WE'RE ON THE SAME TEAM: EFFECTIVELY ENGAGING ATHLETICS IN SUBSTANCE USE WORK

Jennifer Jacobsen (she/hers), MA MPH, Macalester College
jjacobs4@macalester.edu
www.linkedin.com/in/jennifer-j-jacobsen

THANK YOU!

- **Annabelle Escamilla**

Assistant Director, Illinois Higher Education Center for Alcohol, Other Drug, and Violence Prevention

- **Eric Davidson, Director**

Illinois Higher Education Center for Alcohol, Other Drug, and Violence Prevention

- **Mary Wilfert**

former associate director in the NCAA Sports Science Institute

- **Jason Kilmer**

Associate Professor Department of Psychiatry and Behavioral Sciences, University of Washington

- **Student-athletes** at Macalester College, Grinnell College, and other colleges/institutions

Athletics are a key stakeholder in our campus work related to substance use, yet many student affairs and prevention professionals face barriers in effectively engaging with student athletes and athletics staff.

In this interactive session, we'll explore strategies for engaging both athletics staff and student athletes in substance abuse work, particularly alcohol, cannabis, and opioid use.

We'll begin by identifying risk and protective factors as well as proactive motivators for the student-athlete population.

Next, we'll consider who our potential collaborators within athletics might be and the various motivations they may have in supporting substance use work in athletics.

Throughout the session, we'll integrate evidence-based practices with which you may already be familiar as well as accessible resources for effective substance use work with athletics.

Participants will be invited to share successes and challenges related to their own experiences regarding substance use work with the athletics population.

Who is in the room?

- Name
- Pronouns if you choose
- College/university or organization
- Role
- What brought you to this session?

What we said we'd do

After attending in this session, participants will be able to:

- Identify risk and protective factors as well as proactive motivators in the student-athlete population related to substance use
- Name the roles of key stakeholders and identify likely motivators in the athletics department for future collaborations (or with whom collaboration can be strengthened) regarding substance use
- List multiple evidence-based strategies and resources for engaging athletics on the topic of substance use
- Substance use particularly focused on alcohol, cannabis, and opioids

Think-Pair-Share

- Consider a time when you had a successful collaboration with someone associated with athletics. What went well?

- What gets in the way of engaging with athletics in substance use work?

RISK AND PROTECTIVE FACTORS PROACTIVE MOTIVATORS IN THE STUDENT-ATHLETE POPULATION RELATED TO SUBSTANCE USE

Risk factors and protective factors

Risk Factors

- "Risk factors are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes" (SAMHSA, 2019).

Protective Factors

- "Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Protective factors may be seen as positive countering events" (SAMHSA, 2019).
- Protective factors enhance the likelihood of positive outcomes.

Student-athletes + AOD

Risk Factors

- Expectancies and scripts
- Stressors (e.g. time management)
- Injury and pain management
- Team traditions
- Social events with students of all ages
- Sensation seeking traits
- Explicit/implicit pressure to fit in
- Team culture

Protective Factors

- Prioritizing athletic performance
- Team policies
- Coach expectations
- Teammate expectations
- Accountability
- Looking out for each other
- Close relationship with staff members
- Team culture

Protective factors and risk factors

- What can teams, athletic departments and/or an institutions can we do to increase the protective factors and to reduce the risk factors?

- What's our ole in helping make this happen?

Student-athletes and AOD: Protective Motivators

- Athletic Performance
- Academic Performance
- Mental Health

PROTECTIVE MOTIVATOR: ATHLETIC PERFORMANCE

Firth & Manzo, 2004

https://stepupprogram.org/docs/handouts/FortheAthlete_AlcoholandAthleticPerformance.pdf

- Long-term alcohol use diminishes protein synthesis and impedes muscle growth
- Alcohol contributes to dehydration and interferes with body's ability to heal
- 5+ drinks in one night can impact CNS for up to three days
- Two nights in a row of 5+ drinks can impact CNS up to five days
- Alcohol can inhibit absorption of Thiamin, Vitamin B12, Folic Acid, Zinc
- Alcohol can interfere with testosterone and, due to its effect on sleep, can suppress HGH secretion by up to 70%.

Pesta *et al. Nutrition & Metabolism* 2013, **10**:71
http://www.nutritionandmetabolism.com/content/10/1/71

Nutrition&Metabolism

REVIEW Open Access

The effects of caffeine, nicotine, ethanol, and tetrahydrocannabinol on exercise performance

Dominik H Pesta[1,3], Siddhartha S Angadi[4], Martin Burtscher[3] and Christian K Roberts[2*]

- Alcohol can also **impair recovery** following exercise. Alcohol seems to interfere with protein synthesis . . . which is critical to facilitate repair and hypertrophy following strength training.
- Alcohol consumption was associated with significantly greater **decreases in torque production (40-44%) 36 hours into recovery** . . . the consumption of a moderate amount of alcohol after damaging exercise magnified the loss of muscle force production potential.
- **Alcohol is a uniformly ergolytic agent that has significant detrimental effects on exercise performance** and that use of the same during competitive activity should be minimized for athlete safety and so as to maximize athletic performance.

Alcohol

- We don't have to tell student-athletes who choose to drink alcohol that they need to stop drinking alcohol

- How can we help them think about when in their season, how often, how much?

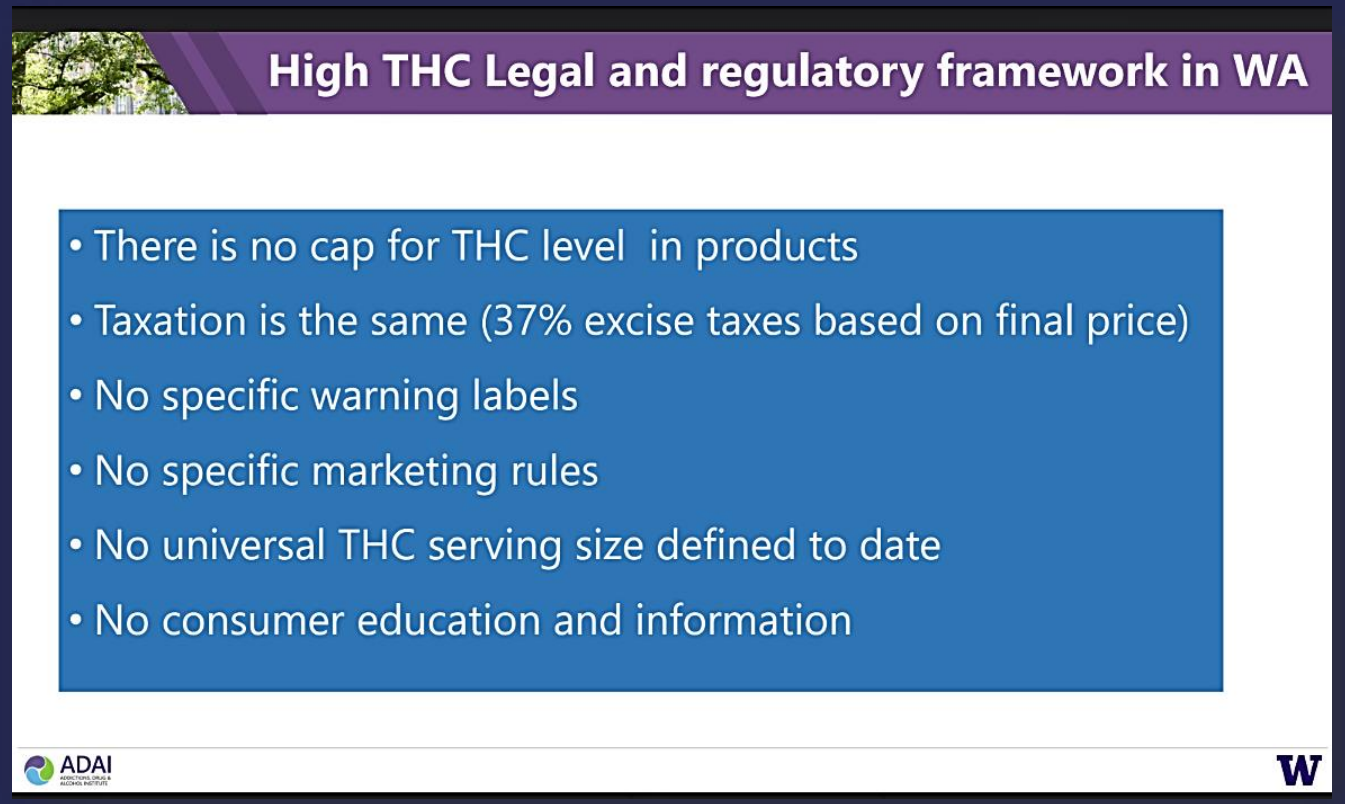
Athletic performance: Cannabis

- Cannabis is an **ergolytic** (performance de-enhancing) drug
  - It negatively impacts cardio-vascular system, anerobic systems, recovery, memory and attention, sleep
    - *Lisano, J.K., Smith, J.D., Mathias, A.B., Christensen, M., Smoak, P., Phillips, K.T., Quinn, C.J., & Stewart, L.K. (2019). Performance and health-related characteristics of physically active males using marijuana. Journal of Strength and Conditioning Research, 33, 1658-1668.*
    - *Pesta, D.H. Angadi, S.S., Burtscher, M., & Roberts, C.K. (2013). The effects of caffeine, nicotine, ethanol, and tetrahydrocannabinol on exercise performance. Nutrition & Metabolism, 10, 71.*
    - *Pope, H.G., Jr., & Yurgelun-Todd, D. (1996). The residual cognitive effects of heavy marijuana use in college students. JAMA, 275, 521-527.*
    - *Ware, M.A., Jensen, D., Barrette, A., Vernec, A., Derman, W. (2018). Cannabis and the health and performance of the elite athlete. Clinical Journal of Sports Medicine, 28, 480-484.*

NCAA and Cannabis

- The NCAA allows student-athletes are allowed limited amounts of THC in their systems; may soon be removed from banned drug list.
- The timing of discussion and adoption of possible legislation is a decision that will be made by each of three NCAA divisional governance structures.
- The rationale for considering the change was largely informed by the December 2022 Summit on Cannabinoids in College Athletics and the consensus opinion formed that cannabis is not a performance-enhancing drug and that a harm-reduction approach to cannabis is best implemented at the school level.
- "Marijuana is not considered a performance- enhancing substance, but it remains important for member schools to engage student-athletes regarding substance use prevention and provide management and support when appropriate.“ Dr. Brian Hainline, the NCAA's chief medical officer https://www.ncaa.org/news/2022/2/25/media-center-committee-adjusts-thc-test-threshold.aspx

What's happening in the U.S.



Beatriz Carlini, Cannabis Education and Research Program Director, University of Washington

Drug Free Schools and Communities Act (DFSCA) requirements

- The Drug Free School and Campuses Act (DFSCA) stipulates that campuses "must develop and implement a program to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees."
- Regardless of state laws, if an institution accepts federal money (grants, work-study, etc.), it must follow federal laws, which prohibit the possession of cannabis and related products.
- The Drug Enforcement Agency also specifically names "THC, Delta-8 THC, Delta-9 THC, dronabinol and others" – these are called out by name, not just "marijuana" or "cannabis," and are federally illegal.
- State laws specify 21 and over (like alcohol); nationally, most residential students are under 21.
- Stakes are higher for international students because of their visa status and undocumented students.

PROTECTIVE MOTIVATOR: ACADEMIC PERFORMANCE

www.ijpm.ir

Is Alcohol Consumption Associated with Poor Academic Achievement in University Students?

Walid El Ansari, Christiane Stock[1], Claire Mills

School of Sport and Exercise, Faculty of Applied Sciences, University of Gloucestershire, Gloucester, United Kingdom, [1]Unit for Health Promotion Research, Institute of Public Health, University of Southern Denmark, 6700 Esbjerg, Denmark

ABSTRACT

Background: We assessed associations between educational achievement and alcohol consumption.

Methods: We employed five alcohol consumption measures (length

- Conclusions: "Alcohol consumption showed negative associations with motivation for and subjectively achieved academic performance. University alcohol prevention activities might have positive impact on students' academic success."

Cannabis and Academic Success

Hanson, K.L., Winward, J.L., Schweinsburg, A.D., Medina, K.L., Brown, S.A., & Tapert, S.F. (2010). Longitudinal study of cognition among adolescent marijuana users over three weeks of abstinence. Addictive Behaviors, 35, 970-976

Pope, H.G., Jr., & Yurgelun-Todd, D. (1996). The residual cognitive effects of heavy marijuana use in college students. JAMA, 275, 521-527.

Pope, H.G., Jr., Gruber, A.J., Hudson, J.I., Huestis, M.A., & Yurgelun-Todd, D. (2001). Neuropsychological performance in long-term cannabis users. Archives of General Psychiatry, 58, 909-915.

ACHA-NCHA-III, Spring 2023, undergraduate reference group, n= 20,292

Within the last 12 months, to what extent did your cannabis/marijuana use affect your academic performance? *(only includes students who used cannabis within the last 12 months)*

- 5.6% reported cannabis/marijuana use negatively impacted performance in class
- 1.3% reported cannabis/marijuana use delayed progress towards degree

24 hours after cannabis use, there are measurable decreases in these memory, concentration, and attention. The more cannabis someone typically uses, the more pronounced the decreases.

It can take up to 28 days of abstinence after daily use to see these declines go away.

- Have any of the following impacted your academics (lower grade on paper, exam, in course, dropping a course, etc.) in the last 12 months:

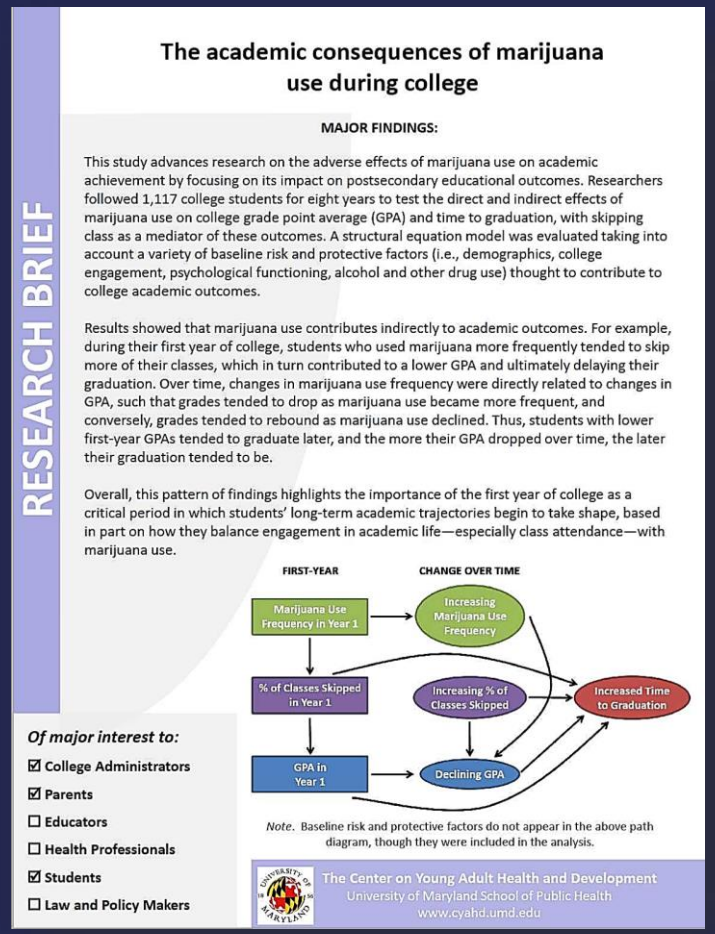
ACHA-NCHA-II, Grinnell College	2012	2015	2018
Stress*	**28.8%**	**34.6%**	**33.0%**
Anxiety*	**23.1%**	**27.2%**	**25.4%**
Depression**	**14.2%**	**21.0%**	**20.9%**
Sleep difficulties**	**21.4%**	**23.3%**	**20.9%**
Cold/flu/sore throat	15.1%	17.4%	15.0%
Extra-curriculars	16.0%	16.7%	14.4%
Work	11.8%	14.2%	13.1%
Concern for a friend or family member	15.3%	14.5%	11.4%
Internet use/computer games	15.5%	9.9%	11.1%

Spring 2018 national undergraduate reference group, n = 73,912
Significant at p<.001

Variable of Interest	Overall population	If "no marijuana in past 30 days"	If "yes, marijuana in past 30 days"	Odds Ratio (95% CI)
Academic performance negatively affected by:				
Anxiety	**26.5%**	**23.9%**	**35.8%**	**1.77** (1.7078-1.8317)
Depression	**18.7%**	**16%**	**28.5%**	**2.10** (2.0177-2.1774)
Sleep Difficulties	**21.8%**	**19.6%**	**29.7%**	**1.73** (1.6628-1.7902)
Stress	**33.2%**	**30.7%**	**42.6%**	**1.67** (1.6176-1.7298)

Academic-related concerns:

THE ACADEMIC OPPORTUNITY COSTS OF SUBSTANCE USE DURING COLLEGE



RESEARCH BRIEF

The academic consequences of marijuana use during college

MAJOR FINDINGS:

This study advances research on the adverse effects of marijuana use on academic achievement by focusing on its impact on postsecondary educational outcomes. Researchers followed 1,117 college students for eight years to test the direct and indirect effects of marijuana use on college grade point average (GPA) and time to graduation, with skipping class as a mediator of these outcomes. A structural equation model was evaluated taking into account a variety of baseline risk and protective factors (i.e., demographics, college engagement, psychological functioning, alcohol and other drug use) thought to contribute to college academic outcomes.

Results showed that marijuana use contributes indirectly to academic outcomes. For example, during their first year of college, students who used marijuana more frequently tended to skip more of their classes, which in turn contributed to a lower GPA and ultimately delaying their graduation. Over time, changes in marijuana use frequency were directly related to changes in GPA, such that grades tended to drop as marijuana use became more frequent, and conversely, grades tended to rebound as marijuana use declined. Thus, students with lower first-year GPAs tended to graduate later, and the more their GPA dropped over time, the later their graduation tended to be.

Overall, this pattern of findings highlights the importance of the first year of college as a critical period in which students' long-term academic trajectories begin to take shape, based in part on how they balance engagement in academic life—especially class attendance—with marijuana use.

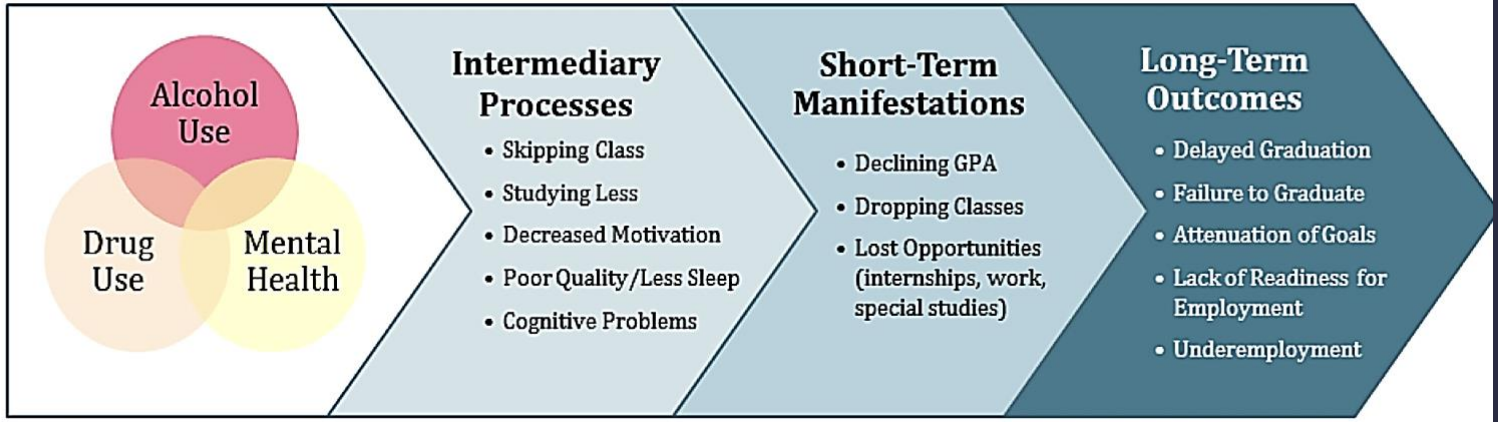
Note. Baseline risk and protective factors do not appear in the above path diagram, though they were included in the analysis.

Of major interest to:

- ☑ College Administrators
- ☑ Parents
- ☐ Educators
- ☐ Health Professionals
- ☑ Students
- ☐ Law and Policy Makers

The Center on Young Adult Health and Development
University of Maryland School of Public Health
www.cyahd.umd.edu

Figure 2. Alcohol use, drug use, and mental health outcomes have a cascade of effects on college students' academic outcomes



Center on Young Adult Health and Development
University of Maryland School of Public Health

PROTECTIVE MOTIVATOR: MENTAL HEALTH

Mental Health

- There is a 70% co-occurrence of substance use disorders and mental disorders
- Eating disorders, depression, and anxiety are highly related to SUD
- People with ADD/ADHD are at 2-3x higher risk for developing substance use disorders
- 90% of all suicides occur with AOD in the system
- Sleep problems also highly correlate with mental disorders

Results:
"Adolescents with lifetime cannabis use have 2.07 times higher odds of mild/moderate and 3.32 times higher odds of severe depressive disorder . . . Furthermore, depression and cannabis use are independently associated with higher risk of suicide attempts."

American Academy of Child & Adolescent Psychiatry

Cannabis Use Is Associated With Depression Severity and Suicidality in the National Comorbidity Survey–Adolescent Supplement

Jesse D. Hinckley, MD, PhD, Susan K. Mikulich-Gilbertson, PhD, Jian-Ping He, MS, Devika Bhatia, MD, Jarrod M. Ellingson, PhD, Brian Nguyenkhoa Vu, MD, Kathleen Ries Merikangas, PhD, Joseph T. Sakai, MD

Objective: To investigate the association of cannabis use with major depression and suicidal behavior in adolescence.

Method: Data are from the National Comorbidity Survey–Adolescent Supplement (N = 10,123), a nationally representative survey of adolescents aged 13 to 18 years. Weighted logistic regression and ordinal regression analyses of major depression and suicidal behavior outcomes were conducted on cannabis variables, incorporating sociodemographic characteristics.

Results: Adolescents with lifetime cannabis use have 2.07 times higher odds of mild/moderate (adjusted odds ratio [aOR]; 95% CI = 1.69, 2.53) and 3.32 times higher odds of severe major depressive disorder (MDD; aOR; 95% CI = 2.31, 4.75). Cannabis use (aOR 6.90, 95% CI = 4.67, 10.19), mild/moderate MDD (aOR 4.10, 95% CI = 2.82, 5.98), and severe MDD (aOR 13.97, 95% CI = 7.59, 25.70) were associated with higher odds of suicide attempt. Past 12-month cannabis use (aOR 3.70, 95% CI = 2.16, 6.32), mild/moderate major depressive episodes (MDE) (aOR 7.85, 95% CI = 3.59, 17.17), and severe MDE (aOR 36.36, 95% CI = 13.68, 96.64) were associated with higher odds of suicide attempt. The frequency of past 12-month cannabis use was associated with higher odds of suicide attempt and with MDE severity, with higher odds among individuals who use cannabis 3 or more days than among individuals who use cannabis less frequently, suggesting a dose effect. Among cannabis users, older age of onset of cannabis use was associated with lower odds of suicidal behaviors.

Conclusion: Cannabis use is associated with higher odds of depression and depression severity in adolescence. Furthermore, depression and cannabis use are independently associated with higher odds of suicide attempt.

Addict Behav. 2018 Mar:78:107-113. doi: 10.1016/j.addbeh.2017.11.005. Epub 2017 Nov 4.

The association between adolescent cannabis use and anxiety: A parallel process analysis

Jacqueline Duperrouzel [1], Samuel W Hawes [2], Catalina Lopez-Quintero [2], Ileana Pacheco-Colón [2], Jonathan Comer [2], Raul Gonzalez [2]

Affiliations + expand

PMID: 29149635 PMCID: PMC5819339 DOI: 10.1016/j.addbeh.2017.11.005

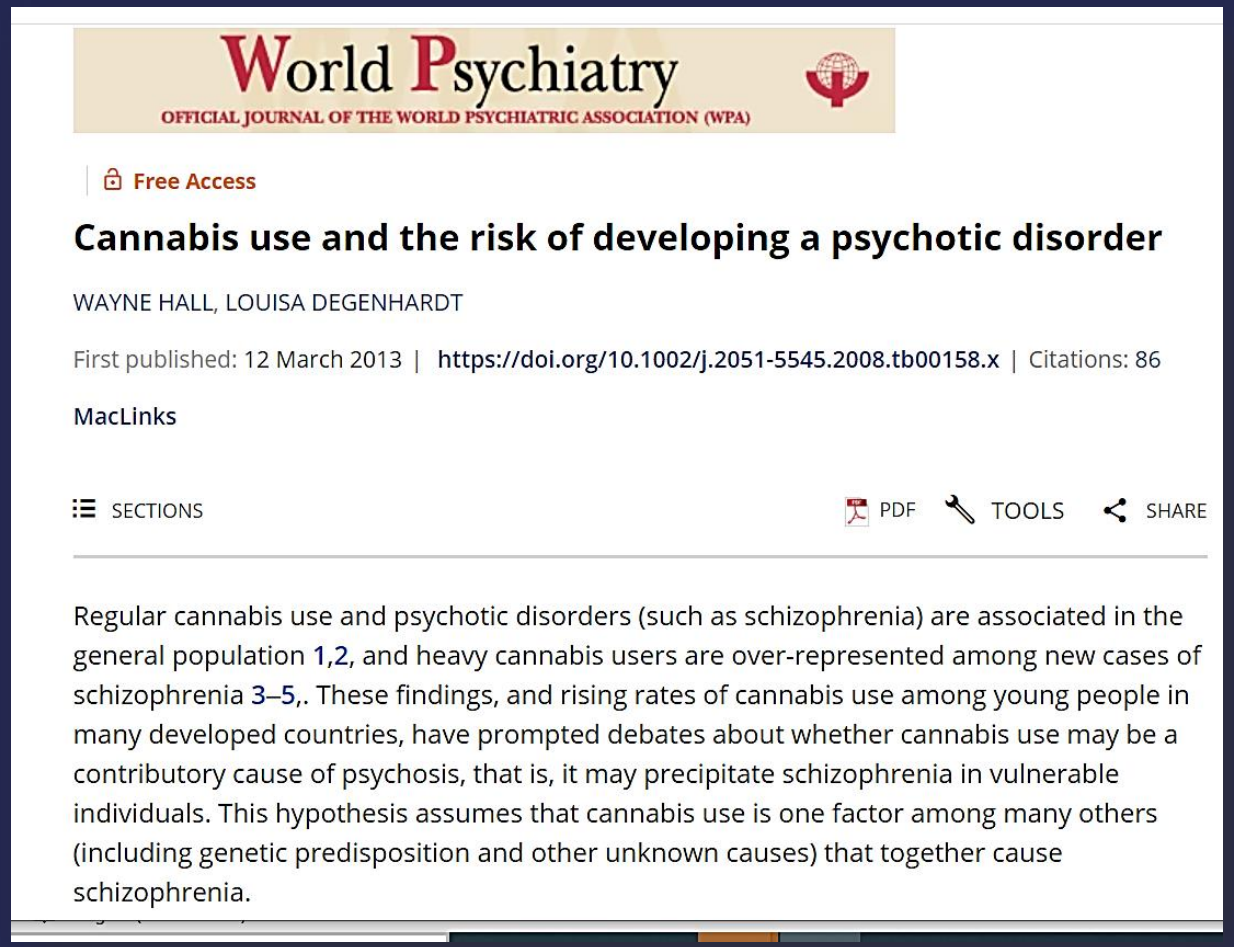
Free PMC article

Abstract

Introduction: Associations between anxiety symptoms and cannabis use have been previously explored, yet the directionality of these associations remains highly debatable. The present study aims to prospectively examine patterns of cannabis use and anxiety during adolescence focusing on their co-development and bidirectional influences.

Results: Our results suggest that, during adolescence, early cannabis use has a greater influence on prospective reports of anxiety, than vice versa. Specifically, adolescents exhibiting higher initial levels of cannabis use displayed more persisting self-reported anxiety across time, as compared to those with less frequent use.

Cannabis Use Associated with Risk of Psychiatric Disorders (Hall & Degenhardt, 2009; Hall, 2009; Hall 2013)



World Psychiatry
OFFICIAL JOURNAL OF THE WORLD PSYCHIATRIC ASSOCIATION (WPA)

Free Access

Cannabis use and the risk of developing a psychotic disorder

WAYNE HALL, LOUISA DEGENHARDT

First published: 12 March 2013 | https://doi.org/10.1002/j.2051-5545.2008.tb00158.x | Citations: 86

MacLinks

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Regular cannabis use and psychotic disorders (such as schizophrenia) are associated in the general population 1,2, and heavy cannabis users are over-represented among new cases of schizophrenia 3–5,. These findings, and rising rates of cannabis use among young people in many developed countries, have prompted debates about whether cannabis use may be a contributory cause of psychosis, that is, it may precipitate schizophrenia in vulnerable individuals. This hypothesis assumes that cannabis use is one factor among many others (including genetic predisposition and other unknown causes) that together cause schizophrenia.

- Conclusions
  - Those who had used cannabis 10+ times by age 18 were 2-3 times more likely to be diagnosed with schizophrenia
  - "13% of schizophrenia cases could be averted if cannabis use was prevented."

Spring 2018 national undergraduate reference group, n =73,912
Significant at p<.001

Variable of Interest	Overall population	If "no marijuana in past 30 days"	If "yes, marijuana in past 30 days"	Odds Ratio (95% CI)
Too depressed to function (last 30 days)	**22.8%**	**20.6%**	**30.9%**	**1.72** (1.6590-1.7830)
Diagnosed with depression	**19.3%**	**17.0%**	**27.9%**	**1.90** (1.8247-1.9671)
Considered suicide (last 30 days)	**4.2%**	**3.5%**	**6.8%**	**1.99** (1.8553-2.1330)
Considered suicide (last 12 months)	**13.1%**	**11.1%**	**20.4%**	**2.07** (1.9796-2.1561)
Overwhelming anxiety (last 30 days)	**40.7%**	**38.4%**	**49%**	**1.54** (1.4924-1.5926)
Diagnosed with anxiety	**23.1%**	**20.8%**	**31.9%**	**1.78** (1.7202-1.8478)

What does the research tell us?

Results: A substantial body of modifiable risk factors for cannabis use-related health harms were identified with varying evidence quality. Twelve substantive recommendation clusters and three precautionary statements were developed. In general, current evidence suggests that individuals can substantially reduce their risk for adverse health outcomes if they delay the onset of cannabis use until after adolescence, avoid the use of high-potency (THC) cannabis products and high-frequency/-intensity of use, and refrain from smoking-routes for administration. While young people are particularly vulnerable to cannabis-related harms, other sub-groups (e.g., pregnant women, drivers, older adults, those with co-morbidities) are advised to exercise particular caution with use-related risks. Legal/regulated cannabis products should be used where possible.

Conclusions: Cannabis use can result in adverse health outcomes, mostly among sub-groups with higher-risk use. Reducing the risk factors identified can help to reduce health harms from use. The LRCUG offer one targeted intervention component within a comprehensive public health approach for cannabis use. They require effective audience-tailoring and dissemination, regular updating as new evidence become available, and should be evaluated for their impact.

Lower-Risk Cannabis Use Guidelines for Reducing Health Harms from Non-medical Cannabis use: A Comprehensive Evidence and Recommendations Update (2022)

Fischer, B., Robinson, T., Bullen, C., Curran, V., Jutras-Aswad, D., Medina-Mora, M. E., Pacula, R. L., Rehm, J., Room, R., van den Brink, W., & Hall, W. (2022). Lower-Risk Cannabis Use Guidelines (LRCUG) for reducing health harms from non-medical cannabis use: A comprehensive evidence and recommendations update. *The International journal on drug policy*, *99*, 103381. https://doi.org/10.1016/j.drugpo.2021.103381

Recommendation #11:

- ***Some specific groups of people are at elevated risk for cannabis use-related health problems because of biological pre-dispositions or co-morbidities. They should accordingly (and possibly on medical advice as required) avoid or adjust their cannabis use.***
- Higher risks for harm extend to individuals with a genetic predisposition (e.g., a first-degree family or personal history) for, or an active psychosis, mood (e.g., depressive) disorder, or substance use disorder. Individuals with pre- existing cardio-vascular risks may be at increased risk of acute harm especially if they inhale high-potency products. Older-age PWUC may be at increased risk for some adverse outcomes (e.g., cognitive, metabolic, cardio-vascular problems; falls/injuries) because of general ageing-related deficits, other co-morbid chronic diseases, and/or the (e.g., medical) use of other psychotropic drugs. [*Evidence Grade: Moderate to Limited]*

What's happening in Minnesota?

In Minnesota, as of early October 2023, an estimated 90% of 60 businesses visited so far were non-compliant on at least one aspect of the law, according to Office of Medical Cannabis director Chris Tholke.

FOR IMMEDIATE RELEASE
CONTACT: Jill Phillips, Executive Director
Jill.Phillips@state.mn.us

Minnesota Board of Pharmacy files suit against Moorhead-based manufacturers and retailers of edible cannabinoids

Board of Pharmacy embargoes and seeks destruction of over $7 million of edible cannabinoids exceeding the THC limits set by state law

December 5, 2022 (SAINT PAUL) — The Minnesota Board of Pharmacy announced today that it has filed a civil lawsuit in Clay County District Court against Northland Vapor Company Moorhead LLC, Northland Vapor Company Bemidji LLC, and Wonky Confections LLC, (collectively "Northland Vapor") alleging they have violated Minnesota's edible cannabinoid laws (Minnesota Statute 151.72).

Under the law, an edible cannabinoid product sold in Minnesota must not contain more than five milligrams of any hemp-derived tetrahydrocannabinol (THC) in a single serving or more than a total of 50 milligrams per package. The lawsuit alleges Northland Vapor sold edible cannabinoid products that contain THC far in excess of five milligrams per serving and far in excess of 50 milligrams per package. Investigators found packages containing 2,500 milligrams of THC, 50 times the amount permitted under Minnesota law.

What's happening in Minnesota?

News Release
Dec. 13, 2023

Contact information

MDH cautions consumers about illegal high-dose THC products

State officials significantly increasing education, inspection and enforcement actions to remove high-risk products from Minnesota marketplace

Consumption of high-dose THC products can lead to severe adverse health effects, including:

- Unresponsiveness.
- Extreme anxiety or panic attacks.
- Psychotic episodes (hallucinations, delusions or a loss of personal identity).
- An increase in heart rate, chest pain or heart attack.
- Sudden high blood pressure with headache.
- Uncontrollable shaking or seizures.
- Decreased judgment, perception and coordination that can lead to injuries.
- Consumers are advised to contact their health care provider if they become ill or begin suffering symptoms of THC overdose after consuming a high-dose cannabinoid product.

ROLES OF KEY STAKEHOLDERS AND LIKELY MOTIVATORS IN THE ATHLETICS DEPARTMENT REGARDING SUBSTANCE USE

Key collaborators

- **In athletics**
  - Athletic Director
  - Senior Woman Administrator*
  - Life Skills
  - Athletic Trainers
  - Faculty Athletic Representative*
  - Coaches
  - SAAC*
  - Other student-athlete groups
  - Student-athletes

- **In student affairs**
  - Health & Wellness
  - Health Promotion
  - Violence Prevention
  - Residential Life
  - Conduct
  - DEI
  - Disability resources
  - Leadership/engagement
  - Orientation

- **Other campus partners**
  - Faculty
  - Relevant committees
  - Relevant student orgs
  - Institutional Research

  - **WHO ELSE??**

Athletic trainers

Faculty Athletic Representative

The Division III FAR…

- Helps to ensure a quality student-athlete experience and promote student-athlete well-being.
- Serves as an independent advocate for student-athletes.
- Assists in the oversight of intercollegiate athletics at the campus and conference levels to assure that they are conducted in a manner designed to protect and enhance the physical, psychological, and educational well-being of student-athletes.
- Oversees the nominations of student-athletes for NCAA grant, scholarship, and recognition programs.
- Helps promote student-athlete success in the classroom, in athletics, and in the community by striking a balance among academic excellence, athletics competition, and social growth as they prepare for lifelong success.

Coaches

Addiction Research and Theory, February 2012; 20(1): 64–71

ISSN: 1606-6359 print/1476-7392 online
DOI: 10.3109/16066359.2011.562621

informa
healthcare

Do coaches make a difference off the field? The examination of athletic coach influence on early college student drinking

Nadine R. Mastroleo[1], Miesha Marzell[2], Rob Turrisi[2], & Brian Borsari[1,3]

[1]*Center for Alcohol and Addiction Studies, Brown University, 121S-G-4, Providence, RI 02912, USA,* [2]*Department of Biobehavioral Health, The Pennsylvania State University, 204 Calder Way, State College, PA 16801, USA, and* [3]*Mental Health and Behavioral Sciences Service, Department of Veterans Affairs Medical Center, 830 Chalkstone Avenue, Providence, RI 02908, USA*

(Received 14 May 2010; revised 28 January 2011; accepted 6 February 2011)

"The primary finding is that the more athletes believe their coaches approve of their drinking patterns, the more they drink."

Coaches can exert a considerable influence on the lives of their athletes. However, little is known about the influence of athletic coaches on athlete drinking behaviors. This study extends research on drinking influences in student-athletes. The relationship between athletic coaches and athlete drinking behaviors were examined. First-year college students ($N = 362$) who had played high school sports were assessed on their relationships with their coaches as well as their alcohol use and problems. Findings revealed significant associations among the approval of and relationship with their athletic coaches and student drinking behaviors. These findings are discussed in the context of involving coaches in comprehensive strategies to reduce athlete drinking.

Mastroleo, N.R., Marzell, M. Turrisi R. & Borsari, B.(2012).
Do coaches make a difference off the field? The examination of athletic coach influence on early college student drinking.
Addiction Research & Theory, 20:1, 64-71, DOI: 10.3109/16066359.2011.562621

- Increasing communication about alcohol use between athletes and coaches may have important implications for preventing or reducing alcohol use among student-athletes. One potential approach may be to identify methods in which coaches can discuss alcohol use and team policies about drinking.
- Clear and consistent messages about alcohol policies and expectations would be delivered directly to athletes from their coaches, rather than through team captains or teammate word of mouth.
- It would open lines of communication between athletes and their coaches, which Lewis (2008) identified may reduce drinking in team leaders and could in turn, also reduce overall team member drinking.
- Enhancing communication between coaches and athletes surrounding the use of alcohol may supplement established prevention and intervention approaches using peers, parents, and environmental influences to create a multifaceted approach.

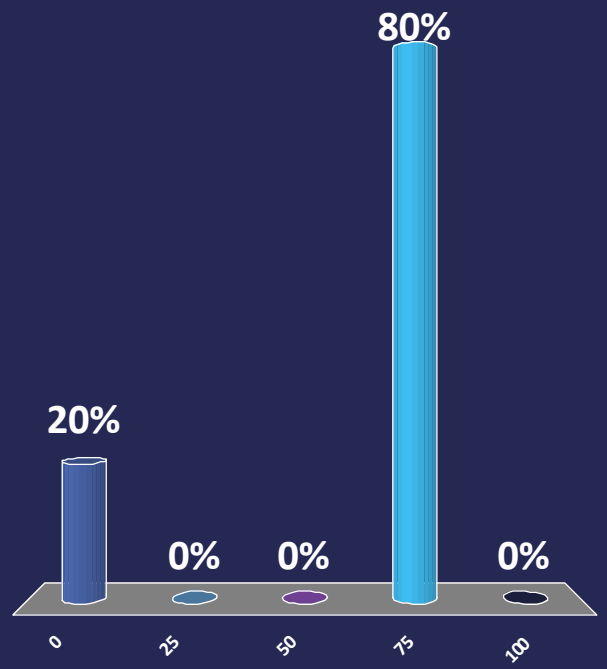
Coaches: Skill development

- How do coaches set and share team policies around alcohol and other drugs?
- What resources to coaches need? (Do they know about the ergolytic effects of alcohol and cannabis? Rates of use and norms on campus?)
- How do they share information about drugs other than alcohol?
- Do coaches know about the changes in THC content in cannabis over time?
- How do they talk to athletes who are injured an/or managing pain?
- Which key MI concepts and processes can help coaches be more effective?
- Who has had a successful collaboration with a coach and what did it look like?

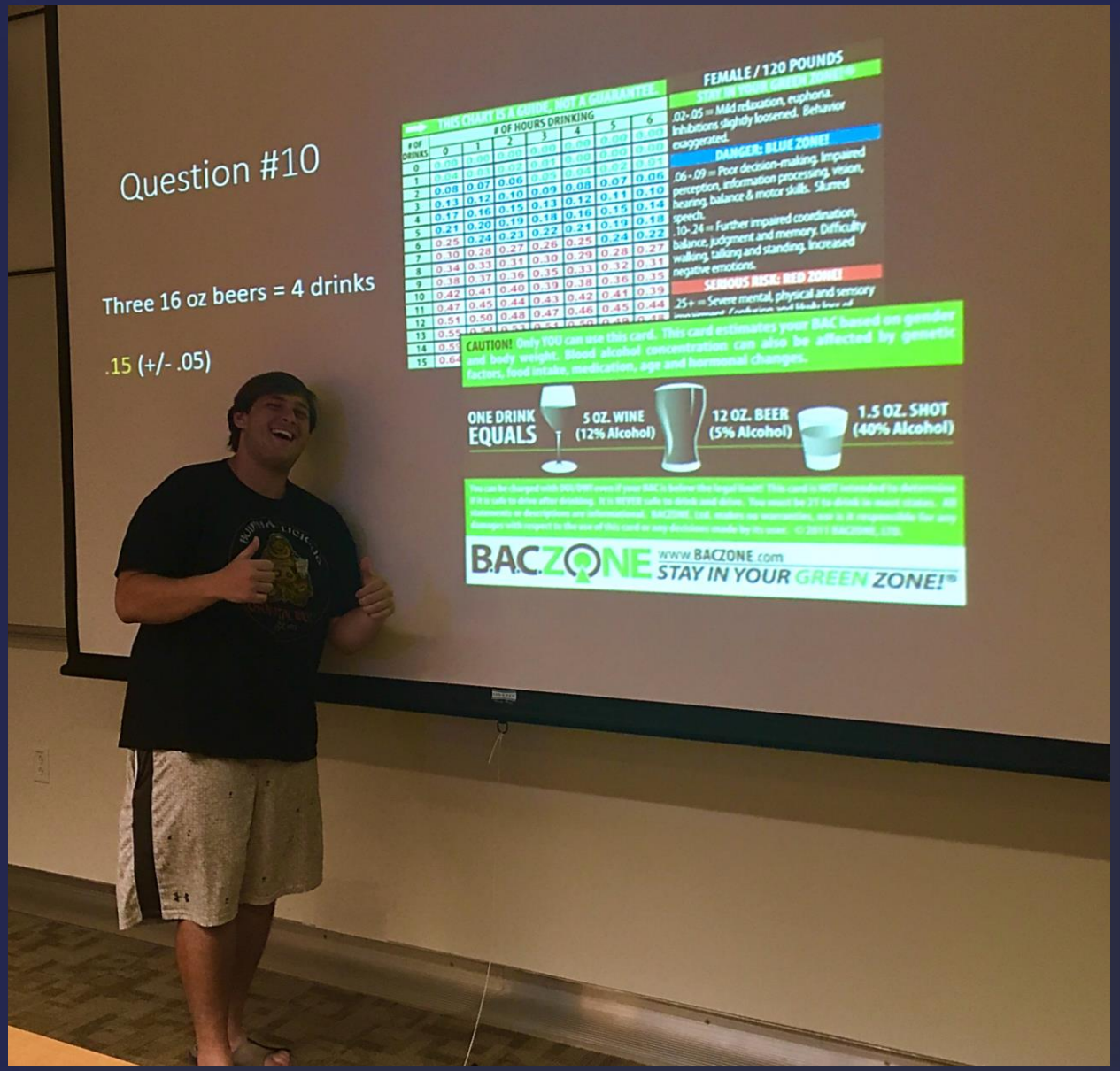
Student-athletes

What percentage of student-athletes at our college report drinking less in season than out of season? *(SSAN, fall 2014)*

A. 0
B. 25
C. 50
D. 75
E. 100



Student-athletes



Student Athlete Advisory Council

- A student-athlete advisory committee (SAAC) is a committee made up of student-athletes assembled to provide insight on the student-athlete experience. The SAAC also offers input on the rules, regulations and policies that affect student-athletes' lives on NCAA member institution campuses.

Functions of campus SAACs:

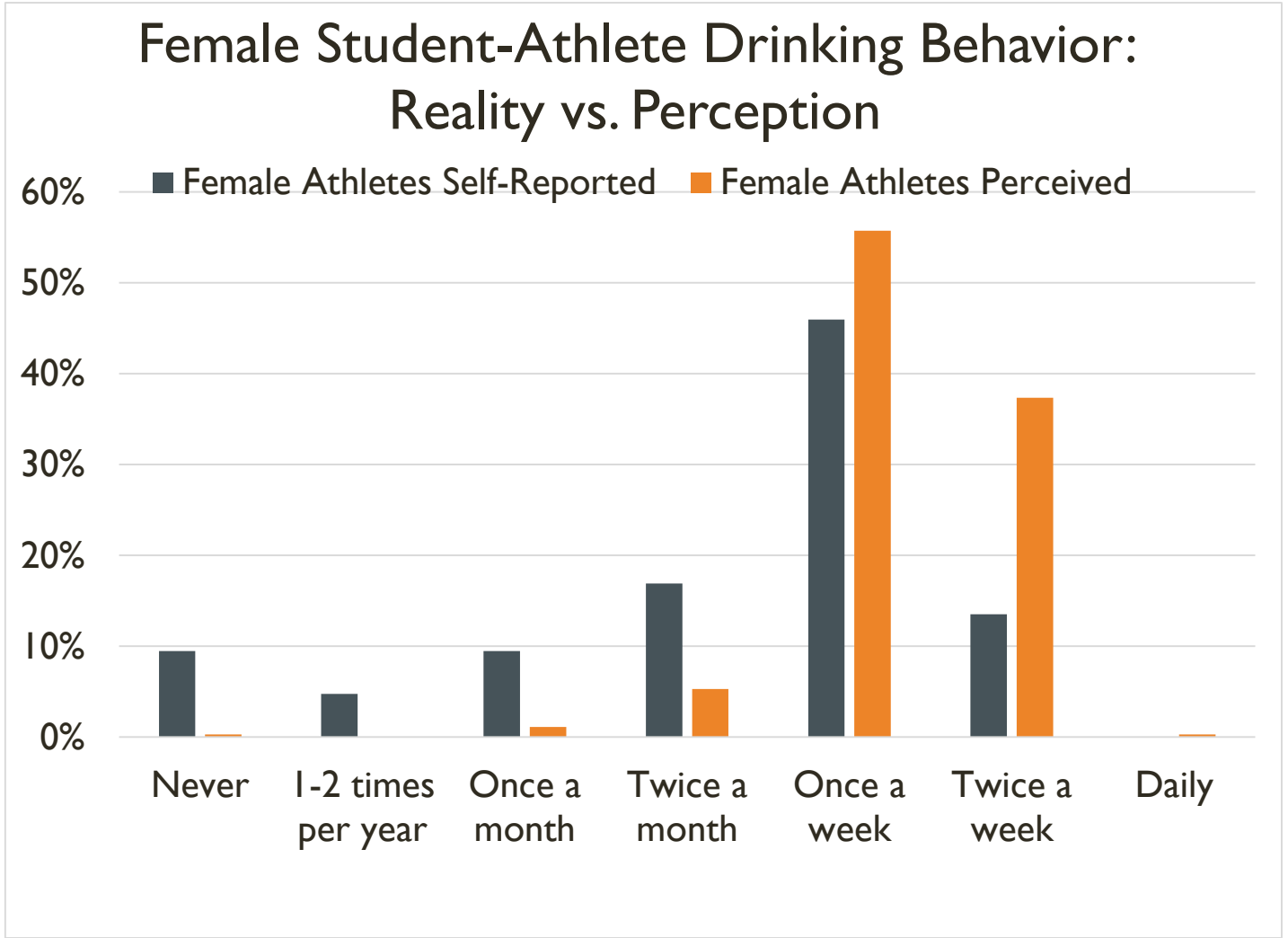
- Promote communication between athletics administration and student-athletes.
- Disseminate information
- Provide feedback and insight into athletics department issues. • Generate a student-athlete voice within the campus athletics department formulation of policies.
- Build a sense of community within the athletics program involving all athletics teams. Solicit student-athlete responses to proposed conference and NCAA legislation.
- Organize community service efforts.
- Create a vehicle for student-athlete representation on campus-wide committees (e.g., student government).
- Promote a positive student-athlete image on campus.

EVIDENCE-BASED STRATEGIES AND RESOURCES FOR ENGAGING ATHLETICS ON THE TOPIC OF SUBSTANCE USE

Evidence-based strategies

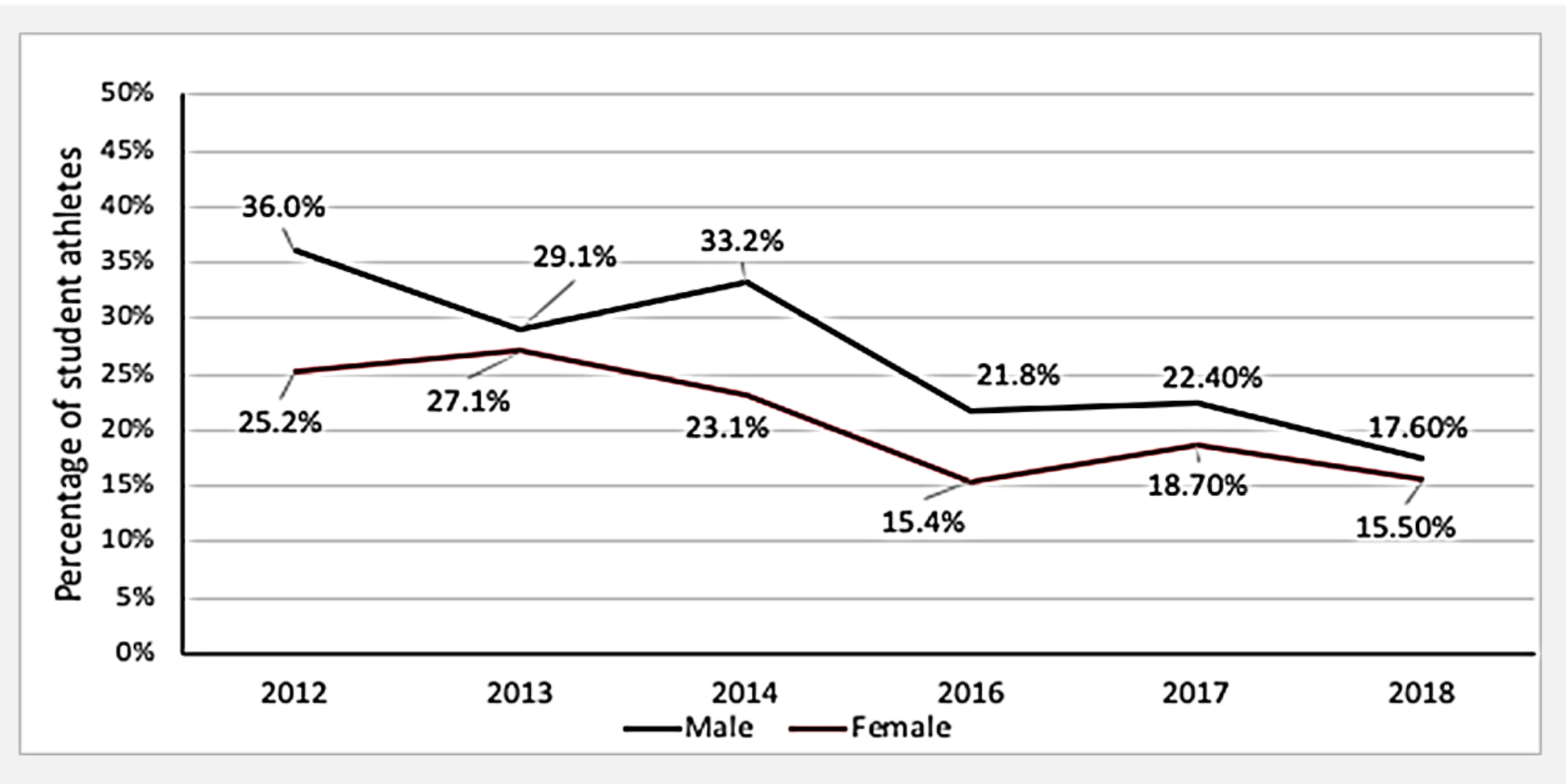
- Motivational Enhancement
- Data (surveys, SWOT analysis, etc.)
- Social Norms
- Motivational interviewing skills for coaches
- BASICS/MI for Cannabis, other drugs

Norms Clarification



SSAN, Fall 2014

Percentage of student-athletes self-reporting experiencing a blackout in the first seven weeks of fall semester (SSAN, 2012-2018)



Social Norms

- http://www.socialnormsurveys.org/

Hobart and William Smith Colleges

Social Norm Surveys Online

Youth Populations Targeted:
Middle School Students
High School Students
College Student-Athletes
Fraternity and Sorority Students

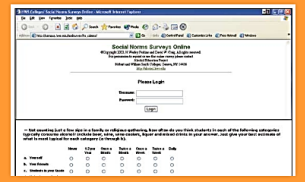
Attitudes and Behaviors Targeted:
Alcohol, Tobacco, and Other Drugs
Academic Climate
Bullying and Violence
Weight and Body Image
Sexual Behaviors
School Safety and Weapons in School
Traffic Safety and Seat Belt Use

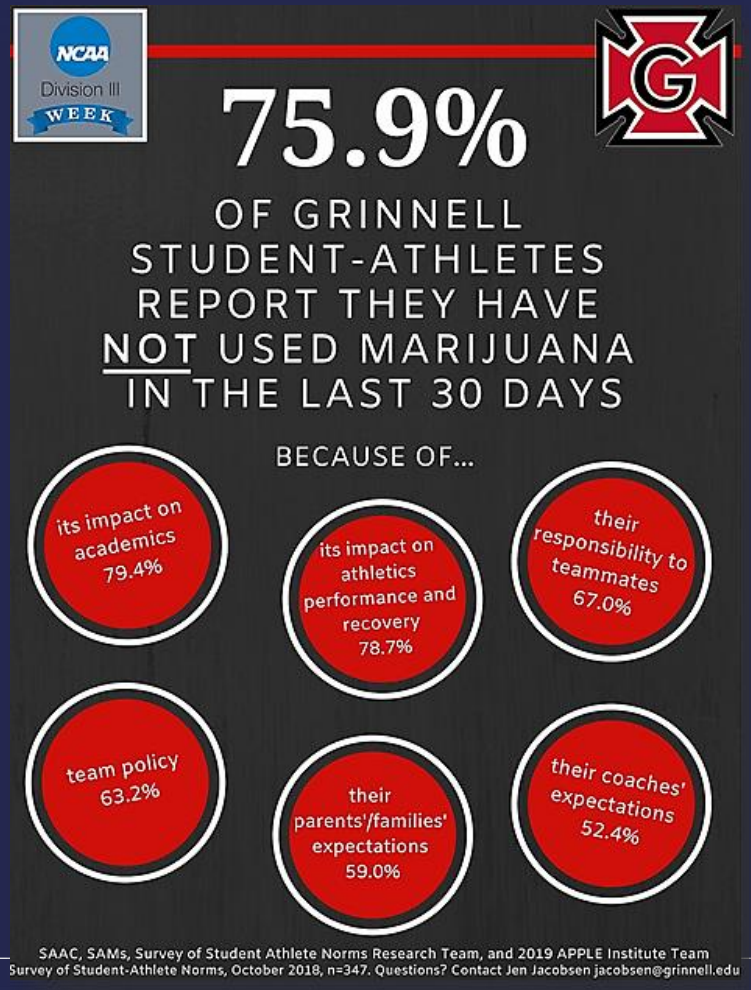
Web based surveys have been designed to support social norms programing in college and secondary school environments. Specifically, college student-athlete and greek surveys focusing on alcohol and tobacco use and other health related behaviors are available to support sub-population programming. A survey focusing on alcohol, tobacco, other drug use, and other health realted behaviors is available for programming in secondary schools as is a survey on bullying and school violence.

Web surveys provide a secure, low cost, rapid data collection solution for social norms programming that provides for greater accuracy through real-time validation. Students can complete surveys in 15-20 minutes.

Features of our web-based surveys with sample user interface screens are shown on this link (Click here).

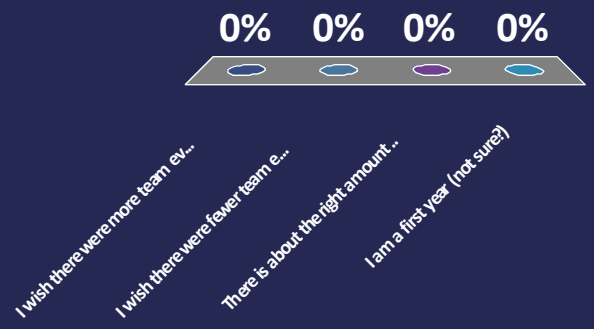
You can see some examples below of results from surveys that have been administered, run some sample surveys, and learn how you can use these surveys in your program.





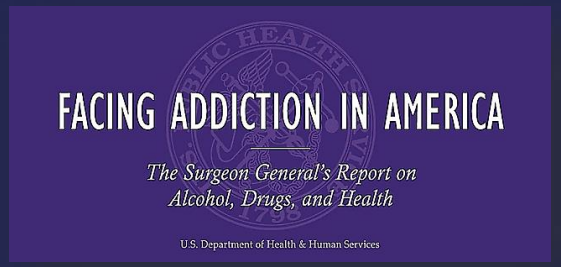
Team events with alcohol

A. I wish there were more team events involving alcohol
B. I wish there were fewer team events involving alcohol
C. There is about the right amount of team events with alcohol
D. I am a first year (not sure?)



Motivational Interviewing for AOD

- NIAAA College Alcohol Intervention Matrix (College AIM) strategy & 2016 Surgeon General's Report: highest level of evidence for prevention of alcohol use
- Includes: Normative re-education, Personalized Feedback Index, Brief Motivational Interviewing



Lower costs $	Mid-range costs $$	Higher costs $$$
Higher effectiveness		
☐ **Normative re-education:** Electronic/mailed personalized normative feedback (PNF)—Generic/other ☐ **Skills training, alcohol focus:** Self-monitoring/self-assessment *alone* ☐ **Personalized feedback intervention (PFI):** eCHECKUP TO GO (formerly, e-CHUG)	☐ **Skills training, alcohol focus:** Goal/intention-setting alone ☐ **Skills training, alcohol plus general life skills:** Alcohol Skills Training Program (ASTP) ☐ **Brief motivational intervention (BMI):** In-person—Individual (e.g., BASICS) ☐ **Personalized feedback intervention (PFI):** Generic/other	☐ **Multi-component education-focused program (MCEFP):** AlcoholEdu® for College

Vice Admiral Vivek Murthy
19th/21st Surgeon General of the U.S.

https://www.collegedrinkingprevention.gov/collegeaim/

BASCIS/MI for Cannabis, other drugs

Impact on Athletic Performance

Drinking alcohol can have a number of negative effects on athletic performance, including:

- Canceling workout gains by preventing muscle recovery
- Impairing learning, retention, memory
- Increasing fatigue via disrupted sleep patterns
- Depleting energy
- Inhibiting nutrient absorption
- Impacting balance, coordination, and reaction time

Your typical weekend drinking negatively impacts your athletic performance until the following **Thursday**. This means that your training and practice sessions will not be as effective, your performance will be inhibited, and your risk for injury will increase.

Check for updates

A Marijuana Consequences Checklist for Young Adults with Implications for Brief Motivational Intervention Research

Christine M. Lee[1] · Jason R. Kilmer[1] · Clayton Neighbors[2] · Jennifer M. Cadigan[1] · Anne M. Fairlie[1] · Megan E. Patrick[3] · Diane E. Logan[4] · Theresa Walter[1] · Helene R. White[5]

Accepted: 25 September 2020 / Published online: 24 October 2020

Abstract

Measures assessing marijuana-related consequences or problems experienced by young adults have typically been adapted from measures assessing alcohol consequences. These measures may not fully reflect the specific unwanted or perceived "not so good" effects of marijuana that are experienced by young adults. Thus, using these measures may present a gap, which needs to be addressed, given that reports of consequences are often utilized in brief motivational personalized feedback interventions. Data from three different studies of young adults were used to (1) examine self-reported "not so good" effects or consequences of marijuana use among frequent marijuana-using college students (Study 1), (2) create a new version of a marijuana consequences list and compare it to an existing marijuana consequences measure (Study 2), and (3) assess convergent and divergent validity between a finalized Marijuana Consequences Checklist (MCC, 26-items) and marijuana use and risk for cannabis use disorder (Study 3). The most frequently endorsed self-reported effects of marijuana included the impact on eating (the "munchies"), dry mouth, trouble concentrating, and acting foolish or goofy. Higher scores on the MCC were associated with more frequent use and a higher probability of meeting criteria for cannabis use disorder. The MCC represents a range of negative consequences of marijuana use derived from frequent users' own accounts and includes consequences not assessed by other measures. The MCC captures marijuana-specific negative consequences relevant for young adults, which can be incorporated in brief motivational personalized feedback interventions.

MI: Key Principles

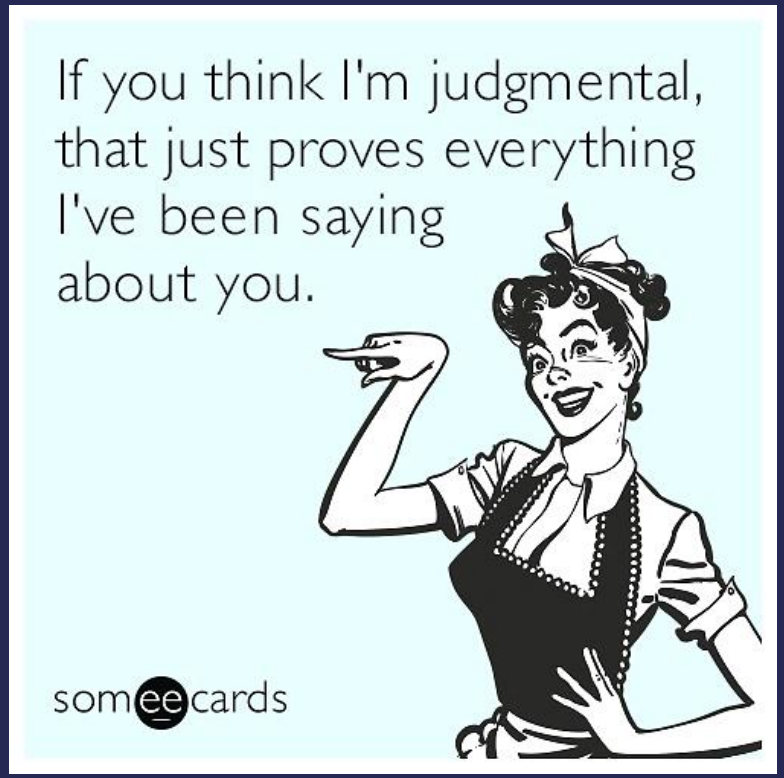
- Express Empathy
- Develop Discrepancy
- Roll with Resistance
- Support Self-Efficacy

Key MI Communication Skills--OARS

- Open-ended questions
- Affirm
- Reflect
- Summarize

Avoiding judgmental language

- "Not-so-good" vs. "bad"
- "Negative consequences"
- "What were you thinking?" (tone is everything)
- Others?

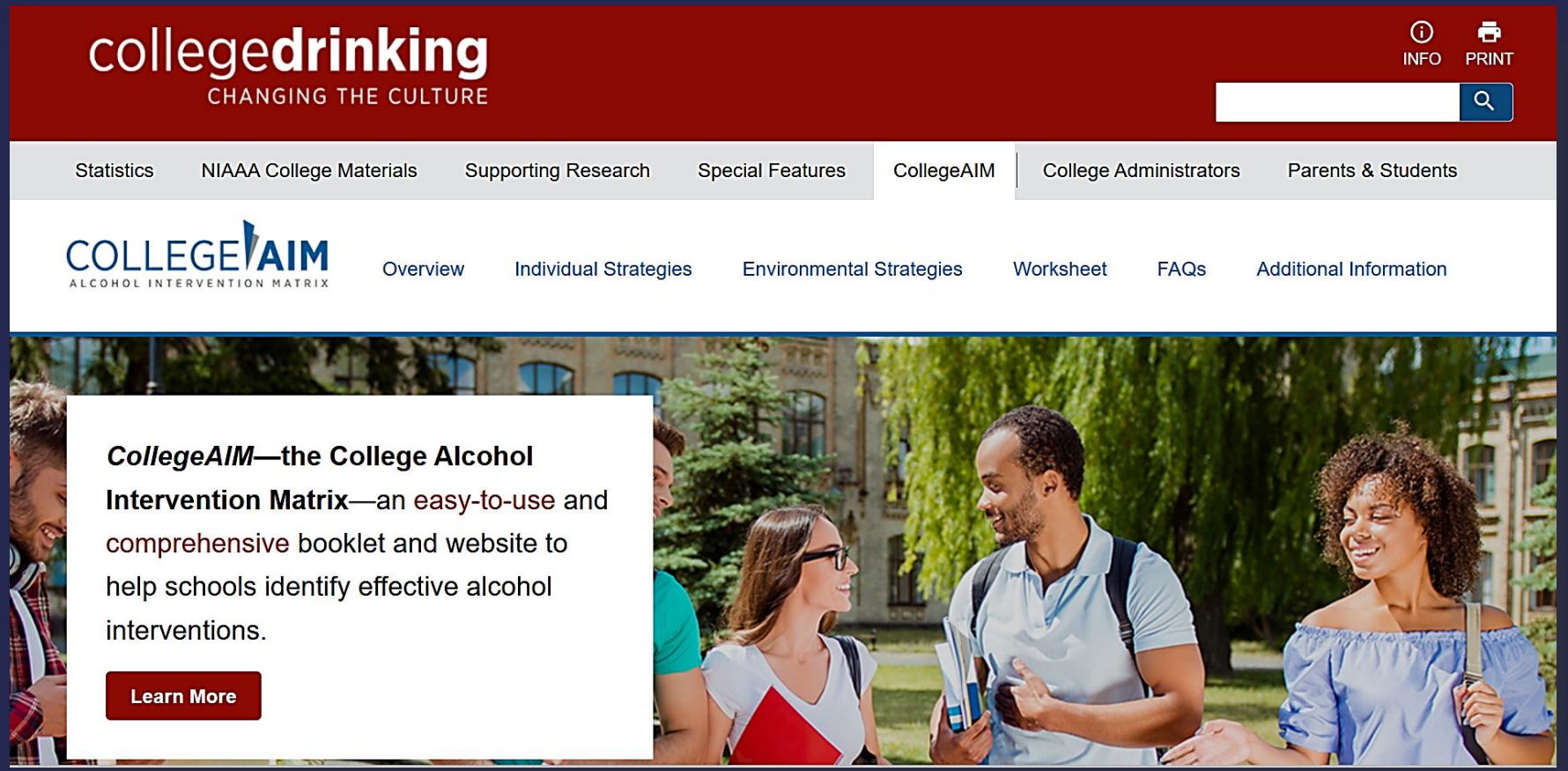


What would bringing MI skills to coaches look like?

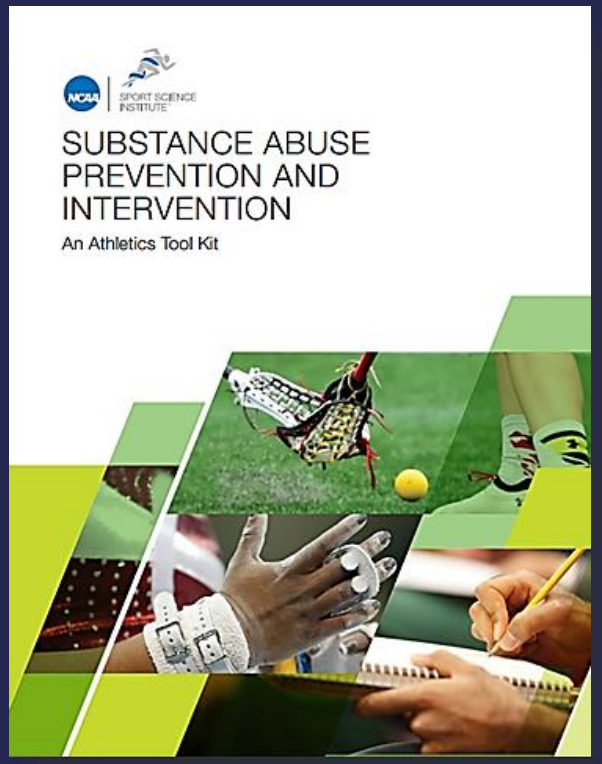
STUDENT-ATHLETE SPECIFIC RESOURCES

NIAAA College AIM

https://www.collegedrinkingprevention.gov/collegeaim



NCAA



Checklists for comprehensive alcohol and other drug prevention

The Coalition of Higher Education Associations for Substance Abuse Prevention (*see Appendix C*) has endorsed a comprehensive approach to alcohol and other drug prevention. For athletics, this approach comprises the following strategies:

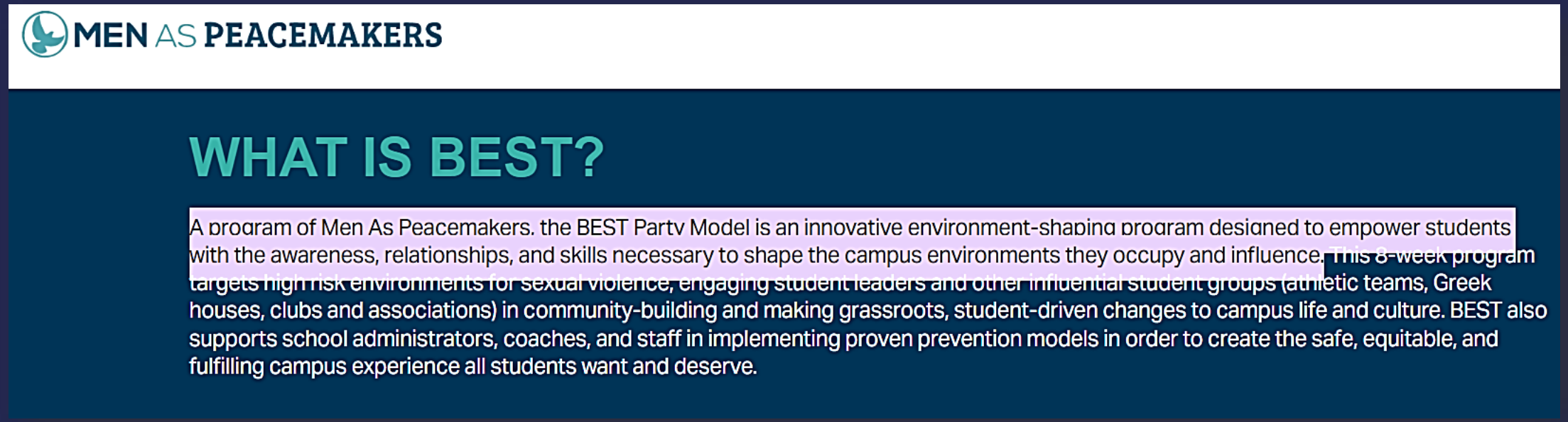
1. Student-athlete needs assessment and data analysis.
2. Campus resource inventory.
3. Departmental policy review and dissemination.
4. Collaboration and compliance.
5. Evidence-based educational programming.
6. Student-athlete engagement.
7. Coach engagement.
8. Faculty engagement.
9. Screening, early intervention and referral protocols.
10. Treatment services and recovery support.

The following checklists provide athletics administrators with tools to guide their efforts in addressing substance abuse prevention, intervention and treatment. It is recommended that these checklists be shared with senior student-affairs officers, and those who work closely with prevention staff, to support athletics department efforts and those of the campus.

https://www.ncaa.org/sports/2017/7/20/substance-abuse-prevention-tool-kit.aspx

Men as Peacemakers: BEST Party Model

- https://www.menaspeacemakers.org/best#:~:text=A%20program%20of%20Men%20As,environments%20they%20occupy%20and%20influence



- (I offer "off campus party host training" as well)

360 Proof
(NASPA, no cost)

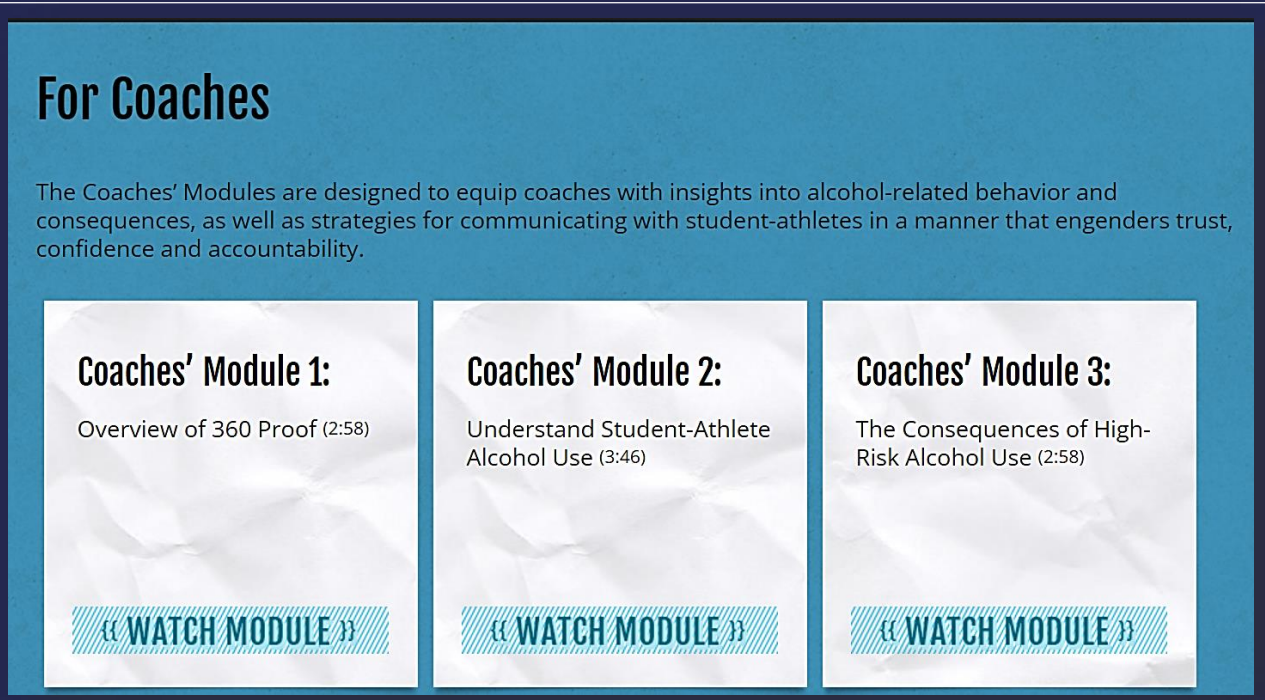
- Coaches' Modules

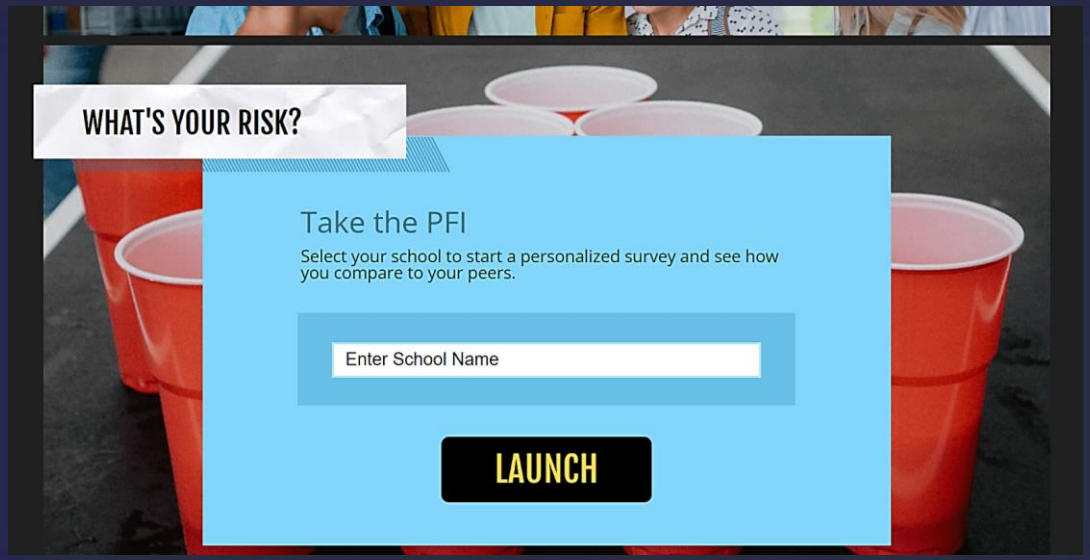
https://www.360proof.org/coaches

- Personalized Feedback Index (PFI)

https://www.360proof.org/students

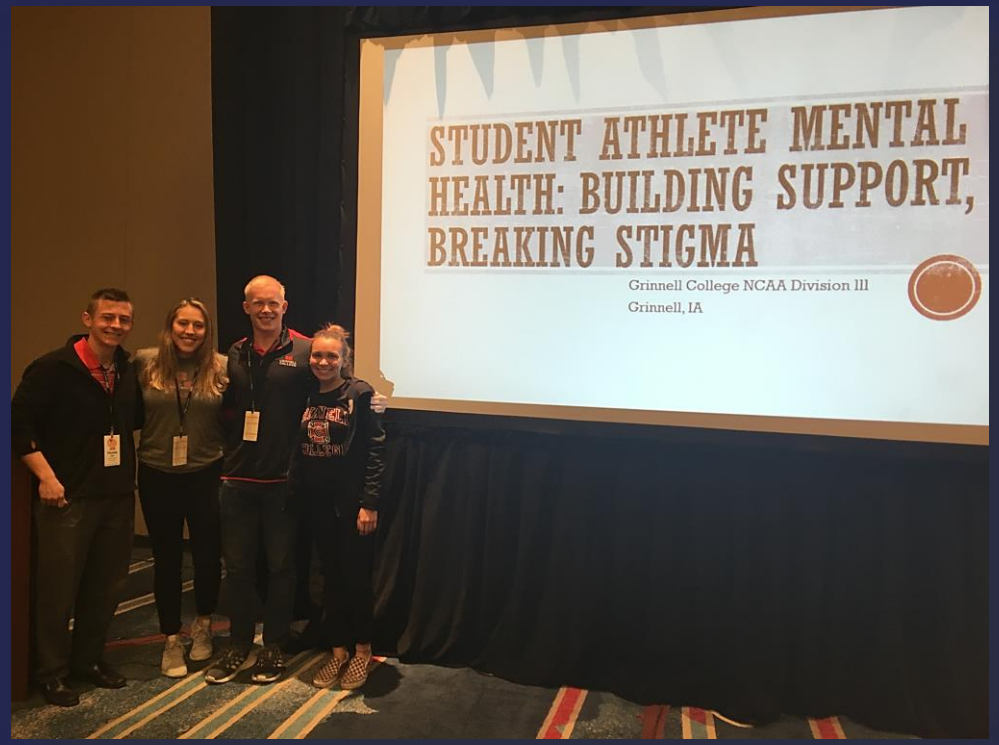
- Learning Community/Webinars
- Strategic Planning resources





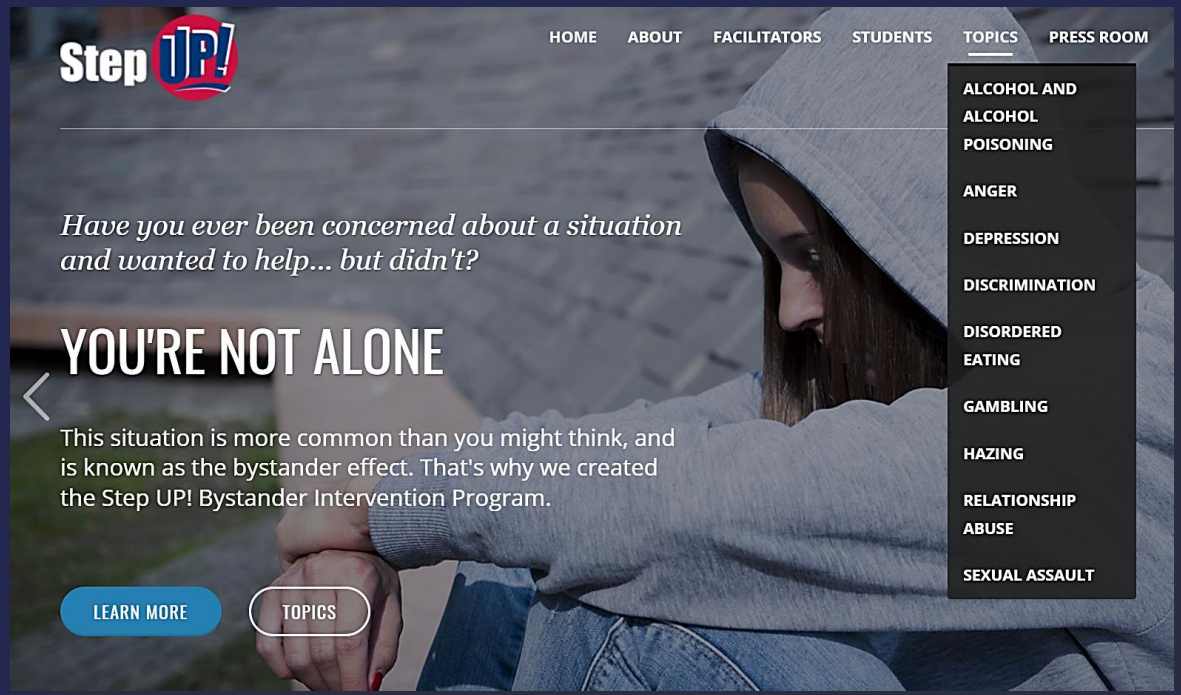
Apple Training Institute

https://apple.studenthealth.virginia.edu/



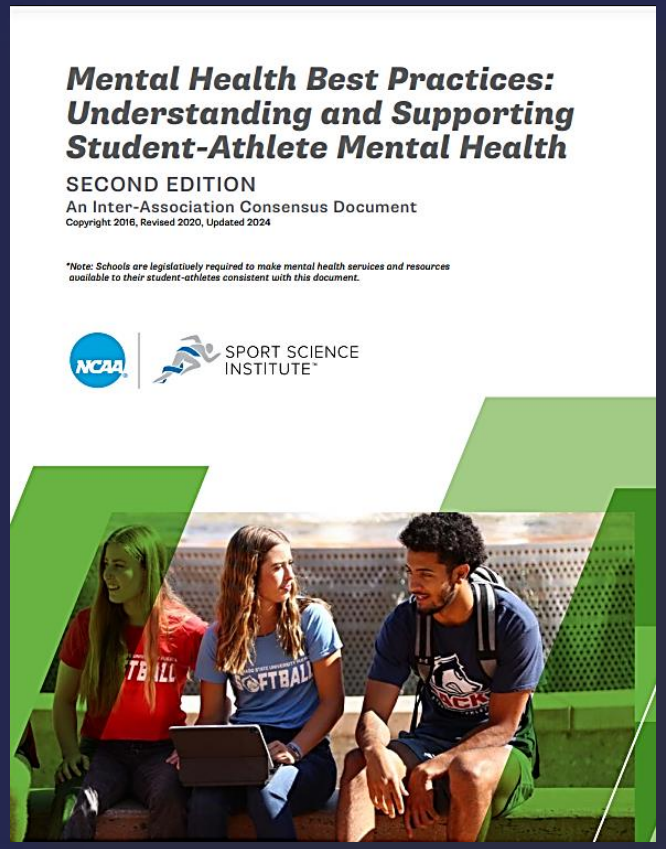
Step UP! active bystander program

https://stepupprogram.org/



NCAA Mental Health Best Practices (2024)

https://ncaaorg.s3.amazonaws.com/ssi/mental/SSI_MentalHealthBestPractices.pdf



- Mental health is an important dimension of overall student-athlete health and optimal functioning
- Emerging adulthood is a particularly important time for supporting mental health.
- Mental health risk and protective factors occur across settings and over time.
- Coaches play an important role in student-athlete mental health and well-being.
- Mental and physical health are inextricably linked.
- Discrimination, maltreatment and psychosocial trauma negatively impact mental health.
- Social media is an evolving and concerning risk factor for poor mental health.
- Collaboration and continuous improvement are essential.

Taking this home

- Who is one person you will connect with? Can you e-mail them asking to meet right now?
- What's one new strategy you might use?
- What's one resource you might use?

FINAL QUESTIONS AND THANK YOU

jjacobs4@macalester.edu

www.linkedin.com/in/jennifer-j-jacobsen