards of Conduct for Students, [WAC 504-26](#), when violations occur (See chart on 2017-2018 & 2018-19 Comparative AOD Sanction/Crime statistics in Appendix A).

### WSU Police Department

WSU is committed to enhancing the safety of the students, faculty, staff, and visitors to the Pullman campus. As part of this commitment, the University has a campus safety plan, containing a listing of university policies, procedures, statistics, and information relating to campus safety, emergency management and the health and welfare of the campus community (see [Annual Security and Fire Report](#)).

### Center for Community Standards (CCS)

1. The Standards of Conduct for Students are available in the [Washington Administrative Code 504-26](#) and additional information, policies, and procedures including the [Alcohol and Drug policy](#), are available at [communitystandards.wsu.edu](http://communitystandards.wsu.edu) and [handbook.wsu.edu](http://handbook.wsu.edu).
2. Commonly Assigned Alcohol and Drug Interventions:
  - IMPACT. Students who violate the University's alcohol or drug policies are referred to an educational and intervention program titled [IMPACT](#) which is facilitated by Cougar Health Services.
  - Alcohol and Drug Assessments. Students who have exhausted the intervention options through the IMPACT program may be required to complete an alcohol and/or substance use assessment through a licensed third-party provider of their choice. Students who are required to complete an assessment must both

complete the assessment and any recommended outcomes from determined by the provider, such as Alcohol and Drug Information School, intensive outpatient program, inpatient therapy, etc. For incidents occurring during the 2017-2018 academic year, CCS sanctioned 48 assessments to students and during the 2018-2019 academic year, CCS sanctioned 25 assessments to students.

- Depending on the severity of the violation, students may be asked to complete additional educational sanctions including mentor meetings, research papers, community engagement projects, probationary periods, etc. For multiple or egregious violations of alcohol and drug policies, students may be suspended or expelled from the University.
3. The University strictly enforces state of Washington laws regarding alcohol and does not tolerate the illegal use, possession, or distribution of alcohol. Existing state laws include, but are not limited to, those concerning checking of identification cards, minors in possession, furnishing alcohol to minors, possession of open containers, driving under the influence, and exhibiting unruly or intoxicated behavior.
  4. As members of the University community, students are also subject to city ordinances and to state and federal law. Arrest and prosecution for alleged violations of criminal law or city ordinances may result from the same incident for which the University imposes disciplinary sanctions.

### *Community Standards (Student Conduct) Processes*

During this reporting period, the Center for Community Standards made a number of significant changes to their operations and [completed a major policy update](#).

### *Academic Year 2017-2018*

During this academic year, first-time alcohol and drug reports resulted in a “Conduct Officer Agreement.” Through this process, a student was notified of a reported violation and informed of their referral to the IMPACT program facilitated by Cougar Health Services. If the student agreed that they were in violation of the expectations for alcohol and/or drug use, they could accept the outcome without meeting with a conduct officer. This process was established both to reduce the time between the reported violation and the intervention and because of capacity due to staffing limitations. If the student disagreed, they had the opportunity to request a meeting with a conduct officer to discuss their situation further.

**Fall 2017:** In situations where the university felt that suspension or expulsion was an appropriate outcome, such as repeated high-risk substance use, students were referred to the University Conduct Board (UCB). The UCB was comprised of faculty, staff, and students. The UCB had the authority to suspend or expel students from WSU.

**Spring 2018:** Matters where the university felt that suspension or expulsion was the most appropriate intervention were referred to a full adjudicative hearing facilitated by the Office of Administrative Hearings. In these hearings, students have the right to be represented by an attorney. The Administrative Law Judge, employed by the [Office of Administrative Hearings](#), was the presiding officer and the decision maker.

#### Academic Year 2018-2019

**Fall 2018:** The Center for Community Standards stopped utilizing the “Conduct Officer Agreement” process to resolve first-time alcohol and drug reports. All students referred to the Center for Community Standards for a reported violation were scheduled to meet with a conduct officer to discuss their specific situation. To accommodate the increase in student meetings, Residential Education Directors employed by the Department of Residence Life began serving as conduct officers for first-time alcohol and drug reports that occurred in the residence halls. These meetings allowed for an increase in contact with students and the introduction of brief motivational interviewing earlier in the intervention process (CollegeAim Report, 2015, 2019).

**Spring 2019:** A full revision of the Washington Administrative Code 504-26 was implemented. While behavioral expectations for students did not significantly change, the process that the Center for Community Standards utilized to address reported concerns was updated. Key changes during Spring 2019 included but are not limited to:

1. Information Sessions:

- Prior to meeting with a Center for Community Standards Staff member, students are provided the opportunity to attend an [information session](#) facilitated by a peer educator. Information sessions provide students with information about their rights and responsibilities in the community standards process as well as what to expect when meeting with a conduct officer.

2. Updated website content:

- A [new website](#) was developed to provide students a step by step guide to the community standards process, commonly assigned sanctions based on the type of violation, and easy to understand policy descriptions.

3. Advisors:

- WSU provides a [list of trained advisors](#) who are available to assist students throughout the community standards process. Advisors can provide both procedural clarifications as well as substantive advise to students.

4. University Conduct Board:

- The University Conduct Board became the entity that has the authority to suspend or expel students from WSU. The UCB is comprised of faculty, staff, and students. Hearings are still presided over by an Administrative Law Judge employed with the Office of Administrative Hearings.
5. Required Training:
    - All conduct officers and board members are required to complete training annually.
  6. Jurisdictional Challenge:
    - Students have a right to challenge the university's decision to address off campus behavior.
  7. Request for recusal:
    - Students have a right to request recusal of a conduct officer or board member with good cause.

## Greek Community & Center for Fraternity and Sorority Life

1. Students of legal age who choose to drink alcoholic beverages are expected to do so responsibly and according to the policies and regulations of their living environment (i.e., residence halls, Greek residences, campus apartments, etc.).
2. Relationship Agreement – Center for Fraternity and Sorority Life (see the specific provisions governing activities of the chapter and its individual members).
3. Fraternity and Sorority Social Policy:
  - Fraternities and sororities must comply with Interfraternity Council and Panhellenic social policies and procedures outlined for social functions, as well as with insurance carrier policies.
  - Members are required to be in compliance with their national or international regulations regarding alcohol consumption.
  - Alcohol consumption is prohibited entirely during ANY social event on chapter property. All social events on chapter property must be alcohol free. Alcohol consumption on chapter property, if permitted at all, is prohibited for students under the legal drinking age and is restricted to the private rooms of students 21 years of age or older.

- All off-property social functions where alcohol is present require a third-party vendor to serve alcohol, provide security, and verify legal age.
  - All event co-sponsors will be held equally responsible for policy compliance.
  - The social policy will remain in effect throughout the calendar year, including breaks and summer for chapter houses while occupied by chapter members.
  - All Interfraternity Council Chapters must follow the [North American Interfraternity Conference Health and Safety Policies](#)
    - i. [Policy Prohibiting alcohol above 15% ABV](#)
    - ii. [Baseline Health and Safety Programming](#)
    - iii. [Medical Good Samaritan Policy](#)
    - iv. [Alcohol and drug guidelines](#)
4. Fraternity and Sorority Programming and Education Standards:
- All organizations are required (by the relationship agreement) to be recognized members of a Governing Council in order to operate on campus
  - Each Governing Council has established baseline standards
    - i. Standards include required education for 80% of the chapter to complete at least 2 educational programs per year. Educational programs are required to meet the educational needs of the chapter.
      - 1. Topics include: alcohol and substance abuse, bystander intervention, academic success, career services, and health and wellness
    - ii. Fraternity and Sorority Recruitment Participant Training:
      - 1. Before students can participate in recruitment, students must complete assigned substance abuse prevention education and sexual assault prevention curriculum.
    - iii. Greek Standards Board (GSB) leverages an educational approach to responding to violations of community standards
      - 1. Sanctions include additional required educational programs that focus specifically on the violation and prevention education
5. Staff and Student Leader “Ride-a-longs” completed annually

- All Full-time employees of the CFSL complete annual police ride-a-longs to actively see the behavior that exists on Greek row that PD is responding to
    - i. Additionally, this builds an open rapport between CFSL staff and Pullman PD helping staff to better understand concerns and issues perceived by town leadership
  - Student Leaders responsible for adjudication are strongly encouraged to participate in a ride-a-long early in the elected tenure to observe behaviors firsthand.
6. Training and leadership development collaboration:
- CFSL partners closely with North American Interfraternity Conference, National Panhellenic Conference, National Organizations, Center for Community Standards, and WSU Prevention Education areas to develop and implement on-going curricula for chapter leadership (Presidents, New Member Educators, and Risk Managers), which references substance use and prevention within the Greek community.

## Residence Halls & Residence Life

*(Use of alcoholic beverages in residence halls and all recognized group living areas)*

1. All students recognize their presence during an alcohol/drug violation subjects them to disciplinary action. If students find themselves in a situation where alcohol/drug policy violations are occurring, they should immediately leave.
2. Students of legal drinking age and their legal-aged guest(s) may possess and consume alcohol in the privacy of their own room if alcohol is permitted in that location. The door to the room must be closed at all times.
3. Alcohol is prohibited in restrooms, corridors, study rooms, lounges, or any other public areas inside or outside the building.
4. Kegs or bulk alcoholic beverages are prohibited.
5. Students must comply with “No Alcohol” policies if established for floors, living groups, and/or designated residence halls.

## International Student Programs

1. International Student and Scholar Services (ISSS) provides the WSU Drug and Alcohol Policy and the DAAPP services and resources to International Students via the DFSCA report distributed to all WSU students, through information in the Alive! Orientation sessions, online orientation, and advisor sessions, as well as via the WSU Fire and Security Report. Additionally, the WSU policy and service information will be available via the online ISSS Blackboard orientation module in 2020 –2021.
2. ISSS collaborates with the HP service. Generally, DDAAP information for International Students is covered in the HP Booze, Sex, and Reality Checks (BSRC) session, with another brief overview by staff during the ISSS cultural training.
3. International Student visa implications regarding substance use are covered in orientation meetings, cultural training, and in advisor sessions. WSU substance use policies and harm reduction education are covered in BSRC. Additionally, ISSS goes into more detail in the online orientation materials regarding visa implications for violations/legal concerns involving substance use that may occur.
4. F-1 visa students are provided with iSHIP insurance, which gives access to medical services both on and off campus.
5. International Student training on WSU policies and procedures, in regard to behavioral concerns and substance use, includes information on the specific WSU services and resources such as CARE Network, Dean of Students Office, CHS – including the Clinic and CAPS. Violations and sanctions for behavior issues are addressed by educating the International Students on the functions, means of referral, and overall services provided by the Center for Community Standards (CCS) and the Office of Civil Rights Compliance and Investigation (CRCI).
6. General WSU Drug and Alcohol Policy enforcement policies and procedures are covered in ISSS orientation. Specifics on the enforcement process for the WSU Drug and Alcohol Policy are covered by CCS staff directly with International Students, when students are referred for a violation/sanction.
7. Inter-departmental collaboration with CCS is achieved with one of ISSS staff acting as a Conduct Advisor. The CCS process can be overwhelming and confusing for some international students that are not intimately familiar with cultural expectations for violations and enforcement policies in the United States. The ISSS conduct advisor supports the students during the CCS process and acts as a sounding board for a student's case. They also attend meetings and hearings with the students in a supportive role. The ISSS conduct advisor does not represent the students or speak on their behalf. They do not act as attorney or legal counsel.

8. ISSS collaborates with the Pullman and WSU Police Departments, in terms of directing International Students to the police or acting as intermediaries on their behalf.
9. ISSS staff are trained to provide referral to CHS Clinic or CAPS for International Students in need of care or requesting services (E.g. walking the student over to CHS, helping to set up appointments, providing information on the WSU services available, etc.).

## Global Campus

1. WSU Student Affairs provides the WSU Drug and Alcohol Policy and the DAAPP services and resources to Global Campus students via the DFSCA report distributed to all WSU students, through information sent via email, as well as via the WSU Fire and Security Report. Global Campus Student training on WSU policies and procedures, in regard to behavioral concerns and substance use, includes information on the specific WSU services and resources such as CARE Network, and Dean of Students Office.
2. Global Campus staff are trained to provide referral to the Student Care Network for students who are in distress and are experiencing substance use issues. Students would receive case management from the Office of the Dean of Students.

## Registered Student Organization (RSO) Events

As per WSU policy, the approval and review process to serve alcoholic beverages at RSO events is conducted by the Office of Student Involvement.

Student organizations may request to have alcohol (beer and wine only) at an event under the following conditions:

1. Must be recognized/registered by the Office of Student Involvement, the Center for Fraternity and Sorority Life, University Recreation, or Housing and Residence Life. Specific departments may have additional/different alcohol requirements.
2. Must submit an event request in CougSync at least 45 days before the event. All requests must be approved by the Vice President of Student Affairs or a designee within the division.
3. Alcohol will not be served at events held on campus during regular business hours (8:00am-5:00pm, M-F).

4. Must have a risk assessment meeting with WSU PD and Fire & Safety Compliance to determine security and safety requirements, with the cost of security services charged back to the group.
5. Event request must demonstrate that alcohol is not the primary focus of the event and that drinking or drunkenness as themes are prohibited (e.g., beer pong tournaments, etc.).
6. Must provide alcohol service in a socially responsible manner by offering reasonable quantities and price of non-alcoholic beverages and types of food.
7. Events exceeding 4 hours in duration must have alcohol service discontinued one hour prior to the end of the event.
8. All event participants wishing to drink alcoholic beverages must provide picture identification according to Washington State liquor laws. (i.e., driver's license, state, military or tribal identification cards or a passport).
  - Individuals who are 21 or older must be issued an approved identifier (e.g., wristbands).
  - The Office of Student Involvement can provide wristbands to RSOs if necessary.
  - Event organizers must comply with state laws prohibiting underage possession, consumption, or acquisition of alcohol (see [RCW 66.44.270](#))
9. Only one alcoholic beverage at a time will be dispensed or sold to any individual.
10. Alcoholic beverages must remain within the approved area for the event and individuals may not bring alcoholic beverages from outside to the event.
11. Commercial advertising of specific alcohol companies/beverages is prohibited unless approval is granted by the Vice President of the administrating area.
12. Sober transportation information must be made available to attendees (e.g., College Cabs business cards, etc.).

## Employee Sanctions

The unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance by employees on WSU premises, or while conducting WSU business off WSU premises, is prohibited. Violations of this prohibition by employees may result in the application of sanctions, including possible required participation in an approved drug abuse assistance or rehabilitation program, and disciplinary action up to and including termination of employment under applicable WSU [Human Resources guidelines](#), regulations, [policies](#), statues, employment contracts, or collective bargaining agreements. For substance use concerns, WSU Employees have access to the [Employee Assistance Program](#) (EAP) for [mental health services, evaluation, and referral](#).

# Listing of State and Federal Laws

## State of Washington Uniform Controlled Substances Act

*(69.50 RCW)*

1. State of Washington Penalties for Drinking and Driving Under Age 21 ([RCW 46.61.503](#))
2. State of Washington Physical Control of Vehicle Under the Influence and Penalties ([RCW 46.61.504](#))
3. State of Washington Possession of useable marijuana ([RCW 69.50.4013](#)). Note: WSU enforces federal drug law and the Federal Drug Possession Penalties ([21 USC 844](#))
4. State of Washington Statutory Provisions for Illegal Drugs Manufacture or Delivery of a controlled substance ([RCW 69.50.401](#))
5. State of Washington Statutory Provisions for Sale, delivery, or possession of legend drug without prescription or order prohibited ([RCW 69.41.030](#))

## Federal Drug Laws

*(21 USC Controlled Substances Act)*

The possession, use, or distribution of illicit drugs is prohibited by federal law. Strict penalties are enforced for drug convictions, including mandatory prison terms for many offenses. The following information, although not complete, is an overview of federal penalties for first convictions. All penalties are doubled for any subsequent drug conviction.

## Denial of Federal Aid

*(20 USC 1091)*

Under the Higher Education Act of 1998, students convicted under federal or state law for the sale or possession of drugs will have their federal financial aid eligibility suspended. This includes all federal grants, loans, federal work study programs, and more. Students convicted of drug possession will be ineligible for one year from the date of the conviction of the first offense, two years for the second offense, and indefinitely for the third offense. Students convicted of selling drugs will be ineligible for two years from the date of the first conviction, and indefinitely for the second offense. Those who lose eligibility can regain eligibility by successfully completing an approved drug rehabilitation program.

## Forfeiture of Personal Property and Real Estate

*(21 USC 853)*

Any person convicted of a federal drug offense punishable by more than one year in prison shall forfeit to the United States any personal or real property related to the violation, including houses, cars, and other personal belongings. A warrant of seizure is issued, and property is seized at the time an individual is arrested on charges that may result in forfeiture.

## Federal Drug Trafficking Penalties

*(21 USC 841)*

1. Penalties for federal drug trafficking convictions vary according to the quantity of the controlled substance involved in the transaction. The following list is a sample of the range and severity of federal penalties imposed for first convictions. Penalties for subsequent convictions are twice as severe.
2. If death or serious bodily injury result from the use of a controlled substance which has been illegally distributed, the person convicted on federal charges of distributing the substance faces mandatory life sentence and fines ranging up to \$8 million.
3. Persons convicted on federal charges of drug trafficking within 1,000 feet of a University ([21 USC 845a](#); [21 USC 860](#)) face penalties of prison terms and fines which are twice as high as the regular penalties for the offense, with a mandatory prison sentence of at least 1 year.

## Listing of Substance Type, Amount, and Penalty

<b>Drug/Substance</b>	<b>Amount</b>	<b>Penalty - 1st Conviction</b>
Barbiturates	Any amount	Up to 5 years prison. Fine up to \$250,000.
Cocaine	5 kgs. or more	Not less than 5 years prison, not more than 40 years. Fine up to \$2 million.
	Less than 100 grams	10-63 months prison. Fine up to \$1 million.
Crack Cocaine	50 grams or more	Not less than 10 years prison, not more than life. Fine up to \$4 million.
	5-49 grams	Not less than 5 years prison, not more than 40 years. Fine up to \$2 million.
	5 grams or less	10-63 months prison. Fine up to \$1 million.
Ecstasy	Any amount	Up to 20 years imprisonment. Fine up to \$1 million. 3 years of supervised releases (following prison).
GHB	Any amount	Up to 20 years imprisonment. Fine up to \$1 million. 3 years of supervised releases (following prison).
Hashish	10-100 kg	Up to 20 years imprisonment. Fine up to \$1 million.
	10 kg or less	Up to 5 years imprisonment. Fine up to \$250,000.
Hash Oil	1-100 kg	Up to 20 years imprisonment. Fine up to \$1 million.
	1 kg or less	Up to 5 years imprisonment. Fine up to \$250,000.
Heroin	1 kg or more	Not less than 10 years prison, not more than life. Fine up to \$4 million.
	100-999 grams	Not less than 5 years prison, not more than 40 years. Fine up to \$2 million.
	100 grams or less	10-63 months prison. Fine up to \$1 million.

Ketamine	Any amount	Up to 5 years imprisonment. Fine up to \$250,000. 2 years supervised release.
LSD	10 grams or more	Not less than 10 years prison, not more than life. Fine up to \$4 million.
	1-10 grams	Not less than 5 years prison, not more than 40 years. Fine up to \$2 million.
Marijuana	1000 kg or more	Not less than 10 years prison, not more than life. Fine up to \$4 million.
	100-999 kg	Not less than 5 years prison, not more than 40 yrs. Fine up to \$2 million.
	50-99 kg	Up to 20 years imprisonment. Fine up to \$1 million.
	50 kg or less	Up to 5 years imprisonment. Fine up to \$250,000.
Methamphetamine	50 grams or more	Not less than 10 years prison, not more than life. Fine up to \$4 million.
	10-49 grams	Not less than 5 years prison, not more than 40 yrs. Fine up to \$2 million.
	10 grams or less	10-21 months prison. Fine up to \$1 million.
Non-medical Prescription	Any Amount Drug Use - Schedule III	Not more than 10 years. If death or serious injury, not more than 15 years. Fine not more than \$500,000 if an individual, \$2.5 million if not an individual.
Non-medical Prescription	Any Amount Drug Use - Schedule IV	Not more than 5 years. Fine not more than \$250,000 if an individual, \$1 million if not an individual.
Non-medical Prescription	Any Amount Drug Use - Schedule V	Not more than 1 year. Fine not more than \$100,000 if an individual, \$250,000 if not an individual.
Rohypnol	1 gram or more	Up to 20 years imprisonment. Fine up to \$1 million.
	less than 30 mgs	Up to 5 years imprisonment. Fine up to \$250,000.

## Federal Drug Possession Penalties

*(21 USC 844)*

1. Persons convicted on Federal charges of possessing any controlled substance face penalties of up to 1 year in prison and a mandatory fine of no less than \$1,000 up to a maximum of \$100,000. Second convictions are punishable by not less than 15 days but not more than 2 years in prison and a minimum fine of \$2,500. Subsequent convictions are punishable by not less than 90 days but not more than 3 years in prison and a minimum fine of \$5,000. Possession of drug paraphernalia is punishable by a minimum fine of \$750.
2. Special sentencing provisions for possession of crack cocaine impose a mandatory prison term of not less than 5 years but not more than 20 years and a fine up to \$250,000, or both if:
  - It is a first conviction and the amount of crack possessed exceeds 5 grams;
  - It is a second conviction and the amount of crack possessed exceeds 3 grams;
  - iii. It is a third or subsequent crack conviction and the amount exceeds 1 gram.
3. Civil penalties of up to \$10,000 may also be imposed for possession of small amounts of controlled substances, whether or not criminal prosecution is pursued.

# Health Risks of Commonly Abused Substances

## Alcohol

**Short Term Effects:** slurred speech, drowsiness, headaches, impaired judgment, decreased perception and coordination, distorted vision and hearing, vomiting, breathing difficulties, unconsciousness, coma, blackouts

**Long Term Effects:** toxic psychosis, physical dependence, neurological and liver damage, fetal alcohol syndrome, vitamin B1 deficiency, sexual problems, cancer, physical dependence

## Amphetamines

**Nicknames/Slang Terms:** uppers, speed, meth, crack, crystal, ice, pep pills

**Short Term Effects:** increased heart rate, increased blood pressure, dry mouth, loss of appetite, restlessness, irritability, anxiety

**Long Term Effects:** toxic psychosis, physical dependence, neurological and liver damage, fetal alcohol syndrome, vitamin B1 deficiency, sexual problems, cancer, physical dependence

## Barbiturates and Tranquilizers

**Nicknames/Slang Terms:** barbs, bluebirds, blues, yellow jackets, red devils, roofies, rohypnol, ruffies, tranqs, mickey, flying v's

**Short Term Effects:** slurred speech, muscle relaxation, dizziness, decrease motor control

**Long Term Effects:** severe withdrawal symptoms, possible convulsions, toxic psychosis, depression, physical dependence

## Cocaine

**Nicknames/Slang Terms:** coke, cracks, snow, powder, blow, rock

**Short Term Effects:** loss of appetite, increased blood pressure and heart rate, contracted blood vessels, nausea, hyper-stimulation anxiety, paranoia, increased hostility, increased rate of breathing, muscle spasms and convulsions, dilated pupils, disturbed sleep

**Long Term Effects:** depression, weight loss, high blood pressure, seizure, heart attack, stroke, hypertension, hallucinations, psychosis, chronic cough, nasal passage injury, kidney, liver and lung damage

## Gamma Hydroxy Butyrate

**Nicknames/Slang Terms:** GHB, liquid B, liquid X, liquid ecstasy, G, Georgia homebody, grievous bodily harm

**Short Term Effects:** euphoria, decreased inhibitions, drowsiness, sleep, decreased body temperature, decreased heart rate, decreased blood pressure

**Long Term Effects:** memory loss, depression, severe withdrawal symptoms, physical dependence, psychological dependence

## Heroin

**Nicknames/Slang Terms:** H, junk, smack, horse, skag

**Short Term Effects:** euphoria, flushing of the skin, dry mouth, “heavy” arms and legs, slowed breathing, muscular weakness

**Long Term Effects:** constipation, loss of appetite, lethargy, weakening of the immune system, respiratory (breathing) illnesses, muscular weakness, partial paralysis, coma, physical dependence, psychological dependence

## Ketamine

**Nicknames/Slang Terms:** K, super K, special K

**Short Term Effects:** dream-like states, hallucinations, impaired attention and memory, delirium, impaired motor function, high blood pressure, depression

**Long Term Effects:** urinary tract & bladder problems, abdominal pain, major convulsions, muscle rigidity, increased confusion, increased depression, physical dependence, psychological dependence

## LSD

**Nicknames/Slang Terms:** acid, stamps, dots, blotter, A-bombs

**Short Term Effects:** dilated pupils, change in body temperature, blood pressure and heart rate, sweating, chills, loss of appetite, decreased sleep, tremors, changes in visual acuity, mood changes

**Long Term Effects:** may intensify existing psychosis, panic reactions, can interfere with psychological adjustment and social functioning, insomnia, physical dependence, psychological dependence

## MDMA

**Nicknames/Slang Terms:** ecstasy, XTC, adam, X, rolls, pills

**Short Term Effects:** impaired judgment, confusion, blurred vision, teeth clenching, depression, anxiety, paranoia, sleep problems, muscle tension

**Long Term Effects:** same as LSD as well as sleeplessness, nausea, confusion, increased blood pressure, sweating, depression, anxiety, memory loss, kidney failure, cardiovascular problems, convulsions, death, physical dependence, psychological dependence

## Marijuana/Cannabis

**Nicknames/Slang Terms:** pot, grass, dope, weed, joint, bud, reefer, doobie, roach

**Short Term Effects:** sensory distortion, poor coordination of movement, slowed reaction time, panic, anxiety

**Long Term Effects:** bronchitis, conjunctivas, lethargy, shortened attention span, suppressed immune system, personality changes, cancer, psychological dependence, physical dependence possible

## Mescaline

**Nicknames/Slang Terms:** peyote cactus

**Short Term Effects:** nausea, vomiting, anxiety, delirium, hallucinations, increased heart rate, blood pressure, and body temperature

**Long Term Effects:** lasting physical and mental trauma, intensified existing psychosis, psychological dependence

## Morphine/Opiates

**Nicknames/Slang Terms:** M, morf, duramorph, Miss Emma, monkey, roxanol, white stuff

**Short Term Effects:** euphoria, increased body temperature, dry mouth, “heavy” feeling in arms and legs

**Long Term Effects:** constipation, loss of appetite, collapsed veins, heart infections, liver disease, depressed respiration, pneumonia and other pulmonary complications, physical dependence, psychological dependence

## Non-Medical Prescription Drug Abuse

**Nicknames/Slang Terms:** Psychoactive prescription drugs: Opioid pain relievers, stimulants prescribed for ADHD, and central nervous system depressants

### **Short- and Long-Term Effects:**

Psychoactive prescription drugs prescribed to treat pain, anxiety or sleep disorders, and other diagnoses are all effective and safe when taken as prescribed by a doctor for the conditions they are intended to treat. However, they are frequently abused—that is, taken in other ways, in other quantities, or by people for whom they weren't prescribed—and this can have devastating consequences (NIDA, 2014).

With Opioid pain relievers such as Vicodin® or OxyContin®, there is a great risk of addiction and death from overdose associated with such abuse. Especially when pills are crushed and injected or snorted, these medications affect the brain and body very much like heroin, including euphoric effects and a hazardous suppression of breathing (the reason for death in cases of fatal opioid overdose). In fact, some young people who develop prescription opioid addictions shift to heroin because it may be cheaper to obtain (NIDA, 2014; Pollini, et al, 2011).

ADHD medications such as Adderall® (which contains the stimulant amphetamine) are increasingly popular among young people who take them believing it will improve their school performance. This too is a dangerous trend. Prescription stimulants act in the brain similarly to cocaine or illegal amphetamines, raising heart rate and blood pressure, as well as producing an addictive euphoria. Other than promoting wakefulness, it is unclear that such medications actually provide much or any cognitive benefit, however, beyond the benefits they provide when taken as prescribed to those with ADHD (Ilieva, et al, 2013; NIDA, 2014).

## PCP

**Nicknames/Slang Terms:** crystal, tea, angel dust, embalming fluid, killer weed, rocket fuel, supergrass, wack, ozone

**Short Term Effects:** shallow breathing, flushing, profuse sweating, numbness in arms and legs, decreased muscular coordination, nausea, vomiting, blurred vision, delusions, paranoia, disordered thinking

**Long Term Effects:** memory loss, difficulties with speech and thinking, depression, weight loss, psychotic behavior, violent acts, psychosis, physical dependence, psychological dependence

## Psilocybin

**Nicknames/Slang Terms:** mushrooms, magic mushrooms, shrooms, caps, psilocybin, and psilocyn

**Short Term Effects:** nausea, distorted perceptions, nervousness, paranoia

**Long Term Effects:** confusion, memory loss, shortened attention span, flashbacks may intensify existing psychosis

## Steroids

Nicknames/Slang Terms: roids, juice

Short Term Effects: increased lean muscle mass, increased strength, acne, oily skin, excess hair growth, high blood pressure

Long Term Effects: cholesterol imbalance, anger management problems, masculinization of women, breast enlargement in men, premature fusion of long bones preventing attainment of normal height, atrophy of reproductive organs, impotence, reduced fertility, stroke, hypertension, congestive heart failure, liver damage, psychological dependence

# Alcohol and Other Drug Prevalence/Incidence Rates, Needs Assessment, Trend Data

1. See Appendix A for summary of drug and alcohol-related incidents and fatalities which occur on campus.
2. See Appendix B for selected NCHA Executive Summary data. Full WSU NCHA data available upon request.
3. See Appendix C for selected CPDS Summary data. Full WSU CPDS data available upon request.

# Drug and Alcohol Abuse Prevention Program (DAAPP)

## Comprehensive and Interrelated Program/Intervention

### WSU Organizations:

Help is available both on the WSU campus and within the community for students and staff members who want to reduce the harms of substance use, who are dependent on, or who abuse the use of alcohol or other drugs.

WSU Cougar Health Services (Medical Clinic and Counseling and Psychological Services) and the WSU Employee Assistance Program and other off-campus professional agencies will maintain the confidentiality of persons seeking help for personal dependency and will not report them to institutional or state authorities.

Cougar Health Services (Counseling and Psychological Services & Health Promotion), in conjunction with other WSU departments implements the DAAPP through best practices (CollegeAim Report, 2015 & 2019) and the provision of educational outreach, resource information, therapeutic intervention and referral services. Additionally, DAAPP provision includes policy and procedure development and implementation; AOD and student conduct sanctioning, as well as environmental strategies (see listing below for DAAPP organizations and service descriptions).

## Counseling and Psychological Services (CAPS) and Health Promotion (HP)

Short-term alcohol and other drug counseling sessions are available on campus to students through CAPS. CAPS and HP offer a range of (universal, selective, and indicated) services related to substance use—including 1:1 counseling, groups, workshops and outreach programs, consultation, and assessment to WSU students. These services support personal efforts to maintain health and the reduction of health risks, so students can achieve academic, career, and personal success.

The foundation of these programs on based on the best practices recommended in the NIAAA College Alcohol Intervention Matrix (2015, 2019) and the ACHA Standards of Practice for Health Promotion within Higher Education. Students may be referred through Cougar Health

Services (CAPS, Clinic, and Behavioral Health) to other treatment programs for more intensive treatment.

Select program and targeted services are described below. A chart with areas of strategic intervention with program/policy levels is also provided below.

1. Clinical Treatment (Selective and indicated interventions; CollegeAim: IND-23, Higher effectiveness)
  - CAPS provides brief, focused treatment to currently enrolled WSU Pullman students for a variety of presenting concerns including AOD concerns which may be co-morbid with other mental health concerns (e.g., depression, anxiety, PTSD). Treatment is provided by independently licensed clinicians (psychologists, social workers, and mental health counselors) or unlicensed clinicians (faculty psychology residents, postdoctoral psychology residents, doctoral psychology interns, and practicum students) working under the supervision of a licensed clinician. All clinicians are generalists and treat a broad range of mental health concerns, which may include providing treatment to clients with AOD concerns. Clinicians participate in relevant professional development and training (e.g., Motivational Interviewing) to enhance knowledge and clinical skills in working with AOD issues.
  - Generally, services are provided based on student need and on a voluntary basis. CAPS also provides mandated 1:1 psychoeducational meetings as part of the IMPACT program, which is a program done in collaboration with the Center for Community Standards and Health Promotion for students who have received sanctions from the university due to a substance use violation (this program is described in more detail later in this document). Assessment and treatment recommendations for AOD related concerns are ongoing processes in the services provided by CAPS including the following:
    - i. Intake: Typically, the first step in receiving services at CAPS is completing a Walk-In (intake) appointment. The student completes a series of questionnaires and surveys which include questions about alcohol, cannabis, and other substance use, and responses are reviewed by a CAPS clinician. Then the student meets with a clinician who will discuss the student's concerns, assess severity of symptoms, and make recommendations for the treatment that may be the best fit for the student. Some of the recommended treatments include individual counseling, skill-based workshops, group counseling, psychological assessment for ADHD or Learning Disabilities, or referrals to Psychiatry Services or the Medical Clinic to discuss medication options.

- ii. **Individual Counseling:** Clients receiving individual counseling services complete the Counseling Center Assessment of Psychological Symptoms (CCAPS-34) approximately every third session. The CCAPS-34 asks questions about substance use, and taking the measure repeatedly allows the clinician to track changes in client responses over the course of treatment. In addition to the CCAPS-34, clinicians discuss AOD concerns when relevant (either when brought up by the client or if part of best practices for treatment of particular mental health disorders). If the clinician providing the counseling services is unlicensed, assessment and treatment of AOD concerns is discussed in supervision and in consultation with other clinicians.
- iii. **Groups/Workshops:** Ongoing groups and workshops at CAPS integrate discussions of AOD use/abuse, as needed, into printed materials, discussion, and intervention.
- iv. **Psychological Assessment:** Clients completing psychological testing to determine if they meet diagnostic criteria for ADHD, Learning Disability, or other mental health diagnosis complete questionnaires and surveys which include questions that screen for substance use/abuse and discuss their responses in an initial screening appointment with a CAPS clinician that provides psychological assessment. Clients who complete an assessment receive a written report with recommendations which may include recommendations related to a client's substance use/abuse.
- v. **Referral to Community-Based Services:** During the initial intake assessment or over the course of treatment, it may become apparent that a student might require a more intensive or specialized level of treatment that is beyond the scope of services provided at CAPS (e.g., intensive outpatient programs, detox services, inpatient rehabilitation). In those instances, a student is referred to community-based services and resources.
- vi. **Follow-up Care in Response to Hospitalization for Substance Use:** In 2016-2017 CAPS provided detox intervention in conjunction with Pullman Regional Hospital (PRH). In spring of 2018 CAPS switched to providing follow up on the detox services for WSU students provided by PRH following discharge. PRH sends a copy of the Emergency Department report to CAPS, which is reviewed by the Director for Clinical Services. If the student is not currently a client at CAPS, the student is contacted and given information about available services at CAPS and how to access them. If the student is a current client at CAPS, the hospital report is

forwarded to the client's counselor for review and to determine what level of follow-up care is needed.

- vii. **Documentation:** In the Walk-In (intake) appointment, clients complete questionnaires and surveys which have items asking about previous and current AOD use/abuse. And, as mentioned, clients semi-regularly complete the CCAPS-34 which has items asking about AOD use/abuse. Client responses to questionnaires and surveys are saved in the client's medical chart in the Electronic Health Record (EHR) used at CAPS (Point and Click software). Clinicians also include relevant documentation about assessment and interventions for AOD use/abuse in session notes. Students who complete mandated Educational Meetings at CAPS as part of the IMPACT process complete similar questionnaires and surveys and their responses as well as a summary of what was discussed during the 1:1 meeting are documented in their clinical chart. All documentation is created, stored, and accessed following HIPAA-compliant procedures and adhering to legal and ethical guidelines for protecting client confidentiality. CAPS is also able to run reports on the data collected and stored in the EHR to monitor trends and inform treatment and referral procedures.

## 2. Recovery Support and Re-entry Services

- Students seeking mental health services to provide support for recovery or follow-up care after rehabilitation follow the same procedure for contacting CAPS and completing an intake assessment. In their intake assessment, the clinician will assess current need. If the services provided by CAPS seem appropriate for the student's needs, the clinician will refer the student to one or more of the services at CAPS. If the student's needs seem to require a level of treatment that is beyond the scope of services provided at CAPS, the clinician will make a referral to community-based resources and services. Clinicians may also help the student connect with appropriate campus programs and services.
- CAPS data on mental health and substance use disorder
  - i. During a typical academic year, approximately 10% of the student population seek services at CAPS and receive an initial assessment. Clinicians gather information and form diagnostic impressions. For example, during the 2018-2019 academic year (8/13/2018 to 5/3/2019), there were 2021 unique clients who received services at CAPS. The most common diagnoses given as well as AOD-related diagnoses are as follows:

<b>2018-2019 Select Diagnoses</b>	<b>Number of Diagnoses</b>
Anxiety (generalized anxiety disorder, unspecified/other specified anxiety disorder, social phobia, panic disorder, adjustment disorder with anxiety)	839
Depression (major depressive disorder, dysthymic disorder, adjustment disorder with depressed mood, other specified depressive episodes)	895
Attention-deficit Hyperactivity Disorder (predominantly inattentive type, predominantly hyperactive type, combined type)	153
Cannabis related disorder (cannabis abuse, cannabis dependence, cannabis dependence with other cannabis-induced disorder)	69
Alcohol related disorder (alcohol dependence, alcohol use, alcohol dependence with withdrawal)	40

- WSU work group to review needs, program development
  - i. HP staff coordinated an inter-departmental work group convened in Spring/Fall 2019 to address the development of recovery support services at WSU. Participants included staff from HP, Residence Life, student representative from C4R, and faculty. The Recovery Support Work group conducted an environmental scan and asset review regarding community/campus services available to students, reviewed WSU internal data and interviewed student representatives to understand student need, and applied to participated in the national SAMHSA BRSS TACS program (Bringing Recovery Supports to Scale Technical Assistance Center Strategy). These efforts worked toward recovery support through needs assessment, increased campus readiness, and advanced the overall effectiveness of existing recovery support services. Also, the above said actions prepared the HP department to apply for and receive the State of Washington Recovery Support contract and seed grant award from the Washington Health Care Authority in May 2020, which will advance recovery support services for the WSU Pullman campus as well as other 2- and 4-year Institutions of Higher Education across the state.

- Cougs for Recovery - Registered Student Organization (Indicated intervention):
  - i. The purpose of Cougs for Recovery (C4R) is to provide engaging and understanding support to Washington State University students in recovery or who are contemplating entering into recovery. The group mission is to reduce the stigma of drug and alcohol addiction, to connect interested individuals to resources in the local recovery community, and to create a fun, safe, and sober environment in which WSU students can flourish through peer support relations.
  - ii. C4R is an independent WSU registered student organization that receives basic support from HP through provision of a meeting room, a faculty advisor, and liaison services. Efforts are made within CHS to refer students interested in recovery to C4R.
  - iii. C4R conducts weekly in-person and/or virtual support meetings that are led by student leaders or faculty/community peer supports. Student-led sober social activities and community events (e.g. A community medication disposal event in conjunction with Pullman PD) are held throughout the academic year.

### 3. Psycho-education and harm reduction outreach

- E-CheckUpToGo online programs (universal intervention; CollegeAim: IND-21, Higher effectiveness): Anonymous and open access to the WSU campus available for alcohol (e-CHUG) and cannabis (e-TOKE) surveys which feature personalized feedback.
- Booze, Sex, and Reality Checks (BSRC) (Selective intervention; CollegeAim IND-8, 14, 15, 21, Higher to moderate effectiveness): BSRC is a primary prevention and mandatory program for all incoming first year & transfer students to address transition from home to campus life and focuses on academic success, substance use, sexual decision making, and consent. There are two mandatory requirements needed to complete the BSRC program: the in-person workshop and the online survey with personalized feedback (e-CHUG). Baseline program evaluation available upon request.
- Culturally-based services – Multicultural Student Services (MSS) outreach, (Selective intervention; CollegeAim IND-8, 14, 15, Higher to moderate effectiveness):
  - i. HP facilitates culturally competent outreaches and liaison services based on long-term relationships with student groups, primarily located in MSS and the United Greek communities. The effective practice of psycho-education and harm reduction in higher education requires the

implementation of cultural competence in outreach and education efforts in order to advance the health of all individual students and the university community at large. This includes the design of outreach, which reflects the social, political, and economic diversity of the student body and cultural environments.

- ii. HP efforts towards culturally competent health prevention include applying the empirically-based strategies in conjunction with culturally-focused strategies in a comprehensive program. This utilizes the peer/professional model, identity concordance, and various education modalities with motivational interviewing. Full report available upon request.
- Registered Student Organization (RSO) events: As per WSU policy, education (Environmental strategy and risk management; CollegeAIM)
  - i. ENV 9 & 11, Higher effectiveness and unable to rate) regarding the approval process to serve alcoholic beverages at RSO events and harm reduction is conducted by Student Involvement Services.
- Greek Community and Residence Hall outreaches (Universal and selective interventions; CollegeAim IND-8, 14, 15, 22, Higher to moderate effectiveness):
  - i. Upon request, HP offers primary prevention/harm reduction outreach and consultation to Residence Life, individual residence halls, the Greek community chapter houses, and the Center for Fraternity and Sorority Life. Outreach topics are selected by the HP staff in tandem with the chapter or hall leadership. Topics include substance use emergency response, blackout and cognitive impacts, mixing alcohol and other substances, academic impacts and substance use, sleep and impacts of substance use, among others.
  - ii. The MSS Cultural Liaison position provides outreach, upon request to the United Greek community, with an emphasis on primary prevention and the interactions between cultural identity, academic impacts, and substance use.
  - iii. HP and CAPS provides annual training to Resident Education Directors (REDs) and Resident Advisors (RAs) on the interrelationship between substance use, mental health, and academic success.
  - iv. Training is available to Greek leadership upon request and is semi-regularly provided at Greek chapter leadership meetings.

- IMPACT (Selective and indicated interventions; CollegeAim IND-9, 16, 21, 23, Higher effectiveness)
  - i. IMPACT (BASICS program) is a harm reduction & psycho-education service provided to students referred by the CCS sanction process for substance use violations. The purpose of this intervention is to administer a substance abuse psycho-education program based on best practices identified in the CollegeAim Matrix report, 2015: harm-reduction strategies, motivational interviewing, stages of change, and brief intervention.
  - ii. The IMPACT classes and 1:1 sessions have been developed to provide an empirically based intervention to meet the specific needs of students, who exhibit high-risk substance use behaviors. The IMPACT program is unique in that it is not a 'one size fits all' intervention; rather, it is structured to route students, via confidential assessment with personalized feedback (e-CheckUpToGo), to the intervention that best meets their needs in terms of psycho-education and clinical concerns. Program research available upon request.
  - iii. A detailed procedural flow chart and routing logic for 1:1 vs. group for the four sanction types (alcohol, cannabis, polysubstance, and other drug), as well as the sanction/violation number (1, 2, 3), is available upon request. WSU students access the IMPACT program based on number of violations/sanctions. Students receive direction for their routed participation (group or 1:1 sessions and assessment type) in multiple ways: from the Center for Community Standards (CCS), in the IMPACT workshop, and the HP website.
  - iv. IMPACT Workshops - The IMPACT II session 1 workshop provides an opportunity for challenging positive and negative expectancies of substance use, a corrective standard drink demo or a discussion of intoxication thresholds for cannabis use, harm reduction and protective strategies and skills, and information on the impacts of substance use on sleep and academic success.
  - v. After the completion of the first class participants are directed to online e-CheckUpToGo assessment surveys (alcohol, cannabis, other or poly substance use) that assess for substance abuse, genetic and family history, addiction criteria, and high risk health behaviors. The assessment gives immediate personalized feedback about alcohol and/or other drug use. After completing the assessment, students are directed to go to the

Impact II session 2 class (small group intervention, lower to moderate risk indicators) or to a 1:1 session with CHS staff/faculty, if high-risk indicators for substance abuse/ addiction criteria are endorsed.

- vi. The IMPACT session 2 workshop employs a series of motivational interviewing techniques centered on the students’ personalized feedback, which includes norms and values clarification, risk reduction and moderation discussion, the role of family history within the process of abuse and addiction, as well as information on blackout, high blood alcohol levels, and cognitive/ academic impacts of higher risk use.
- vii. IMPACT 1:1 sessions - Interventions are delivered by Counseling and Psychological Services (CAPS) faculty, doctoral interns, and other trainees under supervision. All 1:1 sessions (alcohol, cannabis, other or poly substance use) are based on motivational interviewing and are focused on evoking students’ intrinsic motivation to change their alcohol or drug use. Prior to the 1:1 meeting, students complete a series of standardized batteries and assessments that, along with the students’ personalized e-CheckUpToGo feedback, facilitate harm reduction discussion and intervention.

<b>IMPACT: Process Summary</b>	<b>2016-2017</b>	<b>2017-2018</b>	<b>2018-2019</b>
IMPACT 1:1	296 (18%)	289 (31%)	171 (26%)
IMPACT Group	1,316 (82%)	637 (69%)	485 (74%)
Subtotal	1,612	926	656
e-CheckUpToGo Practitioners Assessment	725	802	585
Total Number of Interventions*	2,337	1,728	1,181
<b>Total Referrals**</b>	<b>935</b>	<b>979</b>	<b>749</b>

**\*Note:** Each referral receives 2-3 interventions per sanction (group, e-CheckUpToGo, group; group, e-CheckUpToGo, 1:1; e-CheckUpToGo, 1:1). Many universities provide one intervention (on-line) with no clinical intervention.

**\*\*Note:** The total number of referrals is not equal to the number of violations or the number of contacts, as most students have two contacts for one sanction (ex. Workshop 1 and workshop 2, or workshop 1 and 1:1). Additionally, this does not reflect total number of violations and sanctions of the behavioral code, as not all students are referred to our services, students can

have multiple violations but only 1 sanction, and/or we do not have specific sanction information.

## WSU Athletics

*(Selective and indicated interventions; CollegeAim IND-8, 14, 15, 16, 23 Higher to moderate effectiveness)*

### *WSU Athletics Substance Abuse Prevention Program*

The purpose of the athletic department's substance abuse prevention programming is to prevent abuse of drugs, alcohol, and legal/illegal substances and products among student-athletes by providing comprehensive, on-going, consistent education throughout the career of the student-athlete at WSU. WSU Athletics establishes a strong educational message for Cougar student-athletes reinforcing the expectation that student-athletes will be drug free throughout their career at Washington State University. This department-wide standard and message will be reinforced consistently by coaches, athletic administrators, support staff, University mental health counselors, and designated peer leaders within each team.

### *Definition of Reasonable Suspicion*

At WSU, individuals can be tested based on reasonable suspicion. Reasonable suspicion will be based on the observation of behavior or conduct, or the presence of certain physical and emotional characteristics or patterns, which are symptomatic of the use of prohibited drugs or abuse of alcohol. Reasonable suspicion includes, but is not limited, to violation of state laws or university regulations, behavior changes, outward signs (odor of marijuana or alcohol). Examples include but are not limited to DUI, violent conduct, including assault and sexual assault, vandalism, theft, chronic fatigue or loss of vitality, decreased interest or effort in practices and competitions, noticeable decline in academic effort or performance, prolonged illness or injuries, unexpected weight and/or strength gains or losses, unexplained fluctuations in moods expressed as inappropriate irritability, hostility, anxiety, anger or withdrawal.

### *WSU Athletics Drug Testing Consulting Committee*

The WSU Athletics Drug Consulting Committee (DT Consulting Committee) will be composed of at least four of the following individuals: Deputy Director of Athletics/SWA, Associate Director of Athletics for Athletic Medicine (Medical Director), Assistant Director of Athletics for Athletic Medicine (Assistant AD for Athletic Medicine), Head Coach and/or team athletic trainer.

### *Procedure for Determining Reasonable Suspicion*

1. An athletics department staff member notifies any member of the DT Consulting Committee who will then inform the Drug Testing Supervisor (DT Supervisor) who then verifies reasonable suspicion through more than one source.
2. DT Consulting Committee reviews the information provided by the DT Supervisor. If all members of DT Consulting Committee agree, then Executive level oversight will provide final determination to proceed with drug test. Once decision is made to proceed with drug test, the DT Supervisor updates the head coach or designee and the team athletic trainer.
3. The student-athlete will be informed that if they refuse or fail to produce a urine sample it will be considered the first positive test with resulting consequences.

### *Testing Procedure*

1. The Director of Athletics (or designee) or the Executive Level Oversight Deputy Director of Athletics/SWA will authorize the DT Supervisor to facilitate a drug test.
2. Drug Testing will take place in the Bohler Athletics Complex/Cougar Football Complex via urine collection and will be managed and witnessed by DT Supervisor or DT Site Coordinator (includes one gender appropriate witness). Testing procedures will comply with the approved testing protocol (Appendix A).
3. The testing procedure will conclude once an adequate sample (a sample that tests for a Specific Gravity 1.005 or greater). Once a sample is obtained, it will be sent to a testing laboratory.
4. An adulterated sample, as determined by the lab, will be considered a positive test, and may result in immediate and additional consequences. If there is an attempt for an adulterated sample during the test, sample will be discarded, and a new sample will be provided.
5. The DT Supervisor immediately notifies the DT Consulting Committee of the laboratory results. The DT supervisor or designee communicates the drug test results to the student-athlete and the head coach.

### *Consequences of a Positive Test*

*(The following consequences are in place for the duration of a student-athlete's athletic career at Washington State University)*

1. First Positive Test Result

- The student-athlete will be referred to Palouse Recovery Center for assessment.
- The student-athlete will be immediately placed in **mandatory drug/alcohol counseling** and retesting within the departmental drug testing program until released by athletics administration and the DT consulting committee.
- A behavioral contract may be administered after the first positive test, based on the consulting committee's recommendation.
- From the coach or Director of Athletics office, the student-athlete will call parents/guardians to inform them of the positive drug test.
- The head coach of the team has the discretion to dismiss an athlete from the team at any time during this process.

## 2. Second Positive Drug Test Result

- Based on the results of the substance abuse/behavioral assessment, the senior associate director of athletics and/or sport supervisor will complete a **behavioral contract** with the student-athlete. The director of athletics, sports supervisor, and consulting committee will have the opportunity for input. The **contract will include subsequent drug testing and counseling** and will be monitored by the medical director and assistant director of athletics for athletic medicine.)
- Following the second positive drug test, if the expectations as stated within the behavioral contract are not met, the student-athlete may be suspended from practice and/or competition. Reinstatement will be determined by the director of athletics after receiving recommendations from the DT Consulting Committee.
- The head coach of the team has the discretion to dismiss an athlete from the team at any time during this process.

## 3. Subsequent Positive Tests

- If a third positive occurs, and is verified as non-medically related, DT Supervisor will notify the DT Counseling Committee. The DT Executive Level Oversight will then notify the athletic director or designee. The athletic director or senior associate director of athletics or designee will then notify the head coach. The student-athlete must meet with the director of athletics to determine future status on the team.

### *Student-Athlete Right to Request a Review*

Student-athletes who test positive for a banned substance by the laboratory retained by the institution may, within 72 hours following receipt of notice of the laboratory finding, contest the finding. Upon the student-athlete's request for additional testing of the sample, the Director

of Athletics/designee will formally request the laboratory retained by Washington State University to perform testing on specimen B. Specimen B findings will be final, subject to the results of any appeal. If Specimen B results are negative, the drug test will be considered negative.

Student-athletes who test positive under the terms of this policy, will be entitled to a hearing with the Director of Athletics or his/her designee to the imposition of the sanction. Requests for such a hearing must be made within 48 hours of notification of a positive test result. If the 48 hours would end on a weekend, the request must be made by noon on the next business day. Requests must be in writing and received by the Director of Athletics or his/her designee.

The student-athlete may have an advocate or other representative present if the student so desires. However, the student-athlete must present his or her case. The meeting should take place no more than 72 hours after the writing request is received. Either the student-athlete or the other parties involved may request an extension of time to the Director of Athletics, who will consider whether to grant the extension upon a showing of good cause. These proceedings shall include an opportunity for the student-athlete to present evidence, as we assess to review the results of the drug test. The proceedings shall be confidential. The decision by the Director of Athletics or his/her designee regarding the sanction to be imposed shall be final.

#### *Self-Harbor Use/Abuse of Alcohol/Other Drugs by Student-Athletes*

Any WSU student-athlete who feels he/she has a problem with the use of alcohol and/or other drugs may request assistance through any athletics department staff member or through their Pre-Participation Exam. A student-athlete is not eligible to enter the Safe Harbor Program:

1. More than one (1) time
2. Prior to being notified of an impending drug test (NCAA or departmental)
3. Prior to having legal charges made for alcohol and/or drug related behavior
4. Prior to receiving a Reasonable Suspicion claim from Departmental staff members

Washington State University will work with the student-athlete to prepare a Safe Harbor treatment plan, which may include confidential drug testing. The student-athlete will be tested for banned substances upon entry into the Safe Harbor Program and such a positive initial test will not result in any administrative sanctions except those listed in this section (i.e. the team physician may suspend the student-athlete from play or practice if medically indicated). A student-athlete will be permitted to remain in the Safe Harbor Program for a reasonable period of time as determined by Palouse Recovery Center.

Any positive test indicating new substance use and/or alcohol use after the initial Safe Harbor Program test will be treated as a new subsequent positive and will be treated as a first

positive test. Student-athletes in the Safe Harbor Program may be selected for drug testing by the NCAA at any time.

The Director of Athletics, Medical Director, Assistant AD for Athletic Medicine may be informed of the student-athlete's participation in the Safe Harbor Program. The athletic trainer assigned to the student-athlete's sport will also be notified.

It is important to clarify that being in treatment still requires the student-athlete's compliance with applicable NCAA, institutional, athletics department alcohol and drug policies. **This includes participating in any required NCAA drug testing or WSU Athletics Department drug testing based upon reported reasonable suspicion. Like any other student-athlete, you will be accountable for any violation of these policies including positive drug testing results.**

#### WSU Athletics Drug Testing Protocol and Communication Plan

1. Reasonable suspicion reported/referred to Drug Testing Supervisor (DT Supervisor).
2. DT Supervisor verifies reasonable suspicion through more than one source and documents in drug test file.
3. If reasonable suspicion exists, DT Supervisor moves drug test request and description of reasonable suspicion to the Drug Testing Consulting Committee (DT Consulting Committee) via secure messaging system.
4. DT Consulting Committee responds to request via secured messaging system. If all members are in agreement, drug testing will be completed.
5. DT Supervisor updates the head coach or designee and team athletic trainer. The team athletic trainer will arrange and confirm student-athlete's meeting time (based on student-athlete's academic schedule) with DT Supervisor in the BAC or CFC.
6. DT Supervisor meets with student-athlete and explains the reasonable suspicion, responds to questions, and reviews the Drug Testing Acknowledgement Form. Student-Athlete signs acknowledgment form.
7. DT Supervisor takes student-athlete to drug testing site to meet the Drug Testing Site Coordinator (DT Site Coordinator).
8. DT Supervisor and/or the DT Site Coordinator facilitates the drug test (with gender-appropriate athletic trainer as witness). The DT Supervisor or the DT Site Coordinator packages and mails sample to the lab.
9. DT Supervisor and the DT Site Coordinator receives drug test results from the Lab.

10. DT Site Coordinator updates and maintains drug testing data and annual summary report.
11. DT Supervisor forwards drug testing results to the DT Consulting Committee via secure messaging system.
12. The student-athlete enters the Student-Athlete Assistance Program and the team athletic trainer facilitates scheduling with Palouse Recovery Center.
13. DT Supervisor communicates with the student-athlete regarding the results.
14. If Positive: Drug Testing Executive Level oversight discusses with Head Coach current actions that need to take place (i.e. call parents, behavioral contract, expulsion).

## International Student Programs

*(International Student and Scholar Services (ISSS): CHS services and outreach education)*

1. International students have access to CHS for student health services and referral, including those specific to substance use and recovery.
2. International students, under the age of 21, participate in the mandatory BSRC sessions in the fall and the spring semesters. Cultural adaptations to the BSRC materials are made to assist with international student adjustment and legal concerns specific to the WSU Pullman campus. BSRC adaptations are made in consultation with the International Student Programs staff.
3. HP provides ongoing health services consultation to ISSS staff as requested. For example:
  - In 2019, IP ISSS requested a report based on NCHA 2018 from HP about the health experiences of WSU international students compared to WSU non-international students, including substance use and interrelated impacts on health and academic success. A research report was generated and disseminated to IP services for future program development and staff training. See the Research and Evaluation section for description of the research report and findings.
  - Consultation by the MSS Liaison with IP staff in Spring 2019 on sleep resources for international students, including reference to impact of substance use on sleep.
4. International student peer mentors participated in Mental Health First Aid (MHFA) training conducted by HP, which includes reference to the interrelated mental health and substance use concerns and referral for service information.

5. International Student Programs staff participate in the WSU Mental Health Collaborative group on the Pullman campus, which includes reference to the interrelated mental health and substance use concerns and referral.
6. Outreaches/education specific to IP INTO program (2018): Life Skill program, Time Management outreach with the MSS Liaison as facilitator, includes references to the impact of substance use on time management and academic success.

## Global Campus

Global Campus staff are trained to provide referral to the Student Care Network for students who are in distress and are experiencing substance use issues. Students would receive case management from the Office of the Dean of Students.

Global campus students are not included in the mandatory program requirements for BSRC and Green Dot due to the programs being focused on the state of Washington laws and therefor would not be relevant for those not living in the state of Washington.

## Greek Community & Center for Fraternity and Sorority Life

Fraternity and Sorority Programming and Education Standards:

1. All organizations are required (by the relationship agreement) to be recognized members of a Governing Council in order to operate on campus
2. Each Governing Council has established baseline standards
  - Standards include required education for 80% of the chapter to complete at least 2 educational programs per year. Educational programs are required to meet the educational needs of the chapter.
    - i. Topics include: alcohol and substance abuse, bystander intervention, academic success, career services, and health and wellness
  - Fraternity and Sorority Recruitment Participant Training: Before students can participate in recruitment, students must complete assigned substance abuse prevention education and sexual assault prevention curriculum.
  - Greek Standards Board (GSB) leverages an educational approach to responding to violations of community standards

- i. Sanctions include: additional required educational programs that focus specifically on the violation and prevention education

## WSU Police Department

The Washington State University Police Department (WSU PD) strives to educate the campus community and maintain a reasonably safe environment on campus. In 2019, WSU PD personnel provided 87 educational and prevention driven programs to students. Additionally, each residence hall on campus has an assigned police officer representative that works closely with hall staff to provide general crime prevention and safety programs for the residents. Although WSU PD takes many steps to educate and maintain safety on campus, each individual within the campus community plays a role and it is important to be aware of surroundings and use reasonable judgment when living, working, or visiting on campus.

## WSU Resources Information

### *On-Campus Resources*

<b>Resource</b>	<b>Information</b>
ASWSU Student Legal Services	<a href="https://sls.wsu.edu/about-us/">sls.wsu.edu/about-us/</a>
Cougar Health: <a href="#">Counseling and Psychological Services</a>	509-335-4511 Business hours 509-332-2159 Evening/weekend crisis services <a href="mailto:counseling@wsu.edu">counseling@wsu.edu</a>
Cougar Health: Health Promotion	509-335-9355 <a href="mailto:cougarhealth.healthpromotion@wsu.edu">cougarhealth.healthpromotion@wsu.edu</a>
Cougar Health: Medical Clinic	509-335-3575 <a href="mailto:cougarhealth@wsu.edu">cougarhealth@wsu.edu</a>
WSU Employee Assistance Program (EAP)	1-877-313-4455 <a href="https://hrs.wsu.edu/resources/employeeassistance-program/">https://hrs.wsu.edu/resources/employeeassistance-program/</a>

WSU Center for Community Standards	509-335-4532 <a href="http://communitystandards.wsu.edu">communitystandards.wsu.edu</a> ; <a href="http://handbook.wsu.edu">handbook.wsu.edu</a> <a href="mailto:communitystandards@wsu.edu">communitystandards@wsu.edu</a>
WSU Office of the Dean of Students	<a href="http://deanofstudents.wsu.edu">deanofstudents.wsu.edu</a>
WSU Police Department	<a href="http://police.wsu.edu">police.wsu.edu</a>

*Off-Campus Resources for WSU Pullman*

<b>Resource</b>	<b>Information</b>
Palouse River Counseling	<a href="http://palouserivercounseling.org">palouserivercounseling.org</a>
Cougar Security Walking Escort Service	<a href="http://police.wsu.edu/CougarSecurity">police.wsu.edu/CougarSecurity</a>
Pullman Police Department – Emergency	911
Pullman Police Department – Non-Emergency	<a href="http://pullman-wa.gov/departments/police">pullman-wa.gov/departments/police</a>
Whitman County Sheriff – Emergency	911
Whitman County Sheriff – Non-Emergency	<a href="http://whitmancounty.org/sheriff">whitmancounty.org/sheriff</a>
Whitman County Prosecutor’s office	<a href="http://whitmancounty.org/Page.aspx?pn=Prosecutor">http://whitmancounty.org/Page.aspx?pn=Prosecutor</a>
Northwest Justice Project Free Legal Hotline (CLEAR)	<a href="http://nwjustice.org">nwjustice.org</a>
Palouse Recovery Center	<a href="https://pullmanalcoholanddrugrehab.com/">https://pullmanalcoholanddrugrehab.com/</a>

# DAAPP Learning Outcomes

Student learning outcomes within the CHS—related to the WSU DAAPP or substance use prevention and recovery services/program—are framed in relation to 3 areas:

1. [WSU Learning Outcome: Focus areas](#)
2. [WSU Mission](#)
3. [Association of American Colleges & Universities: Learning Outcomes](#)

Additionally, within CHS, specific learning and behavioral outcomes for substance use and recovery services programs or services are assessed/evaluated. Outcomes/measures are briefly described in the data collection, assessment, and evaluation section below. Data reports are available upon request.

## 2017-2020 General Data Collection, Assessments, Evaluation, and Online Education Programs

WSU CHS (CAPS & HP) conduct regular data collection & program evaluation on AOD interventions and prevention programs. Data reports are available.

(Please note: If you would like specific outcome data for the following report, please contact Cougar Health Services Health Promotion at [cougarhealth.healthpromotion@wsu.edu](mailto:cougarhealth.healthpromotion@wsu.edu).)

### HP Outreach Education Participation

*(Substance use & substance use related)*

#### *General DAAPP Outreach Education Participation by Year*

<b>Outreach/Program</b>	<b>2016-2017</b>	<b>2017-2018</b>	<b>2018-2019</b>	<b>2019-2020</b>
BSRC – Outreach	n/a	4,900	5,434	5,034
BSRC – e-CheckUpToGo	4,535	4,647	5,043	4,913
Real Risks	n/a	0	217	276
Mental Health First Aid	n/a	123	236	239
Sleep, Alcohol, and Academic Impacts	n/a	0	203	147

Party Expectations	n/a	108	103	120
LS: Stress Management	n/a	458	984	839
LS: Self-Care	n/a	183	297	283
LS: Mindfulness	n/a	349	231	330
LS: Sleep More, Sleep Better	n/a	256	252	135
LS: Time Management	n/a	394	549	299

### *MSS Outreaches by Year*

*(MSS Liaison report available upon request)*

1. **2016 – 2017:** ~800 participants and 42 outreaches were conducted this academic school year with MSS, MSMP, and MSS fraternities and sororities.
2. **2017 – 2018:** ~650 participants and 39 outreaches were conducted this academic school year with MSS, CAMP, MSMP, and MSS fraternities and sororities.
3. **2018 – 2019:** ~581 participants and 39 outreaches were conducted this academic school year with MSS, CAMP, MSMP, and MSS fraternities and sororities.
4. **2019 – 2020:** ~536 participants and 39 outreaches were conducted this academic school year with MSS, United Greek Association Organizations, Peer Mentors, and INTO Pathways.

## Assessment: Campus-wide

### *NCHA IIb – National College Health Assessment 2018*

**Domains Covered:** Broad health behaviors, including substance use.

**Frequency:** Every other year - 2004 to 2020

**On Whom/Population/Data Source:** WSU students

**Response Rate:** Varies

**By Whom & Who Owns:** HP

**How Collected:** Online

**Outcome/Measures:** WSU NCHA report on WSU Pullman student health experiences, behaviors, perceptions, and attitudes conducted every other year.

*CDPS – College Prescription Drug Study 2018 (in conjunction with Ohio State)*

**Domains Covered:** Non-medical prescription drug use and other interrelated health behaviors and academic consequences.

**Frequency:** Spring 2018

**On Whom/Population/Data Source:** WSU students, WSU community

**Response Rate:** 14.3%

**By Whom & Who Owns:** HP

**How Collected:** Online

**Outcome/Measures:** WSU CPDS report on WSU Pullman student health experiences, behaviors, perceptions, and attitudes regarding non-medical prescription drug use.

*CES – College Experience Survey 2016, 2019*

**Domains Covered:** Primarily addresses experience of violence. Contains questions regarding the experience of substance-facilitated violence.

**Frequency:** Spring 2016, Spring 2019

**On Whom/Population/Data Source:** WSU students

**Response Rate:** 34%

**By Whom & Who Owns:** HP

**How Collected:** Online

**Outcome/Measures:** WSU HP CES report on WSU Pullman student health experiences, behaviors, perceptions, and attitudes regarding violence.

*HMS – Healthy Minds Study 2019*

**Domains Covered:** Primarily addresses experience of mental health concerns. Contains questions regarding the experience of substance-related mental health concerns.

**Frequency:** Spring 2019

**On Whom/Population/Data Source:** WSU students

**Response Rate:** n/a

**By Whom & Who Owns:** HP

**How Collected:** Online

**Outcome/Measures:** WSU HP HMS report on WSU Pullman student health experiences, behaviors, perceptions, and attitudes regarding mental health and other interrelated concerns.

### *HP One-Page Research Reports: Substance Use*

**Domains Covered:** Summary data reports from multiple sources regarding a specific high-risk group (e.g. Greek community) or specified topic (substance use and academic impacts)

**Frequency:** Spring 2019, ongoing

**On Whom/Population/Data Source:** WSU students

**Response Rate:** n/a

**By Whom & Who Owns:** HP

**How Collected:** Compilation of data from the NCHA, CPDS, CES, HMS. Includes comparisons between WSU and National data.

**Outcome/Measures:** Substance use one-page reports used for dissemination across campus for WSU faculty and staff education as well as program development. The one-page reports answers specific research questions with graphics and data summaries; for example, “How do Greek and non-Greek students compare in terms of substance use and related impacts?” and “How do WSU students and National students compare in terms of substance use and related impacts?”. Other interrelated data regarding experiences of violence and mental health are included in the one-page reports (see Appendix D for an example).

### *NCHA 2018: Health Experiences of WSU International Students Compared to Non-International Students*

**Domains Covered:** Comparative descriptive analysis of Mental Health, Substance use, Experiences of violence, general health experience

**Frequency:** Analysis of NCHA 2018 data

**On Whom/Population/Data Source:** WSU International and Non-International students

**Response Rate:** 135 International respondents to the NCHA compared to all Non-International respondents

**By Whom & Who Owns:** HP

**How Collected:** Literature review on international students in the U.S. and their health experiences. Comparative descriptive analysis on NCHA 2018 data set. Report and follow up discussion provided to HP and International Programs staff.

**Outcome/Measures:** Report generated to answer the research question: Do International and Non-International students differ in the health experiences, as reported in the 2018 NCHA? Frequency analysis was conducted via SPSS on some of the NCHA data (e.g. violence, mental health, food and nutrition, exercise and sleep) for Spring 2018 to understand the health and interrelated contexts and condition of the International Students in comparison with the total participant of Non-International Students. With the exception of 5 NCHA mental health variables, International students reported more positive health experiences and lower health risk

behaviors than Non-International students, including all substance use measures. Full report available.

## Assessment: Clinical/Intervention

### *CAPS Demographics Form*

**Domains Covered:** Prescription medications; previous AOD use; previous AOD treatment (if any)

**Frequency:** Once at intake and again if treatment is discontinued. Filled out again if treatment is resumed.

**On Whom/Population/Data Source:** WSU students

**Response Rate:** ~100%

**By Whom & Who Owns:** CAPS

**How Collected:** In-person

**Outcome/Measures:** Follow treatment progression if AOD issues are endorsed and diagnosed.

### *Counseling Center Assessment of Psychological Symptoms (CCAPS-62 and CCAPS-34)*

**Domains Covered:** General AOD use

**Frequency:** Once at intake and again if treatment is discontinued and then re-started; occasionally pre- and post-test

**On Whom/Population/Data Source:** WSU students

**Response Rate:** ~100%

**By Whom & Who Owns:** CAPS

**How Collected:** In-person

**Outcome/Measures:** Follow treatment progression if AOD issues are endorsed and diagnosed; pre- and post-test assessment of AOD decrease usage.

### *CAPS AOD Assessment Forms (DSM 5 criteria)*

**Domains Covered:** Substance use

**Frequency:** Once at first 1:1 IMPACT II meeting and at each IMPACT II meeting thereafter

**On Whom/Population/Data Source:** For IMPACT II 1:1 students

**Response Rate:** ~100%

**By Whom & Who Owns:** CAPS

**How Collected:** In-person

**Outcome/Measures:** Follow treatment progression if AOD issues are endorsed and diagnosed and if the student receives treatment at CAPS.

*IMPACT: E-CheckUpToGo Practitioners' Version*

**Domains Covered:** Substance use, frequency & quantity measures, social norms, risks, motivations

**Frequency:** As referred by CCS: group & 1:1

**On Whom/Population/Data Source:** Mandated students referred by Center for Community Standards

**Response Rate:** ~100%, sanction referral

**By Whom & Who Owns:** CAPS and HP

**How Collected:** Online

**Outcome/Measures:** Routes student to 1:1 or workshop based on specified risk and DSM criteria. Personalized feedback regarding participant intention to change behavior in response to intervention as well as review of participant goals and motivators for personal and academic success.

## Online Programs: Education, personalized feedback, substance use data collection

*e-CheckUpToGo Online Assessments: Alcohol and Marijuana (Open)*

**Domains Covered:** Alcohol use and cannabis use - frequency & quantity measures, social norms, risks, motivations

**Frequency:** Ongoing

**On Whom/Population/Data Source:** Open access for WSU students

**Response Rate:** Varies – Open Access

**By Whom & Who Owns:** HP

**How Collected:** Online

**Outcome/Measures:** e-CheckUpToGo Admin Report: Aggregate frequency measures on number of drinks, BAL, protective strategies, risk assessment, by population and class standing.

*BSRC (Booze, Sex, & Reality Checks) e-CheckUpToGo*

**Domains Covered:** Substance use, frequency & quantity measures, social norms, motivations, risks

**Frequency:** Mandatory - annually in fall semester

**On Whom/Population/Data Source:** Incoming first year and transfer students under the age of 21.

**Response Rate:** ~90+%

**By Whom & Who Owns:** HP

**How Collected:** Online. Use of electronic verification for completion, de-linked participant ID and aggregate data.

**Outcome/Measures:** Online personalized feedback regarding participant intention to change behavior in response to outreach intervention as well as review of participant goals and motivators for personal and academic success.

## In-Person Outreach Evaluation

### *IMPACT II Workshop*

**Domains Covered:** Motivation, willingness and intention for positive behavior change regarding high risk substance use across multiple timepoints. Poster title: *The Impact on Student Motivation to Engage in Behavioral Harm Reduction Practices.*

**Frequency:** Optional evaluation for all IMPACT participants, Per/Post per session.

**On Whom/Population/Data Source:** WSU Students, mandated for substance use sanctions by CCS

**Response Rate:** Alcohol group N = 252, Cannabis group N = 106

**By Whom & Who Owns:** HP

**How Collected:** In-person on paper, Pre/Post

**Outcome/Measures:** Analyses: Paired-sample T-test and Repeated Measures of ANOVA of pre/post brief intervention results were conducted across two sessions and four pre/post time points. The data collection time points T1-T4 formed a particular pattern (see charts below): lower Likert scores at T1 & T3 and then higher Likert scores at T2 & T4, indicating higher scores and motivation for and intention to make positive changes at post eval (T2 & T4). This pattern was consistent across all 4 evaluation questions. Interestingly, T3 (pre-session 2) scores regressed to a lower Likert score; however, did not return to the base line levels (T1 or pre-session 1). As well, at post-session 2 or T4, the Likert scores increased to match T2 (post-session T2) scores or higher. This pattern indicates participants continue to make positive behavior changes and/or activate the cognitive process of reflection on motivation and the intention (McGrath et al. 2019, p. 9) in order to make positive changes over the 2 sessions. Thus, within the 2 session IMPACT intervention, participants benefitted from a repeated or reinforced intervention (Dupont et al., 2017, p. 370), which can result in positive behavioral changes (Borsari et al., 2015, p. 12) and

may potentially extend the timeframe of positive behavior retention (McGrath et al., 2019, p. 9). Conclusion: Per these self-reported data, the IMPACT intervention was effective in increasing motivation, willingness and intention for positive behavior change regarding high risk substance use across multiple timepoints.

### *Mental Health First Aid Evaluation*

**Domains Covered:** This evaluation covers participants' opinions on the 8-hour training course, along with their confidence levels on being able to carry out the Mental Health First Aid action plan steps, including interrelated substance use and substance use disorder.

**Frequency:** Ongoing since 2018

**On Whom/Population/Data Source:** WSU Students, Staff, and Faculty

**Response Rate:** 100% (participants cannot receive an MHFA certificate without completing an evaluation)

**By Whom & Who Owns:** HP

**How Collected:** In-person on paper

**Outcome/Measures:** Participant feedback on if the course and facilitator met specific learning outcomes. Participant perception regarding future intention to adopt the knowledge and implement skills learned in the course, in order to assist those with mental health concerns.

### *Life Skills Outreach Evaluation*

**Domains Covered:** Time management, stress management, sleep more & sleep better, test anxiety, & mindfulness. Outreach includes addressing substance use in relation to main topic (e.g. Effects of alcohol use on sleep and potential academic impacts).

**Frequency:** By request for student groups and a mandated programming option for students on academic probation.

**On Whom/Population/Data Source:** Student living groups and students on academic probation **Response Rate:** Varies, 90-100%, ongoing since 2019

**By Whom & Who Owns:** HP

**How Collected:** In-person, fill out Pre/Post form

**Outcome/Measures:** Full reports available upon request. Behavior change in response to outreach intervention, which includes addressing substance use in relation to main topic. Protective strategies, harm reduction strategies, as well as personal and academic goal attainment in relation to outreach topic. Bi-annual reports generated and used in HP staff training and for program development and evaluation.

### *2016-2017 MSS Liaison Outreach Evaluation*

**Domains Covered:** Life and academic skills, social justice, and health practice. Outreaches include addressing substance use in relation to main topic.

**Frequency:** By request via the MSS Centers and with United Greek groups.

**On Whom/Population/Data Source:** WSU students, who participate Multicultural Student Services Centers – African Am Center, Native Am Center, Chicano/Latino Am Center, Asia/Pacific Islander Center, Enrichment Center, United Greek members, etc.

**Response Rate:** Participants = 206. Response Rate = 183 or 89%

**By Whom & Who Owns:** HP

**How Collected:** Post outreach survey

**Outcome/Measures:** Poster and data presentation to MSS & HP staff. San Miguel, A. Building Relationships and Promotion health: An Empirical Evaluation of a Culturally Based Substance Abuse Prevention and Outreach Program with Multicultural University Students (2017). Washington State University's 2017 Academic Showcase.

### *2017-2018 MSS Liaison Outreach Evaluation*

**Domains Covered:** Life and academic skills, social justice, culture, and health practice. Outreaches include addressing substance use in relation to main topic.

**Frequency:** By request via the MSS Centers and with United Greek groups.

**On Whom/Population/Data Source:** WSU students, who participate Multicultural Student Services Centers – African Am Center, Native Am Center, Chicano/Latino Am Center, Asia/Pacific Islander Center, Enrichment Center, United Greek members, etc.

**Response Rate:** Effectiveness of the intervention was measured through an MSS outreach evaluation survey during Fall 2017 (n=163).

**By Whom & Who Owns:** HP

**How Collected:** Post outreach survey. In addition to the quantitative measures described, qualitative data was collected to deepen the analyses of the research questions, to help refine specific topic interests, and to indicate specific personal behavioral change by student participants.

**Outcome/Measures:** Poster and data presentation to MSS & HP staff. Wong, R. A., & Maarhuis, P. L. (2018). *Multi-cultural Student Intervention: Health, Academic, & Personal Goal Attainment*. Washington State University's 2018 Academic Showcase.

### *2018-2019 MSS Liaison Outreach Evaluation*

**Domains Covered:** Life and academic skills, social justice, and health practice. Outreaches include addressing substance use in relation to main topic.

**Frequency:** By request via the MSS Centers and with United Greek groups.

**On Whom/Population/Data Source:** WSU students, who participate Multicultural Student Services Centers – African Am Center, Native Am Center, Chicano/Latino Am Center, Asia/Pacific Islander Center, Enrichment Center, United Greek members, etc.

**Response Rate:** Participants = 206. Response Rate = 183 or 89%

**By Whom & Who Owns:** HP

**How Collected:** Post outreach survey

**Outcome/Measures:** Poster and data presentation to MSS & HP staff. Posey, B. M., & Maarhuis, P. L. (2019). *Telenovelas, Collard Greens, and Sweat Lodges: Multicultural Students Experiences with Health and Culturally Based Protective Strategies at WSU*. Washington State University's 2019 Academic Showcase.

## Formative and Process Evaluations

### *2017-2018 WSU Policy Report: A review of alcohol service at football stadiums*

**Domains Covered:** Alcohol service on campus, environmental strategies and the prevention of substance abuse

**Frequency:** ~7-month formative evaluation of the WSU and Pac 12 alcohol service policies at football stadiums. Formative evaluation occurs during program development and implementation. It provides information on achieving program goals or improving your program. Formative evaluation ensures that a program or program activity is feasible, appropriate, and acceptable before it is fully implemented.

**On Whom/Population/Data Source:** Qualitative survey with open-ended questions, interview, and fieldnotes x4: WSU Athletics Office of Event Management and Facilities Operations, WSU PD, Pullman PD, WSU Office of Student Conduct (retitled: WSU Center for Community Standards). University documents and website review for all the Pac 12 universities with follow up questions via phone calls as needed.

**Response Rate:** n/a, qualitative

**By Whom & Who Owns:** WSU Student Affairs Division and HP

**How Collected:** Literature review, University documents and website review. Qualitative survey, interview questions, and fieldnotes x4. Final report disseminated to multiple WSU departments, including all WSU and Pullman participant departments.

**Outcome/Measures:** Full report available upon request. Emeka, C., Sunday, O., & Maarhuis, P. (2018). Washington State University Policy Report: A review of alcohol service at football stadiums. Pullman WA: Health & Wellness Services, Health Promotion Department, Washington State University.

*2018 MSS Liaison Report: Queer Students of Color and Mental Health*

**Domains Covered:** Mental health (including substance use and coping), interpersonal relationships, and academic success of queer students of color. Interaction between WSU MSS and GEISORC staff and student populations as well as service provision.

**Frequency:** ~2-month formative evaluation of the WSU services to queer student of color, including literature review and recommendations. Formative evaluation occurs during program development and implementation. It provides information on achieving program goals or improving your program. Formative evaluation ensures that a program or program activity is feasible, appropriate, and acceptable before it is fully implemented.

**On Whom/Population/Data Source:** Literature review, student and staff interviews, review of departmental documents.

**Response Rate:** n/a, qualitative

**By Whom & Who Owns:** HP

**How Collected:** Literature review, university documents and website review, staff and student interview notes.

**Outcome/Measures:** Pullman campus conference presentation and multiple data presentations with feedback discussion to WSU staff & faculty as well as community partners from designated services. Posey, B. M., & Johnson, T. L., (2018). *50 Shades Darker: Queer Students of Color and Mental Health in Higher Ed*. Washington State University's InQueery Symposium. Pullman, WA.

*2019-2020 MSS Liaison Report: WSU Health and First Responder Services Evaluation*

**Domains Covered:** Life and academic skills, social justice, and health practice. Outreaches include addressing substance use in relation to main topic.

**Frequency:** ~8-month process evaluation of MSS student experiences of WSU health and first responder services: Process evaluation is a type of formative evaluation that assesses the type, quantity, and quality of program activities or services. Services evaluated via MSS student surveys (Qualitative and Quantitative): CHS-Clinic, CAPS, WSU & Pullman PDs.

**On Whom/Population/Data Source:** WSU students, who participate in Multicultural Student Services Center outreaches – African Am Center, Native Am Center, Chicano/Latino Am Center, Asia/Pacific Islander Center, Enrichment Center, United Greek members, etc.

**Response Rate:** For MSS student surveys - 69%. Fieldnotes x4: Discussion and feedback sessions with the WSU services.

**By Whom & Who Owns:** HP

**How Collected:** Literature review, Post-outreach survey at MSS student centers, Field notes from data presentation and feedback sessions (HP, CHS-Clinic, CAPS, MSS services, WSU & Pullman PDs). Feedback and discussion notes integrated into final report. Final report disseminated to multiple WSU departments.

**Outcome/Measures:** Poster and multiple data presentations with feedback discussion to WSU staff & faculty as well as community partners from designated services. Posey, B. M., & Maarhuis, P. (2020). *'We're Here to Help': Students of Color Experiences and Satisfaction with Wellbeing Resources at Washington State University*. WSU 2020 GPSA Expo.

## Recommendations for Next Biennium

1. Ongoing collaboration between CAPS, HP, and Clinic Services for DAAPP development and implementation:
  - Implement regular training program within Cougar Health Services for facilitator/staff professional development, integration of services, and consistency in DAAPP program content.
  - Update general AOD training manuals, PowerPoint presentations, and IMPACT facilitator manuals by Health Promotion Specialist and Health Education Coordinator to address changing trends in substance use and intersections with mental/physical health.
  - Expand the inclusion of WSU students as Peer Health Educators in DAAPP and other mental health programs, including IMPACT and Life Skills.
  - Maintain the Multicultural Student Services (MSS) Liaison program position and evaluation projects for Health Promotion and CAPS outreaches.
  - Expand MHFA trainings offered to WSU staff and faculty, which include review of substance use concerns, coping, mental health, and referral to WSU resources/services.
2. Collaboration with WSU student services and organizations (e.g. CFSL, Global campus, International Student Services, CCS, Greek community, Residence Life, etc.):
  - As needed and requested, collaborate in ongoing updates of substance abuse outreach content, assessment and student need reports, and program administration materials.

- Apply for grant funding opportunities to further support DAAPP programming and collegiate recovery services on the Pullman campus.
3. Develop and implement collegiate recovery services:
- Apply to and complete the Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) program via Substance Abuse and Mental Health Services Administration (SAMHSA).
  - Convene an interdepartmental WSU Collegiate Recovery Workgroup to address the needs of students in recovery on the Pullman campus, which includes faculty, student, and recent alumni involvement.
  - Implement a weekly online All Recovery meeting for WSU students, including other WSU campuses.
  - Provide support as needed to the WSU Cougs for Recovery (C4R) student organization via the WSU Collegiate Recovery Workgroup and WSU CHS.
  - Develop a formal student referral policy and procedure for substance use intervention and treatment to services on and off the Pullman campus.
  - Apply to the State of Washington Health Care Authority (HCA) for collegiate recovery funding at WSU Pullman and to support recovery efforts across the state. These efforts to include participation in a state-wide virtual learning community, community asset mapping project, and development & adoption of a formal referral policy & protocol for substance use disorder or problematic substance use.
4. In coordination with the WSU Graduate School develop and implement mental/physical health services specific to the Graduate Student population, including DAAPP services:
- Conduct a student needs assessment and service utilization review for the Graduate Student population, including mental health and substance use measures.
  - Based on the graduate student needs assessment, collaborate with the Graduate School and Faculty representatives to implement needed services, including those that address mental health and substance use.
5. Develop and implement DAAPP services and resources specific to Global Campus students, such as Life Skills program outreaches and mental health outreaches, which includes references to the impact of substance use on mental health and academic success:

- For Global Campus staff to participate in Mental Health First Aid (MHFA) training conducted by HP, which includes reference to the interrelated mental health and substance use concerns and referral for service information.
  - For Global Campus students to be included in the bystander intervention Count on Cougs (the replacement for Green Dot), which focuses on reducing gender-based violence (intimate partner violence, stalking, and sexual assault) and refers to the interrelated mental health and substance use concerns and referral for service information.
  - To provide a guide of resources for faculty and staff on how to recognize when a student is in distress and how to support them, that is similar to [Guides for Helping Students in Distress](#) provided to other WSU campuses.
6. CCS to develop and implement an assessment regarding the student experience of the CCS process in 2021-2022, including the substance use violation

## Appendix A: WSU Annual Security and Fire Report

*(Comparative Crime Statistics and data provided from the WSU police records)*

### 2017-2019 Comparative Crime Statistics, Pullman, On-Campus Property

<b>Offense</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
Arrests: Alcohol Law Violations	75	63	67
Arrests: Drug Abuse Violations	37	26	32
Referrals: Alcohol Law Violations	234	252	222
Referrals: Drug Abuse Violations	333	322	333

## 2017-2019 Comparative Crime Statistics, Pullman, On-Campus Residences

*(subset of On-Campus Property)*

<b>Offense</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
Arrests: Alcohol Law Violations	1	0	2
Arrests: Drug Abuse Violations	10	5	2
Referrals: Alcohol Law Violations	164	169	162
Referrals: Drug Abuse Violations	259	246	279

### Other Data from Calendar Year 2019

<b>Description</b>	<b>Count</b>
Overdose (not resulting in death)	19
Fatalities Related to AOD Use	0

## Appendix B: WSU NCHA Data

NCHA II Q2. Have you received information on the following topics from your college or university?

<b>Topic</b>	<b>WSU 2016</b>	<b>WSU 2018</b>
Alcohol and other drug use	85.5%	81.0%

NCHA II Q3. Are you interested in receiving information on the following topics from your college or university?

<b>Topic</b>	<b>WSU 2016</b>	<b>WSU 2018</b>
Alcohol and other drug use	32.1%	37.8%

NCHA II Q8A5. Within the last 30 days, on how many days did you use alcohol (beer wine, liquor)?

<b>Number of days of use</b>	<b>WSU 2016</b>	<b>WSU 2018</b>
Never used	18.3%	17.6%
Have used, but not in the last 30 days	14.0%	17.3%
1-9 days	52.1%	51.2%
10-29 days	14.7%	13.4%
Used daily	0.8%	0.6%
Any use within the last 30 days*	67.7%	65.1%

(\*Data taken from Summary Report. Result must be compared with caution.)

NCHA II Q8A6. Within the last 30 days, on how many days did you use marijuana (pot, weed, hashish, hash oil)?

<b>Number of days of use</b>	<b>WSU 2016</b>	<b>WSU 2018</b>
Never used	53.7%	50.3%
Have used, but not in the last 30 days	19.8%	19.3%
1-9 days	15.9%	17.2%
10-29 days	6.9%	7.2%
Used daily	4.1%	5.9%
Any use within the last 30 days*	26.4%	30.4%

(\*Data taken from Summary Report. Result must be compared with caution.)

NCHA II Q8A7. Within the last 30 days, on how many days did you use cocaine (crack, rock, freebase)?

<b>Number of days of use</b>	<b>WSU 2016</b>	<b>WSU 2018</b>
Never used	91.6%	90.2%
Have used, but not in the last 30 days	5.4%	6.7%
1-9 days	2.8%	2.9%
10-29 days	0.2%	0.1%
Used daily	0.0%	0.1%

NCHA II Q8A9. Within the last 30 days, on how many days did you use other amphetamines (diet pills, bennies)?

<b>Number of days of use</b>	<b>WSU 2016</b>	<b>WSU 2018</b>
Never used	93.5%	94.4%
Have used, but not in the last 30 days	3.6%	3.1%
1-9 days	1.8%	1.5%
10-29 days	0.6%	0.5%
Used daily	0.4%	0.6%

NCHA II Q8B1. Within the last 30 days, on how many days did you use sedatives (downers, ludes)?

<b>Number of days of use</b>	<b>WSU 2016</b>	<b>WSU 2018</b>
Never used	93.6%	95.1%
Have used, but not in the last 30 days	4.0%	2.9%
1-9 days	1.8%	1.4%
10-29 days	0.4%	0.4%
Used daily	0.2%	0.3%

NCHA II Q8B2. Within the last 30 days, on how many days did you use hallucinogens (LSD, PCP)?

<b>Number of days of use</b>	<b>WSU 2016</b>	<b>WSU 2018</b>
Never used	92.2%	91.4%
Have used, but not in the last 30 days	5.9%	7.6%
1-9 days	1.8%	0.9%
10-29 days	0.0%	0.1%
Used daily	0.0%	0.0%

NCHA II Q8B4. Within the last 30 days, on how many days did you use opiates (heroin, smack)?

<b>Number of days of use</b>	<b>WSU 2016</b>	<b>WSU 2018</b>
Never used	98.1%	98.4%
Have used, but not in the last 30 days	1.2%	1.2%
1-9 days	0.5%	0.4%
10-29 days	0.2%	0.0%
Used daily	0.1%	0.0%

NCHA II Q8B6. Within the last 30 days, on how many days did you use MDMA (Ecstasy)?

<b>Number of days of use</b>	<b>WSU 2016</b>	<b>WSU 2018</b>
Never used	92.1%	92.8%
Have used, but not in the last 30 days	6.1%	6.0%
1-9 days	1.6%	1.0%
10-29 days	0.2%	0.1%
Used daily	0.0%	0.0%

NCHA II Q8B8. Within the last 30 days, on how many days did you use other illegal drugs?

<b>Number of days of use</b>	<b>WSU 2016</b>	<b>WSU 2018</b>
Never used	95.1%	96.5%
Have used, but not in the last 30 days	3.8%	2.9%
1-9 days	0.9%	0.6%
10-29 days	0.3%	0.1%
Used daily	0.0%	0.1%

NCHA II Q13. Over the last two weeks, how many times have you had five or more drinks of alcohol at a sitting?

	<b>WSU 2016</b>	<b>WSU 2018</b>
n/a, don't drink	21.7%	24.1%
None	42.8%	44.6%
1 time	15.2%	15.2%
2 times	8.1%	6.8%
3 times	5.0%	4.5%
4 times	3.5%	1.8%
5-9 times	3.4%	2.9%
10 or more times	0.2%	0.1%

NCHA II Q14. Within the last 30 days did you drive after drinking any alcohol at all?

	<b>WSU 2016</b>	<b>WSU 2018</b>
Not applicable/Don't drive	20.0%	20.1%
Not applicable/Don't drink	16.8%	17.8%
Drive after drinking any alcohol at all	10.2%	11.5%
Drive after having 5 or more drinks of alcohol	0.6%	0.7%

NCHA II Q15. During the last 12 months, when you “partied”/socialized, how often did you\*:

<b>Item (from Executive Summary)</b>	<b>WSU 2016</b>	<b>WSU 2018</b>
Alternate non-alcoholic with alcoholic beverages	34.6%	38.2%
Determine in advance not to exceed a set number of drinks	39.5%	42.3%
Choose not to drink alcohol	21.3%	23.4%
Use a designated driver	86.5%	83.7%
Eat before and/or during drinking	82.3%	84.6%
Have a friend let you know when you've had enough	42.2%	39.6%
Keep track of how many drinks you were having	64.4%	69.3%
Pace your drinks to 1 or fewer per hour	31.1%	33.5%
Avoid drinking games	35.0%	40.2%
Stay with the same group of friends entire time drinking	86.6%	88.6%
Stick with only one kind of alcohol when drinking	50.3%	49.8%

(\*Student who reported they “n/a do not drink” were excluded from this analysis.)

NCHA II Q18. Within the last 12 months, have you taken any of the following prescription drugs that were not prescribed to you?

<b>Type of Prescription Drug</b>	<b>WSU 2016</b>	<b>WSU 2018</b>
Antidepressants (e.g., Celexa, Lexapro, Prozac, Wellbutrin, Zoloft)	1.9%	2.6%
Erectile dysfunction drugs (e.g., Viagra, Cialis, Levitra)	0.3%	0.4%
Pain killers (e.g., OxyContin, Vicodin, Codeine)	5.8%	4.3%
Sedatives (e.g., Xanax, Valium)	4.0%	2.6%
Stimulants (e.g., Ritalin, Adderall)	10.2%	9.1%

NCHA II Q31. Within the last 12 months, have you been diagnosed or treated by a professional for substance use or addiction (alcohol or other drugs)?

<b>Type of Prescription Drug</b>	<b>WSU 2016</b>	<b>WSU 2018</b>
No	98.9%	98.2%
Yes, diagnosed but not treated	0.5%	0.7%
Yes, treated composite	0.7%	1.2%

NCHA II Q45A. Within the last 12 months, students reported the following factors affecting their individual academic performance\*:

<b>Item (listed greatest to least self-reported impact)</b>	<b>WSU 2016</b>	<b>WSU 2018</b>
Alcohol use	4.8%	5.3%
Drug use	2.5%	2.8%

(\*Effects on academic performance such as received a lower grade on an exam, or an important project; received a lower grade in the course; received an incomplete or dropped the course; or experienced a significant disruption in thesis, dissertation, research, or practicum work)

## Appendix C: 2018 College Prescription Drug Survey (CPDS)

Percentage of respondents reporting they have ever used prescription drugs non-medically

	<b>Your Institution</b>	<b>4-Year Public Institutions</b>	<b>4-Year Private Institutions</b>
Pain Medications	11.3%	9.7%	6.6%
Sedatives	9.9%	9.9%	7.5%
Stimulants	18.9%	16.3%	14.0%

Have you ever used a pain medication (e.g., OxyContin, Vicodin, Percodan) for non-medical reasons?

	<b>Your Institution</b>	<b>4-Year Public Institutions</b>	<b>4-Year Private Institutions</b>
Yes	11.3%	9.7%	6.6%
No	88.5%	89.7%	93.0%
I'd rather not say	0.2%	0.6%	0.4%
Total responses	100.0%	100.0%	100.0%

Have you ever used sedatives, sleeping medications, or tranquilizers (e.g., Valium, Xanax, Ambien) for non-medical reasons?

	<b>Your Institution</b>	<b>4-Year Public Institutions</b>	<b>4-Year Private Institutions</b>
Yes	9.9%	9.9%	7.5%
No	90.1%	89.5%	92.0%
I'd rather not say	0.0%	0.6%	0.4%
Total responses	100.0%	100.0%	100.0%

Have you ever used a stimulant (e.g., Ritalin, Adderall, Dexedrine) for non-medical reasons?

	<b>Your Institution</b>	<b>4-Year Public Institutions</b>	<b>4-Year Private Institutions</b>
Yes	18.9%	16.3%	14.0%
No	80.9%	83.0%	85.3%
I'd rather not say	0.2%	0.6%	0.7%
Total responses	100.0%	100.0%	100.0%

Are you aware of resources to help you use prescription drugs safely?

	<b>Your Institution</b>	<b>4-Year Public Institutions</b>	<b>4-Year Private Institutions</b>
Yes, I am aware of resources on campus	49.1%	37.8%	35.4%
Yes, I am aware of resources off campus	10.5%	18.6%	18.6%
No	40.5%	43.6%	46.0%
Total responses	100.0%	100.0%	100.0%

Have you ever taken a workshop, class, or had training on the appropriate ways to use prescription medications?

	<b>Your Institution</b>	<b>4-Year Public Institutions</b>	<b>4-Year Private Institutions</b>
Yes	11.9%	11.0%	10.0%
No	88.1%	89.0%	90.0%
Total responses	100.0%	100.0%	100.0%

If you were concerned or worried about your non-medical use of prescription drugs, do you know where to go for help?

	<b>Your Institution</b>	<b>4-Year Public Institutions</b>	<b>4-Year Private Institutions</b>
Yes, somewhere on campus	61.5%	41.1%	43.3%
Yes, somewhere off campus	17.4%	37.6%	36.2%
No	21.1%	21.3%	20.6%
Total responses	100.0%	100.0%	100.0%

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