The pervasiveness of heavy episodic drinking, or binge drinking, is felt on nearly every college campus throughout the country (National Center on Addiction and Substance Abuse, 2003; NIAAA, 2002; O’Malley & Johnston, 2002; Turrisi, Wiersma, & Hughes, 2000). The ramifications of high-risk drinking have risen to the point of the highest priority health risk for colleges (Lee, Gledhill-Hoyt, Maenner, Dowdall, & Wechsler, 2002). Student deaths, near deaths, transportation to detoxification centers or hospitals, encounters with police officers, altercations with staff members and roommates, are problems every Student Affairs Professional and college administrator knows all too well. A significant part of the conundrum is recognizing that the entire continuum exists within student populations from those who choose abstinence from all substances to those engaged in experimentation, responsible social use, all the way to those involved in chronic abuse and substance dependence (Shim & Maggs, 2005).

A new strategy has been developed at Colorado State University (CSU) to address the needs of those students impacted by substance abuse. This paper begins with an overview of recent trends and introduces the need for new intervention strategies. Although the DAY IV program addresses all harmful substances, the overview will primarily focus on alcohol due to the proliferation of research in this area. Following the overview, a detailed description of the DAY IV program as the premiere Back On TRAC site will be outlined.
The Widespread Problem

*Defining Binge Drinking & Current Trends*

Several compilations and key studies have been utilized to understand the magnitude of drinking on college campuses in addition to the trends over the last decades (Wechsler, Lee, Kuo, Seibring, Nelson, & Lee, 2002; Wechsler, Lee, Kuo, & Lee, 2000; Core Institute, 2000; National Center on Addiction and Substance Abuse, 2003). These studies have defined binge drinking as consuming 5 or more drinks in a row for men, and 4 in a row for women. Approximately two in five college students drink more than this, which puts them in the category of a heavy episodic drinker, or in a high-risk range. In a 2002 study, Dowdall & Wechsler (2002) found the following:

Frequent heavy episodic drinkers were defined in the same study as those students who had three or more episodes of heavy episodic drinking in the 2 weeks before responding to the survey. Roughly one in five college students can be so classified, and this 23% of students consumes 72% of all alcohol used by college students and experiences more that 60% of the major alcohol-related problems…(p18).

Although research has shown a small increase from 47% to 51% during the years of 1993 to 2001, binge drinking rates have remained fairly steady in the past 15 years (Lee, Gledhill-Hoyt, Maenner, Dowdall & Wechsler, 2002, Wechsler et.al, 2002, Wechsler et. al, 2000). Binge and extreme drinking coincides with the related consequences that harm individuals and the community (Eng & Hanson, 1990; National Center on Addiction and Substance Abuse, 2003).
At the same time, another significant trend to note is that a growing number of students are abstaining from alcohol use. Wechsler et. al, (2002) writes:

…evidence of a trend toward polarization drinking behavior has continued since the second CAS survey. About 1 in 7 (16%) students abstained from alcohol during the past year [1993] and 1 in 5 (20%) engaged in frequent binge drinking in 1993, whereas 1 in 5 (19%) students was an abstainer in 2001 and 1 in 4 (23%) was a frequent binge drinker. (p. 207-208)

This trend creates a polarization effect on campus. This polarization impacts college campuses in a variety of ways. From creating effective prevention and education efforts to the development of appropriate intervention strategies, this polarization reflects a continuum of use in college students. Effective program designs for drug and alcohol centers seeking to create systemic change must balance prevention, education and treatment. Policies must match a polarized campus with very diverse needs.

Developmentally, alcohol plays a defining role in the rite of passage to adulthood and has been at the core of the college social scene. Experimentation and use of alcohol is a very tangible form of separation from parents and other authority figures. Over time however, more and more of the experimental use that historically occurred within the college crowd is occurring at younger ages. Many students are engaged in experimental use as early as junior high which becomes chronic abuse by high school (Hingson, Heeren, Winter & Wechsler, 2003). This pattern, along with what is known as “The College Effect” in which students expect and normalize excessive drinking as the standard of behavior in college, creates a very complex problem for campuses. There is clearly no “one size fits all strategy”. College campuses must respond in a much more
sophisticated way with strategies that are effective depending on the needs and historical use of their students.

*The Wake of the Damage: Individual, Community, and Institutional*

Binge or high-risk drinking and substance abuse does not come without consequences. These consequences are felt by the individual, the community, and by the institution. Wechsler et. al., (2002) reported that between 1993 and 2001, personal consequences have risen significantly in regards to encounters with police, personal injury, and academic difficulties. Additionally, nearly 30% of students admitted to driving after drinking. Frequent binge drinkers were 21 times more likely to have 5 different alcohol related problems, than non-binge drinkers (Wechsler et. al, 2000).

Personal consequences can also include missing classes, unprotected or unwanted sex, and difficulty with campus police. In fact, frequent binge drinkers are seven to ten times more likely to engage in risky behaviors such as unprotected or unplanned sex, property damage, drawing attention to themselves in one form or another to the point where an encounter with the police is needed (Hingson et. al, 2003; Wechsler, Davenport, Dowdall, Moeykens, & Castillo, 1994).

These consequences need to be put into perspective. According to an extensive study done by Hingson, Heeren, Zakocs, Kopstein, and Wechsler, (2002), the consequences are staggering and serious. In 1998, college students who died in fatal traffic accidents related to alcohol number 1,138. Additionally, it is anticipated that approximately 500,000 students are injured annually due to the volume of their drinking. Another 630,000 students were victims of assault in 1998 due to an escalation of a verbal altercation inspired by anger fueled from alcohol. Finally, “…in that year, nearly 400,000
full-time students nationwide may have had unprotected sex as a result of drinking. Over 70,000 [students] were victims of a sexual assault or date rape, a problem reported by 1.5% of respondents” (p. 141).

Students with high-risk drinking patterns often leave a wake behind them. Residence hall communities can be disrupted impacting students’ ability to study and sleep. Fights, taking care of high-risk students and verbal insults that aren’t always remembered, are common from students participating in high risk drinking and substance abuse (Wechsler, 2002). However, staff and university police are also involved in many cases due to broken doors and windows, destroyed bathrooms, and torn bulletin boards. Institutions are also impacted due to property damage and the increased need of policing.

Pre-College Use

For most students involved in substance abuse, use does not begin upon entering a college campus. These patterns have started to develop during high-school, and for some, even earlier (Lee et. al, 2002). According to the National Center on Addiction and Substance Abuse (2003), 3.3 million young teenagers between 12 and 17 years of age begin drinking each year. Of those students who have experimented with getting drunk, by the time they are in the 12th grade, most have continued getting drunk. Of these same young users, they are five times more likely to drop out of school.

The consequences for early use are significant. “Individuals who begin drinking before age 15 are four times likelier to become alcohol dependent than those who do not drink before age 21…The incidence of lifetime alcohol abuse and dependence is greatest for those who begin drinking between the ages of 11 and 14” (as cited in National Center on Addiction and Substance Abuse, 2003, p. 26). There is also a correlation between
early use and significant or problem drinking patterns in later years (Hingson et. al, 2003).

In addition to social consequences, brain function is also affected by alcohol consumption at this age. The hippocampus as well as portions of the prefrontal cortex is continuing to develop during this period and can be damaged because of alcohol use. “The hippocampus curves around the inside of the brain in each hemisphere. It is involved with memory processes and learning and plays a role in alcohol withdrawal seizures” (Little, 1997, p. 38). High-risk drinking may cause long-term damage to the development of these areas causing loss of mental capacity in learning, memory, and decision-making (National Center on Addiction and Substance Abuse, 2003).

Alcohol Abuse & Dependence

There are several factors that may affect a student’s abuse or dependence to alcohol; personality, attitudes, ability to transition to a new environment, social relationships and peers are all possibilities (NIAAA, 2002). Clearly college students who are participating in the high-risk binge categories are at risk for becoming alcohol dependent (Wechsler et. al, 2002). “A recent study indicated that, under existing patterns of alcohol use, nearly 1 in 3 college students (31.6%) qualified for a formal diagnosis of alcohol abuse and 1 in 17 (6.3%) could be diagnosed as alcohol dependent…” (as cited in Wechsler et. al, 2002; NIAAA, 2002).

Treatment is a key issue for these students either before they attend institutions of higher education or while they are on campus. There has been a substantial increase in the number of young people in need of treatment since the 1990’s. For example, “In 1995, one in five (21 percent, or 262,112) of the clients who were admitted to alcohol
High Risk Drinking – 7

treatment programs were under the age of 24…” (National Center on Addiction and Substance Abuse, 2003, p. 50). However, only on in six received treatment due to the lack of appropriate resources. Most were between the ages of 12 and 17 years old. The same challenges are faced by college students seeking or needing treatment. Some facilities will not treat any participant under 21 years old. In addition, the cost of programs can be a competing financial priority for college students. If treatment is sought, it is not uncommon to find additional issues through the assessment.

Alcohol Abuse and Co-Occurring Disorders

National estimates for the entire population suggest that approximately 37% of persons fitting the criteria of alcohol abuse or alcohol dependent would also have a co-occurring psychiatric disorder that is diagnosable (Community Mental Health and Substance Abuse Partnership, 2003). Typically, these may include mood disorders such as depression or anxiety, other disorders such as bi-polar, attention deficit, bulimia and anorexia (National Center on Addiction and Substance Abuse, 2003). It is not uncommon for students to self-medicate with substance use and not fully understand the consequences of those actions (Weber, personal communication, December 5, 2003).

College & University Interventions Options

Intervention strategies utilized by institutions to combat substance abuse vary from campus to campus. Educational interventions including workshops, classes, posters, and blood alcohol level calculation instructions have become more popular in the past several years (Wechsler et. al, 2002). On-line resources have also been increasing to meet the needs of current students.
Social Marketing has become very popular in the last several years. The popularity of these campaigns arose when it was discovered that students often overestimate the amount that their peers consume (Perkins, Haines & Rice, 2005). When this happens, it tends to justify the amount of use along with inappropriate behavior and the cycle is perpetuated. When the information is accurate, the myth is broken, and dissonance often happens. The student is faced with a new reality and often will participate in healthier behavior. (NIAAA, 2002; National Center on Addiction and Substance Abuse, 2003) There has been both positive and cautious criticism of these types of campaigns on college campuses. For the campus community as a whole and specifically with non-binge drinkers and low risk drinkers, these interventions appear to have much greater success. However individuals who are at risk, in an alcohol abuse or alcohol dependent category, this intervention has not proven to be substantially successful (Wechsler et. al, 2002; NIAAA, 2003)

In addition to the prevention and education efforts, most institutions also have a code of conduct that would include a violation of underage drinking and illegal substance use. Potential consequences for violating school policies have been increasing on many campuses around the country. “These potential consequences included being fined, attending a required educational program, performing community service, being referred to a treatment program [off-campus], and receiving other disciplinary action” (Wechsler et. al, 2002, p. 212). In addition, to these policies, some schools have gone to either zero-tolerance or three strikes policies. Many of these policies have been put in place due to the frustrations and concern over high-risk drinking and the ramifications on the entire
campus community. At any rate, one could easily argue that there is a very strong correlation between the number of judicial suspensions and substance use.

Colorado State University: A Drug Court Model

The Criminal Justice system cannot be separated from the issues of alcohol and drugs. The cycle is often said to be predictable when addiction and substance abuse are involved. The predictable pattern is arrest, prosecution, conviction, incarceration, and then release. Oftentimes, the cycle is repeated in a very short amount of time (National Association of Drug Court Professionals, 1997).

In the early 1980’s, criminal justice practitioners and treatment providers began working together to break the cycle. A new idea was formed and Drug courts emerged. The key to a drug court is to stop the abuse of alcohol or other drug use and related criminal activity. The incentive for successful participation in treatment is dismissal or reduction of charges. It is a team effort with the Judge playing a very key role. The Judge, through rewards and sanctions, keeps the participant engaged in treatment, and the treatment providers keep the entire team informed as to the participant’s progress.

Drug courts create an environment with clear and certain rules. “The rules are definite, easy to understand, and most important, compliance is within the individual’s control. The rules are based on the participant’s performance and are measurable” (National Association of Drug Court Professions, 1997, p. 7).

The evaluation of drug courts has been of great interest to both the criminal justice system and the general public. Between 1999 and April 2001, Belenko (2001) designed a critical review of 37 published and unpublished drug court evaluations. The study found that on average 47% of participants graduate from community drug courts.
Successful graduation is an indication that the cycle has been broken; the participant has not had additional charges and is exhibiting successful behaviors such as maintaining a job and meeting family responsibilities. The Drug Court phenomenon has exploded across the country with dramatically better results using a collaborative treatment approach.

.DAY (Drugs, Alcohol, and You) IV

In conversations among judicial affairs colleagues some are quick to agree that current practices are not working for students experiencing the severe impact of substance abuse (personal communication, D. Gehring, 2005; personal communication, W. DeJong, 2005). It has, in fact, been difficult for some to embrace the idea that colleges do have a need to provide intervention and limited treatment programs. The precedent has already been set in terms of treating other medical and psychological health concerns among students. The exact same shift in thinking occurred in the criminal justice system during the past two decades. Judges, prosecutors, defense attorneys, and prisons administrators came to the clear conclusion that punishment is not effective in changing behavior related to chronic substance abuse and chemical dependency. This revolving door effect spawned the creation of the Drug Courts in the late 80’s (NADCP, 1997).

It is clear that a new response is required for higher education as well. College campuses across the country tragically marked numbers of lost student lives due to alcohol poisoning deaths during the fall semester 2004. Two of these deaths occurred at Colorado State University. In addition to students putting their own lives at risk, the destructive behaviors are also severe when measured by the impact on the broader
community. In fact, while suspension of these students may alleviate the immediate concerns in the campus environment, the problems surface elsewhere in the broader community or at another university. In truth, it is not appropriate or realistic to believe that suspension can be the primary tool with which to respond to as much as 37% of the student population who are engaged in substance abuse (Wechsler et. al, 2002).

Colorado State University (CSU) has been instrumental in offering an additional alternative to traditional methods of intervention by way of a new program that offers both accountability and treatment. CSU has adapted the model and principles of a community drug court to students who have violated the student conduct code due to issues with substance abuse. This collaborative system of accountability through weekly staffing, case management, treatment plans, case reviews, drug testing, rewards, and sanctions, effectively deals with the students’ issues while allowing students to remain in school to accomplish their academic goals. The pilot program and protocol development was possible through a Department of Education Grant in 2001. The result has been the development of a national initiative to support other colleges and universities in embracing the model called Back On TRAC (Treatment, Responsibility, and Accountability).

The DAY IV program, which stands for Drugs, Alcohol, & You, has been integrated into the CSU system since 2001. In these four years, the success rate among participants has grown to nearly seventy-five percent.

When the community drug court model was presented to a small group from CSU, the model provided an alternative to dismissing these students through providing treatment and accountability on campus. Similar to the criminal justice system,
comparable roles such as the judge, case manager, clinician, and public defender were identified on campus and the Drugs, Alcohol and You IV (DAY IV) program began.

Like community drug courts, the DAY IV program is based upon an individual student contract that combines accountability, treatment, goals setting, rewards, and sanctions. Each student is assigned a case manager and clinician with whom he or she meets weekly. The student is also required to take random urine analysis and breathalyzer screens. The remaining contract is created according to the student’s individualized needs. Four categories are explored for in-depth goals: personal development, treatment, academic development, and social development (DAY IV Program Manual, 2002).

DAY IV program is comprised of several components:

- *Judicial Affairs Hearing Phase* in which a report or complaint that a violation of CSU's Student Rights and Responsibilities code is presented to a judicial hearing officer. Standard University procedures are used during this phase of the program to determine whether the case is appropriate for DAY IV. All due process rights are strictly maintained. The student may choose to enroll in or decline DAY IV so that participation is completely voluntary. Most often, hearing outcomes result in a suspension that is deferred if the student is accepted and completes the DAY IV program. Students who decline enrollment in the program follow standard procedures, with no additional sanctions resulting from their choice to opt out of the DAY IV program.
• **Application/Assessment Phase** uses screening and assessment tools to enable the DAY IV staffing team to determine whether or not to enroll the student and identifies the extent of the use history. Instruments such as the Minnesota Multiphasic Personality Inventory 2 (James N. Butcher, W. Grant Dahlstrom, John Graham, Auke Tellegen), the Quality of Life Inventory (Michael B. Frisch), and the SASSI. Currently, CSU is seeking additional psychosocial and cognitive assessment instruments to utilize during the stage.

• **Contract Phase**, during which the Director of DAY Programs meets with the student to present, refine, and sign the DAY IV contract. If criminal charges are associated with the incident, communication may be established with the community Adult Drug Court in the Eighth Judicial District of Larimer County. The contract is individualized to meet the unique needs of each participating student. A program designed to target a student’s individual needs is then implemented and outlined in a contract signed by the student. Contracts include mandatory abstinence from alcohol and drug use, which is monitored through random drug testing, regular interaction with a case manager and clinician, and a weekly review of their case and progress. The contract also often includes individualized commitments such as enrollment in learning assistance to improve a student’s grade-point average, group meetings with other students in DAY IV or consultation with a psychiatric professional for medication or counseling.

• **Completion Phase** is reached according to individual criteria outlined for each student in their DAY IV contracts. The contract covers a minimum period a four months and may last until the student successfully graduates from CSU. The completion is
celebrated with a ceremony in which special guests (family members, friends, partners, and invited faculty and staff members) are invited to attend. Each student is given an opportunity to address their peers, is given a certificate of completion, and is given a small bag of gifts.

Once enrolled in DAY IV, a student must complete several phases of treatment to successfully finish the program and earn back their good standing with the university. The program combines intervention and treatment strategies based upon a student’s history and the nature of his or her behavior.

The staffing team is comprised of various members of the university community who play similar roles to the community drug court counterparts. This group meets weekly to update each student’s progress in the treatment regime. Working together, the staffing team is able to share quickly and efficiently to better inform the treatment providers and the director of DAY Programs who plays the role of the judge. The staffing team consists of hearing officers, case managers, a university police representative, clinicians, a representative from the university counseling center, and a student representative chosen from the Association of Students of CSU.

Key to the DAY IV program is a regular status review. At CSU, this review follows the staffing meeting. Every week, students are required to attend this time referred to as the open case review. This is also modeled in the community drug court system (Satel, 1998; National Association of Drug Court Professionals, 1997). The students gather in a large room and come forward when their name is called. The hearing officer (Director of DAY Programs) facilitates, as in the role of the judge, a brief review of each student’s case. The student shares successes and challenges from the previous
week. However, the hearing officer has detailed information from the staffing meeting just prior to the open case review. Students are given graduated rewards and possible sanctions due to the success or difficulties from the previous week. Relapse is not uncommon, especially for those who fit the DSMIV diagnosis of dependency (Leshner, 1997; American Psychiatric Association, 2000).

Most of the students in DAY IV, though aged chronologically from 18-21 years, are significantly developmentally delayed and essentially still struggling with issues of autonomy, self-reliance and individuation more suited to mid to late adolescence due to their substance abuse. A large part of the program is challenging the students to take responsibilities and tasks appropriate to their age while providing the support, structure and tools to be able to rise to these challenges. The random drug and alcohol testing is a response to the frank fact that heavy substance abusers and dependents will lie about their use and provides an objective and at the same time impersonal verification of their program-required abstinence. The clinician and case managers (through individual, experiential and group therapies, along with specific personal, social, treatment and academic goal-setting) assist the students with their unique issues while the Open Case Review provides a quasi-public forum for the students to support and learn from each others successes and setbacks as they progress through the program.

Many if not most of the students experience one or more relapses during the course of DAY IV which are used as learning opportunities to discover false assumptions, thinking errors, high-risk environments and peers, and where new coping skills need to be developed. While the level of accountability is high, the rate of relapse in conjunction with the number of students who fail to graduate the program would
indicate that the control parameters are not set too high and that the students are ultimately allowed to make their own decisions as whether they are willing to do what it takes to succeed or not. The external structure that is initially imposed becomes lessened as the student demonstrates by example and success that they are internalizing the level of structure necessary to be functional, accomplished and fully realized human beings not only academically, but personally and socially as well. The program's blend of accountability, consistency and responsibility with personal growth through challenge, skill development and loving support results in the students becoming hopeful, optimistic and ultimately empowered people.

*DAY IV Outcomes*

Since the DAY IV pilot project began in the spring of 2002 through the current DAY IV participants, each semester more and more students have been identified as candidates for the program. The DAY IV staffing team has made many changes throughout the past three years. New assessments are being developed, better communication with parents, monitored study times, and behavioral benchmarks have been developed and enhanced along the way.

It is important to note that the vast majority of these students would have been dismissed had they not been offered the DAY IV program. Clearly lives have been changed. Students have been given an opportunity to achieve academic goals in addition to address substance abuse issues.

Some students have experienced relapse during the program, some went on to phenomenal success, and a few went through the program a second time. For those who
completed DAY IV successfully, the university benefited as well. Table 1 reflects the tuition and fees that have been retained by CSU.

Table 1: Total Tuition & Fees from DAY IV

<table>
<thead>
<tr>
<th>Totals</th>
<th>$2,972,215.45</th>
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<tbody>
<tr>
<td>591 Semesters</td>
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<tr>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>$1,000,000.00</td>
<td></td>
</tr>
<tr>
<td>$2,000,000.00</td>
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<tr>
<td>$3,000,000.00</td>
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</table>

Currently, DAY IV has 70 percent of students successful in the program. Seventy percent of DAY IV students who would have been dismissed due to alcohol are now doing well and on track with academic goals and have addressed their substance abuse issues. Table 2 reflects the current standing of the DAY IV program from the beginning of the pilot program to the current standings. (Table 2).
Table 2: Percentage of students

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Completed</td>
<td>52%</td>
</tr>
<tr>
<td>Active</td>
<td>17%</td>
</tr>
<tr>
<td>Withdraw</td>
<td>9%</td>
</tr>
<tr>
<td>Dismissed</td>
<td>22%</td>
</tr>
</tbody>
</table>

Although in the most recent year the number of women has begun to rise dramatically, the DAY IV participants have been dominated by men. Korcuska and Thombs’ (2003) research reflects a general trend that “suggests that rates of alcohol consumption have become quite similar in undergraduate women and men” (p. 204).

In the past three years, the success has been overwhelming. The DAY IV staffing team has defined success not only as completion of the program, but remaining free of any additional infractions in the campus or criminal judicial system, achieving academic goals, sobriety for those who are dependent, and goal setting around legal substances for those who are not.

According to Fenzel (2005), “adolescents and emerging adults are more likely to engage in heavy drinking when psychosocial risk factors are more salient and protective factors less so” (p. 127). The findings of this study suggest that there is a continuum of use and a number of factors that may positively or negatively be correlated with
frequency of use and the number of alcohol related problems experienced by college students in this sample. Although cause and effect cannot be inferred through this study, it does suggest that risk and protective factors are very important for education and prevention efforts by colleges. The DAY IV program intentionally supports students’ in increasing protective factors and addressing their individual risk factors. In this regard, measured success includes student retention, academic success, behavior changes, leadership in student organizations, collaboration among university departments, student support, and very low recidivism (approximately 4 percent).

The first evaluation was completed as part of a Department of Education Grant. The project compared the outcomes of the DAY IV program with those of a traditional intervention program. Although it was early in the development of the program, students in the DAY IV program had a lower recidivism rate (4 percent) than students in the traditional program (28 percent had a second offense and 10 percent also had a third offense).

The current rate of success in the program varies year to year ranging from 69-75%. These results are staggering as they reflect a population of students who were not only high risk, but often developmentally delayed due to their substance abuse. Student development is at the heart of this program which is completely consistent with the mission of higher education.

For many institutions, the services already exist and are accounted for in current departmental budgets. The uniqueness of the model is that these services are coordinated and utilized in more efficient ways. By operating outside of departmental silos, a collegial style of working has been the result. The concerns and issues faced by each of
the participating offices are shared among the DAY IV staff. Other work, programs, and collaborations have resulted in opportunities for the entire campus. The CSU Athletic department has volunteered to give tickets, event passes, t-shirts, and other items to be used as rewards. The CSU Bookstore has also participated in the program by providing CSU apparel and items. The Outdoor Adventure Program is participating by providing trained facilitators on the Ropes Course for DAY IV peer groups. The costs have been shared across a wide spectrum of departments and offices.

Student lives are changing in some amazing ways. The staffing team has witnessed the success of student’s whose previous behavior caused them and others significant difficulty. When students successfully complete the program, the community celebrates with a special graduation. Not only do students reflect on their own success and gratitude, they are also equipped to give sound advice to others newly entering DAY IV.

An additional benefit to the DAY IV program is that there is camaraderie amongst the staff that seems to be unprecedented. The staffing team are very excited to be working collaboratively on many of the issues we previously faced on our own. The staffing team has learned techniques and strategies from all the disciplines around the table, enabling each to be more effective. When problems arise, there are many minds in the room to think and respond creatively.

Parents are also involved in the DAY IV program in many ways. By partnering with parents the net of support for each student is much stronger. Parents are notified when students first apply for the DAY IV program if the student signs this portion of
their application and contract. When appropriate, parents participate in monitoring the random drug testing when students are home over weekends and breaks.

The vast majority of parents have expressed gratitude for the DAY IV program and the support to help their student become successful. Some parents have known about a substance abuse issue with their student but felt ill-equipped to find the right resources. The staffing team has received thank-you cards, grateful phone calls, and a few donations toward the program. Many parents have attended their student’s graduation from the DAY IV program and proudly supported the program.

The most common criticism of the DAY IV program is that it is too resource intensive. The perception is that already overworked staff would be asked to add one more thing on their plate. In reality, the staffing team has found that participation in the DAY IV program has not only revitalized them but due to the collaborative style of the program, it has enabled them to be more efficient. The services utilized by the program (Health Center, Learning Assistance Center, Counseling Center, etc) already exist. The DAY IV program coordinates these services by utilizing a portion of staff that has already been assigned. The only team role that did not exist was that of the case manager. By working with academic programs, this position has become a valued opportunity for a graduate student to gain very valuable experience.

Conclusion

When Samantha Spady died in Fort Collins, Colorado over the 2004 Labor Day weekend, the statistics of college drinking suddenly took on the face of an innocent looking, young woman with a family, a history, friends, and a Greek community who deeply mourned her loss. Who would have guessed in the weeks that followed that in the
state of Colorado, three other young people would also lose their life in alcohol related deaths.

A complex and systemic problem must have a comprehensive and complex set of solutions. As student trends change, so must the programs and interventions that Student Affairs Professionals and University Administrators provide. The policies must be based in the reality that students are arriving on college and university campuses with high risk drinking behaviors; students have alcohol abuse and dependence issues that require both education, referral and treatment in order to matriculate and graduate from college campuses.

Student affairs professionals must work as teams department wide to assess the campus environment. Trends vary on each campus. This must be considered when making decisions of every type from judicial policies to staffing needs. Education and treatment must be balanced in order to meet the needs of students for long term systemic change. A Campus Drug Court model is one promising option for consideration.

First and foremost, DAY IV is a program that seeks the success of individual students. Each record of an alcohol or drug related incident is not a statistic; it reflects the needs and life of a human being. The first priority of the program is to meet these needs so the student can be successful in and outside of the classroom. Many have become university leaders serving as peer mentors, participating on university committees, fraternity and sorority officers, and participation in volunteer activities.

Second, the DAY IV program impacts the community on and off campus. DAY IV students impact the lives of their peers by remaining abstinent and modeling success in every aspect of their lives. DAY IV students are held accountable to repair any harm
their behaviors have caused. Peers and staff have applauded and been deeply impacted by the visible change. A recent group of DAY IV graduates formed a Speaker’s Bureau in order to challenge their peers and share their stories. This model is a powerful approach to offering systemic change on campus while breaking the cycle of high-risk drinking on campus.

As the first site of the Back on TRAC initiative, Colorado State University is proud to share the DAY IV program.
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