

**Chemical Health Advisory Committee  
Annual Report 2016-17**

**Members:** Ben Endres, Christina Geissler, Ana Hammerschmidt, Gary Holquist, Sean Huls, Jeremy Leiferman, Laretta Perry Karen Skrbich, Ben Stoddart

**CHAC Mission**

The mission of the Chemical Health Advisory Committee is to develop campus collaborative efforts to assess and address current issues of students’ alcohol and other drug use in the Duluth and UMD communities.

**CHAC Goals**

<b>CHAC Goal</b>	<b>Mapping to University Goals</b>	<b>Mapping to Student Life Goals</b>
<b>GOAL 1:</b> CHAC will regularly review and analyze current alcohol and other drug use and trends both locally and nationally.	5, 6	2.6
<b>GOAL 2:</b> CHAC will provide a venue for creating campus collaborations on alcohol and drug education programming and prevention efforts.	1, 2, 5	3.1, 4.2
<b>GOAL 3:</b> CHAC will make recommendations for the UMD campus concerning alcohol and other drug issues.	1, 5	6.2
<b>GOAL 4:</b> CHAC will share information and data with appropriate stakeholders.	5.2	5.2, 6.2

**GOAL 1:** CHAC will regularly review and analyze current alcohol and other drug use and trends both locally and nationally.

**Objectives:**

*Select CHAC members will work with Health Services to develop a reporting system that will stream line documentation of Brief Motivational Interviewing (BMI) screenings and the number of referrals made for tracking purposes.*

Different formats were incorporated over the academic year to document the number of referrals given. Initially a central location was identified within the medical section to document encounters. Due to the proximity of the sheet to exam rooms and the demands of clinic flow (the number of patients to be seen), the sheet was not used consistently. The number of referral cards distributed was another method considered

by HS staff; however, it was deemed unreliable as the cards were sometimes used for other purposes (requested by a patient to give to a friend, used for scratch paper, etc.). The third method implemented was documentation in the patient's chart under 'social history'. While this encouraged documentation, it proved problematic as there is no code in the electronic medical record system for social history, thereby making retrieval of the number of referrals given extremely time consuming. Health Services staff continue to explore possibilities for tracking the number of referrals given. They are also looking to incorporate Brief Motivational Interviewing as part of their peer review process.

In addition, the Chemical Health Educator met individually with medical providers and nurses from UMD's Health Services this fall to provide feedback and additional training on motivational interviewing techniques.

*Pending IRB approval, select CHAC members will collect data from students participating in BASICS programming on patterns of marijuana use for determining future intervention strategies.*

The IRB identified our objective as within the range of normal programming for the Chemical Health Educator under quality assurance activities and evaluation, hence, not meeting the threshold of research with human subjects. 115 BASICS meetings were conducted from Sept. 2016-May 2017 with all student's responses concerning marijuana use and practices documented. The information gained from this sample were compared, and found consistent, with the results of the electronic survey distributed in January on marijuana.

*Develop and implement an electronic survey instrument addressing attitudes and behaviors associated with marijuana.*

A random sample survey was distributed via Campus Labs from January 23- February 4, 2017 to 3,000 UMD students with 705 students responding (24%). Details of the survey results can be found in the Assessment section of this document.

*Review monthly incident reports from UMD Police, Detox, Housing, and the Office of Student Conduct*

Monthly incident reports were compiled from the Office of Student Conduct and UMD Campus Police September through May and discussed at monthly CHAC meetings. A reduction in underage consumption, drug violations, detox and hospitalizations were noted from 2015/16 to 2016/17. Medical Amnesty numbers increased from 1 to 7 from 2015/16 to 2016/17. We view this is a positive sign that students are aware of the signs of alcohol overdose and the state statute which encourages underage individuals to make the call for help. We remain committed to programming to support this through classroom presentations and magnet distribution through residence halls and campus apartments on the signs of alcohol poisoning.

As was reported in 2015 and 2016, the closing of detox facilities throughout the state limited the availability of beds to incapacitated students. This year we saw an improvement from 2015 in bed availability to UMD students when needed; however, UMD has not received consistent monthly reports from Detox for the last two years. This information has been shared with one of coordinators at the Center for Drug and Alcohol Treatment in an attempt to improve the situation going forward

**GOAL 2:** CHAC will provide a venue for creating campus collaborations on alcohol and drug education programming and prevention efforts.

**Objectives:**

*CHAC will meet monthly to allow for networking and collaboration to occur on a regular basis*  
CHAC met this academic year from October through May.

*Select CHAC members will serve on the Tri Campus Coalition on College Student Drinking*  
Two members of CHAC served on the Tri Campus Coalition, the UMD Police Chief, and the Chemical Health Educator with the later serving as one of the group's co-coordinators.

*Risk reduction presentations will be provided in UMD Seminar classes and, when appropriate, to students who have received alcohol related violations on the UMD campus or in the community*  
Due to the limited number of Alcohol Peer Educators this fall, a monthly evening workshop was created to accommodate the number of requests from UMD Seminar instructors. The workshop was called Party Protocol and was delivered collaboratively by the Alcohol Peer Educators, UMD Police, and Tau Kappa Epsilon fraternity. An evening presentation was hosted in October, November and December totaling 157 students in attendance. Serving sizes, alcohol overdose and medical amnesty were highlighted in the presentation. In addition, 22 class room presentations were given to UMD Seminar, Health and Wellness, Drug Education, and Women's Health Issues classes throughout the academic year. Risk reduction presentations were also administered to two fraternities.

The program BASICS (Brief Alcohol Screening and Intervention for College Students) was administered to 115 students who received alcohol or drug violations. These individual meetings incorporate motivational interviewing and goal setting with content reflecting material from risk reduction presentations. The number of meetings required varied from 1-3 to accommodate the needs of each individual student.

*Presentations will be provided to area high schools on alcohol and other drugs from a risk reduction standpoint.*

The Alcohol Peer Educators presented to the Health class of Harbor City High School in both the fall and spring semester. These classes contain students ranging from sophomore to senior class rank.

The Chemical Health Educator met with the parents of seniors at Marshall High School in April to discuss current alcohol and drug trends on US college campuses and provided suggestions for ways to initiate the conversation with their sons/daughters emphasizing a harm reduction approach. Three meetings were then held with the senior class prior to prom to provide short presentations on risk reduction, sexual assault, and by-stander intervention.

*Awareness and educational campaigns will be created related to alcohol and other drugs for the UMD community.*

Magnets providing the symptoms of alcohol overdose and action steps required were placed on the refrigerators of all UMD *housing* units.

*CHAC will create student subcommittees, as needed, from a cross section of student organizations and positions to address select topics/issues, share data, and elicit feedback.*

To enhance our understanding of student's experiences with edible forms of marijuana, students were sought from the Drug Education class, the Student Educational Experience (SEE) committee and Greek Life to meet privately with the Chemical Health Educators to discuss their experiences. Four students self-selected to the meeting. Notes, without identifying information, from the meetings were shared with CHAC.

In addition to the above mentioned objectives, a pilot program was initiated through the Chemical Health Educator to work with individual athletic teams. The process involved utilizing the leadership within each team (captains) to identify and build an intentional culture regarding alcohol use. Women's Volleyball, Men's Hockey and Football began the process and will continue into the next academic year.

**Goal 3:** CHAC will make recommendations for the UMD campus concerning alcohol and other drug issues

*Select CHAC members will follow up with UMD Marketing/PR, Admissions, and Administration on the 2016 Alcohol Trends and Culture Survey findings to advocate for emphasis on academic and outdoor programming in marketing of UMD Students.*

Based on the findings of the 2016 Alcohol Trends and Culture survey, a document was created by CHAC representatives and sent to the above mentioned offices in response to the often asked question, and assumptions made, about 'who are we attracting'. The data indicated students who identified with UMD for academics and the outdoors had lower binge drinking rates than students who identified with UMD for athletic viewership.

Our recommendation was that marketing efforts reflect academics and the outdoors (appendix A).

Authors of the bill to legalize marijuana for recreational purposes from the Minnesota House of Representatives received a letter from the Chemical Health Educator outlining

a public health perspective. The document was approved by CHAC and incorporated data from the electronic survey conducted in January 2017 (appendix B).

**Goal 4:** CHAC will share information and data with appropriate stakeholders.

Discussion at the May 2016 CHAC meeting suggested the 2016 Alcohol Trends and Culture Survey be shared with students in a social norming style campaign. This fall the committee deemed this would not be an effective venue for sharing the data and chose not to pursue this initial objective.

Members of CHAC participated in the following as a means of sharing information and data:

Lunch on a Mission – In April, three members of CHAC: the Director of the Office of Student Conduct, UMD PD's Chief, and the Chemical Health Educator conducted a brown bag luncheon for Student Life staff on UMD Student Alcohol and Marijuana Trends.

A marijuana update based on survey and interview findings was presented to Health Services staff. In attendance were medical and counseling personnel, support staff and health educators.

A proposal was submitted to present at the North Central College Health Association's fall conference on the nuances of student marijuana use based on the work completed this academic year.

### **Assessment**

A paper/pencil survey was distributed at Party Protocol presentations and some UMD seminar classes as a 'first step' in marijuana data collection. A total of 473 surveys were completed with the following highlights:

47% use marijuana

53% do not

43% drive while under the influence of marijuana.

A comparative question regarding driving under the influence of alcohol was not asked using this instrument. Based on the high response, we chose to incorporate the question on the electronic survey.

32% use marijuana to relax/unwind at the end of the day

29% use marijuana to socialize

19% use marijuana to manage their depression or anxiety

62% smoke marijuana

20% use edible marijuana

15% dab

4% vape

Of the students indicating they use marijuana,  
82% identify marijuana as less dangerous/bad for you than alcohol, and yet  
62% identify marijuana as carrying bigger consequences if you get caught

Of the student indicating they do not use marijuana, there was a more even distribution in perception of danger/harm between the substances

48% identify marijuana and alcohol were similar  
46% identify marijuana as less dangerous/bad for you than alcohol  
6% identify alcohol as less dangerous,

In this group,

24% believed the substances carried equal consequences if you get caught  
62% identified marijuana as carrying bigger consequences  
14% identified alcohol as carrying bigger consequences.

Using Campus Labs, CHAC distributed a random sample, electronic survey on marijuana use and patterns to 3,000 UMD undergraduates from January 23-February 4, 2017. Our aim was: to better understand student perceptions of the substance and the nuances of college student use; and to compare these findings with the paper/pencil survey. 705 students completed the survey (24% rate)

Highlights of this instrument are as follows:

51% use marijuana

49% do not

It is worth noting the subject line in the electronic survey was "marijuana survey", which may have influenced self-selection, and thus the 4% increase in marijuana use from the paper/pencil survey of students who were attending Party Protocol presentations and UMD Seminar classes.

46% drive while under the influence of marijuana. Of this same sample, 4% drive while under the influence of alcohol. This represents a significant difference in social norms between driving while under of marijuana from driving under the influence of alcohol.

Overall, 69% identify marijuana as less dangerous/bad for you than alcohol, and yet  
77% identify marijuana as carrying bigger consequences if you get caught.

41% use marijuana to relax/unwind at the end of the day

31% use marijuana to socialize

19% use marijuana to manage their anxiety or depression

83% smoke marijuana

32% use edibles

22% dab

16% vape

Students were given the option to check all that apply on this question

Of the students who use edibles,

53% obtain packaged items

25% prepare their own

21% do both

In BASICS meetings and individual sub-committee discussions, a common thread was the inconsistent reaction (“high”) of edibles obtained in-state and prepared by themselves or friends. Trial and error of preparation often guides dosing amounts and the strain of marijuana used. In contrast, edibles purchased in states with legalized recreational use, are prepared consistently, and are clearly marked with serving and dosing amounts. In addition, students were instructed by shop personnel on what strain to choose and how much to consume to achieve the desired experience and level of intoxication.

BASICS findings also supported data from both the paper/pencil and electronic survey that use of marijuana typically occurs at the end of the day for the majority of students as a means of relaxing or connecting with roommates. The substance was not identified in connection with partying.

### **Budget**

CHAC does not have a budget, or assigned EFS number. Appropriate departments contribute for specific costs.

Alcohol Overdose Magnets/Wallet cards – \$324.29. Fee covered by Health Services

Alcohol Edu – \$33,000 fee covered by Coca Cola monies

### **CHAC Strategic Plan for 2017-2018**

**GOAL 1:** CHAC will regularly review and analyze current alcohol and other drug use and trends both locally and nationally. **Linked to Campus goals 5 and 6; Student life goals 2 and 6**

*Using BASICS meetings, discussions through UMD Seminar classes, literature reviews, campus citation numbers, and professional trainings/conferences, CHAC will continue to monitor marijuana trends and follow the data collected from states with legalization of recreational use.*

**GOAL 2:** CHAC will provide a venue for creating campus collaborations on alcohol and drug education programming and prevention efforts. **Linked to campus goals 1, 2, and 5. Student life goals 3. 1 and 4.2.**

*CHAC will meet monthly to allow for networking and collaboration to occur on a regular basis*

*Select CHAC members will serve on the Tri Campus Coalition on College Student Drinking*

*Risk reduction presentations regarding alcohol and marijuana will be provided on campus by select CHAC members and students, and student organizations. This will include messaging on medical amnesty.*

*Presentations will be provided to area high schools on alcohol and other drugs from a risk reduction standpoint.*

*CHAC will create student subcommittees, as needed, from a cross section of student organizations and positions to address select topics/issues, share data, and elicit feedback.*

**Goal 3:** CHAC will make recommendations for the UMD campus concerning alcohol and other drug issues. **Linked to campus goals 1, 5; Student goal 6.2**

*Continue to monitor and respond, as appropriate, to efforts to legalize marijuana in the state of Minnesota as it relates to the public health lens of driving under the influence, curriculum, and public service announcements*

**Goal 4:** CHAC will share information and data with appropriate stakeholders.  
**Linked to campus goal 6; Student life goals 5.2 and 6.2**

*Pending acceptance, UMD will present at the NCCHA conference in October on Understanding the nuances of College Student Marijuana Use.*

*Using the data collected from the 2016 Alcohol Trends Survey, an article will be submitted for publication to the following sources: Social Work in Public Health, Journal of Alcohol and Drug Education, Journal of American College Health and the Journal of Social Work*



*Appendix A: University Marketing Based on Results of Alcohol Trends Survey*

To: Lynne Williams, University Marketing and PR  
From: UMD Chemical Health Advisory Committee  
Date: May 11, 2016  
Re: Alcohol Trends and Culture Survey

The Chemical Health Advisory Committee (CHAC) distributed a random sample electronic survey this spring to 2,600 UMD undergrads focusing on campus culture, and the role alcohol plays in defining that culture. This survey instrument was developed to address the myths and assumptions that have been made about the types of students UMD attracts and why. Additionally, our goal is to use the data to identify educational programs and outreach activities that can better serve the unique student body at UMD while promoting a healthy campus environment.

As we examine the data in greater detail, we realize some of the findings may be pertinent to the campaign University Marketing and PR is considering to replace the slogan, *Those who can, Duluth*. The recent survey sent by your office appears to be aimed at supporting students motivated by academics and outdoor recreation. We wish to offer additional documentation to you to support your current efforts.

Our data indicates of the students who were attracted to UMD for Bulldog Athletics and become part of the fan base, 61% met the definition of binge and heavy drinking patterns. Similarly, the second-ranked custom students' identified as defining the drinking culture of UMD was hockey games. By comparison, of the students who were drawn to UMD for outdoor recreation, a reduction in drinking patterns exists where 40% of these students met the definition of binge and heaving drinking. Those who were drawn to UMD for academics drank at levels of 37% in the binge/heavy drinking category.

CHAC exists to assess and address current issues of students' alcohol and other drug use. In addition, we develop programming which utilizes a harm reduction approach. We appreciate the efforts being made by your office to promote a healthy campus focused on education and well-being. CHAC would be happy to share with you, in more detail, additional findings from the Alcohol Trends and Culture survey, if you would find this useful.

Thank you for your efforts to create a healthy, rigorous and inspired campus environment. Please let us know if you have any questions about our survey findings.

Sincerely,

UMD Chemical Health Advisory Committee

*Appendix B: Letter to authors of Bill HF0927, Legalization of marijuana for recreational use (this was sent individually to each of the nine authors)*

May 16, 2017

To: Representative Applebaum

Re: HF 0927: legalization of marijuana for personal use

I serve as the Chemical Health Educator on the UMD campus and address substance use from a risk reduction perspective. I am writing to you today not to support or oppose the bill, but to suggest the incorporation of the following topics for consideration to ensure the issue is being addressed from a comprehensive public health lens. I would also like to request this letter to be made part of public comment on the bill.

My suggestions are based on a literature review of scholarly based articles, examination of lessons learned from Colorado and Washington State, and data from UMD based surveys and interviews.

- **Science based marijuana education programming as part of school curriculum.** Middle school and High School curriculum needs to be modified to accurately reflect science/research. One of the lessons learned from Colorado is the inconsistency between educational messaging occurring at schools, and the legal behavior exhibited by parents at home. If we want our youth to differentiate between the risks of marijuana from meth or heroin, we need to be able to honestly and accurately talk about the differences as part of our required health curriculum. This requires data/science to provide the information, teacher training on the substance, and time to update curriculum.
- **Driving Under the Influence.** There are currently two methods for determining THC levels in an individual: urine and blood sampling. THC levels peak quickly following inhalation (20-40 minutes) then decrease within 2.5-3 hours leaving long lasting metabolite carboxy- THC in the urine for days, or potentially weeks, following usage. This metabolite produces a positive urine test but does not necessarily indicate intoxication at the time of an incident due to the time delay in obtaining a sample. The test results indicate only that the individual had used marijuana at some point previously. Similarly, blood testing is problematic due to the time delay required to obtain a sample. The THC level present at the time of a blood draw, obtained in a different location, may not accurately reflect the THC blood concentration level present at the time of an

incident. Mouth swabbing has been considered for its on-site convenience; however, at this time there is no such device available. This leaves law enforcement without adequate THC testing measures, and individuals with charges that may not reflect their intoxication level at the time of an incident. In addition, there are only 197 officers, out of over 10,000, in the state of Minnesota who have received Drug Recognition Evaluator (DRE) training through the State Patrol. This training requires nine days of classroom training and performing 12 evaluations on drug-impaired subjects. Currently, the program is not adequately funded or readily available in the field.

- **Public Health Campaigns.** This recommendation is encouraged for the purposes of social norming and educating the public on the nuances associated with marijuana use which are not commonly known. For example, the effects of marijuana on driving vary greatly according to dosing, tolerance and the personal differences in how THC is absorbed; however, when marijuana is used in combination with alcohol, impairment occurs at doses that would be insignificant if either substance was used alone.  
Public attitudes and behaviors associated with drunk driving changed when extensive public health campaigns were combined with courts holding offenders accountable. A survey of 705 UMD students revealed 46% drove under the influence of marijuana. Of this same survey sample, 4% drove under the influence of alcohol. This reflects the impact of norming and law enforcement on behavior.
- **Reclassification of marijuana from a schedule 1 controlled substance.** Opportunities to obtain impartial, accurate research findings are restricted while marijuana remains in this classification. Current studies have yielded inconsistent findings, at times a reflection of the bias of the funding source, while others reflect methodological challenges. Public health risks of habituation, impact on driving, interactions with alcohol and other substances all need to be further evaluated before public policy can be established.

When a substance is legalized there is a responsibility to the public to provide education on the potential impacts and nuances associated with different forms and levels of use. This ranges from prevention and risk reduction to treatment. I am urging you to consider the wide range of services, education and programming associated with potential legalization, and to incorporate a portion of the proceeds anticipated from this substance to be used for middle and high school curriculum, public service announcements and education, recovery services, training for law enforcement, and reliable THC detecting devices.

I look forward to your reply.

Sincerely,

Lauretta Perry  
UMD Health Services  
(218) 726-7058

