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# SUBSTANCE ABUSE PREVENTION AND INTERVENTION

An Athletics Tool Kit





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# SUBSTANCE ABUSE PREVENTION AND INTERVENTION

## An Athletics Tool Kit

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## FROM THE NCAA CHIEF MEDICAL OFFICER



The NCAA Sport Science Institute is committed to providing college athletes with the best environment for safety, excellence and wellness. As a part of this commitment, the SSI recognizes the importance of educating student-athletes about the risks associated with substance abuse.

Guided by the latest prevention science and deterrence strategies, and with the collaboration of athletics stakeholders and substance abuse prevention experts, this tool kit is designed to support athletics administrators, in partnership with campus colleagues, reduce substance abuse and promote healthy choices that enhance athletic performance and lifelong health.

Thank you for joining us in this important effort and for contributing to a campus environment that supports a positive experience for college athletes.

**Brian Hainline, M.D.**

Chief Medical Officer, NCAA

## SUPPORTING ORGANIZATIONS

This resource for athletics administrators was advanced and fostered through the contributions of the many dedicated individuals and organizations working to contribute to a campus environment that supports healthy choices, fair competition and a positive experience for college athletes. The following organizations support this resource as a comprehensive approach for athletics departments to effectively address substance abuse prevention efforts in collaboration with broader campus efforts.

Higher education associations and sports medicine organizations that support the tool kit are listed below:

**ACE – American Council on Education**

**ACHA – American College Health Association**

**ACPA – College Student Educators International**

**ACUHO-I – Association of College and University Housing Officers – International**

**AMSSM – American Medical Society for Sports Medicine – “Affirmation of Value” designation**

**ASCA – Association of Student Conduct Administration**

**FARA – Faculty Athletics Representatives Association**

**IACLEA – International Association of Collegiate Law Enforcement Administrators**

**N4A – The National Association of Academic Advisors for Athletics**

**NASPA – Student Affairs Administrators in Higher Education**

**NATA – National Athletic Trainers’ Association**

**NIRSA – Leaders in Collegiate Recreation**

**NPC – National Panhellenic Conference**

**Order of Omega**

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# Introduction

In collaboration with athletics stakeholders and campus substance abuse prevention experts, and guided by the latest prevention science and deterrence strategies, the NCAA Sport Science Institute has designed this tool kit to support athletics administrators in collaboration with their campus colleagues in efforts to reduce substance abuse and to promote healthy choices, fair competition and a positive environment for college athletes.

This resource identifies key principles shared by successful prevention programs and identifies 10 strategies as part of a comprehensive approach for athletics administrators to use to address substance abuse prevention, intervention and treatment. The tool kit was developed with consideration given to the following contextual frameworks:

## 1. NCAA Doping, Drug Testing and Drug Education Task Force Recommendations.

In July 2013 and April 2014, the NCAA Sport Science Institute engaged a task force of experts working in the fields of Olympic drug testing, drug education and anti-doping research and prevention science. These experts focused their efforts on the ethical considerations related to doping and performance drug use, the motivations for recreational drug use, the latest prevention science and deterrence strategies to reduce doping and substance abuse, and best practices to promote healthy choices to enhance athletic performance and life success. (See *Appendix D* for a list of task force members.)

With regard to alcohol and other recreational drugs, recommendations from those meetings included:

- Continue to research why student-athletes participate in high-risk drinking.
- Investigate and match interventions to the motivations for use; provide education and support to student-athletes for underlying issues that may drive drug use.
- Move from information dissemination to effective educational programming.
- Link deterrence efforts to athletic performance.
- Prepare student-athletes to intervene effectively and safely with teammates and friends who are in distress or who are engaging in harmful behaviors.
- Engage coaches in messaging, policy development and education, including messages about expectations, health and performance issues, and intervention programs.
- Develop relationships and collaborate with campus professionals to identify mental health and addiction issues, and to refer student-athletes to treatment services.
- Employ skill-based education that includes more social interaction (for example, effective resistance skills).
- Look to successful campaigns that have reduced drunken driving behaviors and smoking, and apply those same principles to reduce substance abuse, with messages that reinforce intentional leadership and peer-to-peer interventions (for example, “Friends don’t let friends ...”).
- Address campus and departmental factors that contribute to or deter use; engage stakeholders across campus in developing policy and coordinating effective educational programming and messaging.
- Consider how sponsorship relationships may undermine campus prevention efforts.
- Address the culture that encourages athletes to “push through no matter what,” which could lead them to ingest alcohol or take cannabis and/or medications to mask pain.
- Engage circles of influence to include coaches, parents and other campus constituents.

## 2. The College Effect

“The college effect” asserts that when students come to campus, they’re exposed to environments that enable and promote high-risk drinking and drug use behaviors. This, coupled with the misperception that most students are engaged in high-risk behaviors, drive actual behavior. Misperceptions often are reinforced in various media, and unfortunately, by well-intentioned campus administrators. New students are susceptible to these factors that increase risk for use and abuse and may be more likely to engage in unhealthy behaviors to achieve a misplaced sense of belonging through shared behaviors. This tool kit intends to overcome “the college effect.”

## 3. Student-Athlete Risk and Protective Factors

Athletics departments need to take a comprehensive approach to addressing risk and protective factors, including through policy, effective educational programs and social and environmental factors. The nature and culture of athletics and of student-athletes provides for both protective and risk factors, and these can be leveraged to support healthy choices. Athletics departments can emphasize those protective factors that value teamwork, leadership, performance, compliance and value of sport to reinforce decisions that support success. Alternatively, athletics departments need to pay attention to those factors existing in the athletics culture that might undermine positive individual choices, such as group think, team dynamics, external controls, winning at all costs and an overemphasized athletics identity. Team discussions that recognize and address these factors promote an individual’s critical thinking about personal choices.

## 4. Athletics Department Role and Responsibilities

The NCAA recognizes that alcohol abuse may occur in conjunction with athletics events. Further, the NCAA recognizes that athletics can be a partner with campus prevention efforts. Programs that target the larger environment and the broader student body, rather than solely student-athletes, support all students in healthy choices. Collaboration between the athletics department and other campus departments involved in alcohol education is a vital element of that environment and provides athletics departments with support for education efforts delivered to student-athletes and coaches.



# Promoting a culture of prevention in athletics

There is a growing evidence base for effective programs that prevent substance abuse by college student-athletes, and athletics staff are increasingly aware of the importance of implementing evidence-based programs. This is a critical step toward the development of a “culture of prevention,” an indicator that athletics departments have adopted a guiding philosophy to address student-athlete substance use by implementing a preventative, rather than a reactive, approach.

A culture of prevention in college athletics is supported by solid structural foundations, including supportive alcohol and drug policies; adoption and implementation of programs supported by scientific evidence; coordination of prevention efforts with appropriate campus resources/organizations; training intended to engage student-athletes, staff and coaches; and commitment to providing adequate resources (for example, funding) and to sustaining the system in the long term. The primary goal of the college athletics department in this respect is to move toward a culture of prevention by increasing its readiness to engage with campus efforts to implement novel, evidence-based, creative and comprehensive programs.

Successful prevention programs aimed at decreasing student-athlete substance abuse and related consequences share critical key principles that should frame athletics department efforts. Substance abuse prevention programs should be:

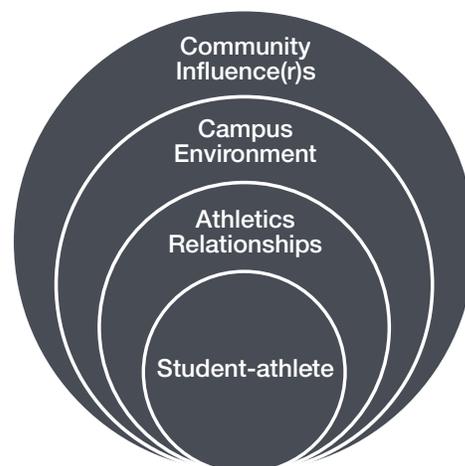
- **Comprehensive:** Efforts should consist of multiple components in multiple settings to address relevant risk and protective factors. Cohesive strategies should include consistent messaging and reinforce consistent standards and norms across multiple levels and contexts (for example, team meetings, practice, large groups, media and community-wide messaging).
- **Repeated:** Programming should engage student-athletes repeatedly over time. One-time programs or sessions are rarely effective for changing behavior. Research shows that the benefits to prevention programs diminish without follow-up programming.
- **Relevant:** Programming should be relevant and appropriate to the athletics culture and practices.
- **Collaborative:** Programming should be developed or selected in collaboration with relevant prevention and



health promotion practitioners, key stakeholders and leaders in the athletics and campus community.

- **Promoting positive relationships:** Programming should foster strong, stable, positive relationships (for example, between coaches and student-athletes).
- **Evidence-based:** Program strategies should have scientific or logical rationale. Prevention programs should be designed to enhance protective factors and reverse or reduce risk factors.
- **Emphasized:** Student-athletes, coaches, etc., should be exposed to enough of the programming for it to have the desired effect of decreasing student-athlete substance abuse.
- **Appropriately timed:** Program activities should happen at a time (for example, beginning of the academic year or before the sport season) that can have maximum impact in a participant's life (for example, student-athlete, coach, athletics administrator, parent).
- **Outcome evaluated:** Substance abuse prevention programming should be evaluated consistently to assess both the effectiveness of specific program components and the overall impact over time.

The socio-ecological model of behavior change demonstrates the relationship between individual behaviors and influences in the surrounding environment. Impacting individual behaviors requires attention to the team dynamics, departmental environment and policies, and those elements within the community in which individuals socialize. An adaptation of this model for collegiate athletics is illustrated below:



# 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.



## 1

## Student-Athlete Needs Assessment and Data Analysis

Assessment helps define the needs of the target audience and determines what strategies and approaches are indicated to decrease alcohol and other drug abuse on and around campus. Athletics departments can conduct their own surveys, look to broader campus survey information or rely on national data to better understand student substance use.

- Survey student-athletes on alcohol, tobacco and other drug use.
- Share the summary of substance use with senior staff and campus prevention services to direct next steps in prevention programming.

### Sources of assessment and evaluation data include:

- The NCAA Survey of Substance Use of College Student-Athletes provides nationally representative data by division, sport and gender on substance use and motivation. Institutions that do not conduct institutional surveys can look to this data to understand trends in student-athlete substance use.
- The Core Survey to identify student perceptions, attitudes and behaviors relative to alcohol, tobacco, marijuana and a variety of other substances.
- The American College Health Association's National College Health Assessment examines student attitudes, perceptions and behavior relative to alcohol and other drugs, stress, anxiety, depression, sexual behavior, suicidal ideation, violence and safety.
- Campus police and judicial reports, hospital transports, etc.

See *Appendix A* for more information about the tools listed above.

## 2

## Campus Resource Inventory

Institutions of higher education are required by the Drug-Free Schools and Communities Act to closely examine their prevention efforts on a biennial basis, called the Biennial Review. This review helps campuses to identify strengths, challenges and gaps in their prevention programming. Athletics departments can partner with campus prevention departments both to provide information for the Biennial Review and to benefit from efforts to assess what types of services are available to athletics and student-athletes.

- Cooperate with campus efforts to conduct environmental audits to help identify campus-wide efforts that support substance use education, assessment, early intervention and gaps in policy, comprehensive programming and resources.

### RESOURCE AVAILABLE FOR DIVISION III AND SMALL COLLEGES



NCAA Division III and NASPA Small Colleges and Universities Division institutions have access to a free, high-risk alcohol use prevention platform, 360 Proof, which can assist schools in implementing the Substance Abuse Prevention Tool Kit.

360 Proof focuses on the connection between student behavior and the campus environment and includes tools to operationalize the tool kit recommendations, tailored to the specific needs and resource constraints of smaller colleges. (*For more information about 360 Proof, see Appendix A.*)

### 3

## Departmental Policy Review and Dissemination

Policy review ensures clear and appropriate guidelines for alcohol and other drug use that are widely disseminated and consistently enforced. Senior staff should be provided a copy of the social drug use policy and the prevention plan to gain their support and endorsement. A full review should be conducted through a legal, budgetary and societal lens to allow for full vetting, buy-in and implementation.

- Conduct an annual athletics department policy review to ensure that policies:
  - Are in line with the institution's vision, mission and values.
  - Address the needs and responsibilities of all staff, coaches and student-athletes.
  - Include guidance from primary athletics health care providers (team physicians and athletic trainers) for best practices in therapeutic pain management.
- Include senior staff, legal counsel, primary athletics health care providers, student-athlete representatives and faculty athletics representatives in policy review.
- Disseminate and clearly communicate institution, department and team policy for transparency and compliance.

### 4

## Collaboration and Compliance

Campus partnerships increase buy-in, provide expertise and coordinate prevention messages, programming and services.

- Connect with campus prevention services to ensure that institutional policy information is shared with athletics.
- Support campus and community alliances that bring together diverse individuals, agencies and associations to collaborate and share responsibilities for developing communities and environments that encourage responsible low-risk alcohol and other drug use.
- Assign athletics representatives to campus coalitions/task forces.
- Communicate athletics policies, programs and needs to the Faculty Senate through the faculty athletics representative liaison.
- Work closely with primary athletics health care providers to ensure appropriate pain management.

## 5

## Evidence-Based Educational Programming

Educational programs should have evidence of intended impact that meets the objectives identified through the needs assessment, and should address those factors that increase risk for student-athletes, including drinking games, pre-gaming (drinking before social events), celebrations, injury and other stressors.

- Implement educational programs that have been evaluated for effectiveness. *(See Appendix A.)*

### Effective educational programming includes the following elements:

- Increases students' knowledge regarding the effects and the potential safety, health, social, academic and legal consequences of alcohol and other drug misuse.
- Increases awareness regarding the signs and symptoms of alcohol and other drug abuse and dependency.
- Assists students in evaluating their expectations regarding, and motivations for, high-risk drinking and other drug use.
- Provides training in stress management, resistance skills and media literacy.
- Defines and encourages low-risk responsible drinking.
- Assists students in exploring alternatives to drinking and other drug use for socializing, destressing and celebrating.
- Assists students in knowing how to help a friend in trouble.
- Corrects misperception regarding norms for alcohol and other drug use at their institution.
- Provides students with information about campus and community alcohol and other drug prevention, student assistance, and wellness and health promotion resources.

## 6

## Student-Athlete Engagement

Students should be included in the process of planning, implementing and evaluating alcohol and recreational drug use prevention strategies. Faculty, staff and others should empower and encourage students to become advocates for responsible alcohol use and should support student-led prevention initiatives.

- Support the establishment/advancement of peer education/mentoring programs to engage students in supporting healthy behaviors.
- Implement bystander intervention training so students can intervene safely and effectively in cases of pending danger or distress. *(For more information, see the Step UP! resource listed in Appendix A.)*
- Engage student organizations as partners in prevention.
- Consider taking a team to the APPLE Training Institute, which conducts substance abuse prevention and health promotion programming for student-athletes and athletics department administrators.

# 7

## Coach Engagement

Coaches matter, and coaches need information and guidance to effectively support team and departmental policies that promote and reinforce healthy student-athlete behaviors.

- Include coaches in substance abuse educational programs for student-athletes.
- Hold an all-coaches meeting to discuss institutional policies and best practices.
- Include coaches as part of an APPLE prevention team.
- Offer resources through [360proof.org/coaches](https://www.360proof.org/coaches).
- Provide coaches with basic training in how to identify a substance abuse concern and make a referral for intervention.

Resources are available at [samhsa.gov](https://www.samhsa.gov) and at [coachesassist.org](https://www.coachesassist.org).

# 8

## Faculty Engagement

Faculty serve as an important link to resources and services for students they believe are having difficulty with alcohol and other drugs.

- Include a faculty athletics representative in policy review, integration of substance abuse education and the broader discussion within the faculty.
- Provide faculty an opportunity to experience basic training in how to identify a substance abuse concern and make a referral for intervention.

Resources are available at [samhsa.gov](https://www.samhsa.gov).

Faculty can:

- Incorporate alcohol and drug prevention education into the classroom.
  - » Include a prevention statement on class syllabi.
  - » Infuse alcohol and other recreational drug messaging in course content.
- Provide expertise needed to develop effective alcohol and drug prevention programs, including evaluation of such.

## 9

## Screening, Early Intervention and Referral Protocols

Screening facilitates early identification of behavioral concerns and more successful intervention and positive outcomes for health and performance. Broader campus screening programs can be used to educate groups and provide indications for further screening. Individual screening sessions are confidential, face-to-face sessions with professionals to provide further exploration of indicated concerns. Clinical providers will determine an appropriate level of care based on the student's individual needs.

- Consider substance abuse screening for incoming and upperclassmen student-athletes. *(See Appendix B for Interassociation Mental Health Best Practices Checklist.)*
- Partner with campus screening events.
- Collaborate with primary athletics health care providers and campus experts to consider the use of established screening tools/programs and effective referrals. *(See Appendix B: Interassociation Mental Health Best Practices Checklist for establishing routine and emergency referral protocols.)*
- Rehearse an emergency action plan for acute intoxication or drug overdose.

## 10

## Treatment Services and Recovery Support

Student-athlete health is best served by engaging the full complement of available resources, which can include resources within campus health and counseling services and within the surrounding community. Identifying the resources that are available and establishing and sustaining strong professional working relationships are critical elements for ensuring an appropriate response to student-athletes' needs.

- Incorporate campus and community-based treatment information in student-athlete resource information.
- Explore and support campus-based programs for student-athletes in recovery.

# Appendixes



## APPENDIX A

# Evidence-Based Educational Resources

### I. Tools to Build Your Plan.

- a. **Departmental Resource Assessments** — These *assessment tools* assist athletics administrators in evaluating existing substance abuse prevention resource needs, strengths and gaps (examples of assessments: IMPACT Evaluation Resource for NCAA CHOICES, Action Planner from Promising Practices). [ncaa.org/choices](http://ncaa.org/choices)
- b. **Student-Athlete Surveys** — The data from these *surveys* identify substance use and other wellness concerns for student-athletes on college campuses (examples of surveys: NCAA, National Collegiate Health Assessment, Core Survey by Southern Illinois University at Carbondale). [ncaa.org/research](http://ncaa.org/research), [acha-ncha.org](http://acha-ncha.org), [core.siu.edu](http://core.siu.edu)
- c. **Campus Road Map and Collaboration Team Tool** — These *worksheets* identify campus services with which athletics department staff may connect for specific substance abuse prevention support. (See Pages 16-19)
- d. **Strategic Action Plan** — This *worksheet* identifies steps that athletics department staff may take in implementing a substance abuse prevention strategic action plan. (See Pages 20-21)
- e. **360 Proof** — A high-risk alcohol use *prevention platform* developed jointly by the NCAA and NASPA (Student Affairs Administrators in Higher Education). All NCAA Division III and NASPA Small College and Universities Division institutions have free access to the program, which is provided as a membership benefit. [360proof.org](http://360proof.org)

### II. NCAA-Sponsored Educational Resources.

- **myPlaybook** — An *online curriculum* designed to prevent harm related to alcohol and other drugs and to promote student-athlete wellness. These interactive web-based modules will target health promotion strategies such as social norms, behavioral expectancies, behavioral intentions, bystander decision making and harm prevention skills. Modules also include personalized feedback, technical assistance and user-friendly administrative and data collections tools to facilitate quality program delivery and program assessment. [preventionstrategies.com/myplaybook-collegiate-program](http://preventionstrategies.com/myplaybook-collegiate-program)
- **APPLE Training Institute** — An annual three-day *in-person training program* for student-athletes, athletics administrators and campus partners to facilitate athletics department needs assessments, strategic planning and implementation strategies to support student-athlete wellness and substance use prevention.  
  
Also available from the APPLE Institute are student-athlete blood alcohol content *educational cards* that contain a standard drink conversion chart and signs of alcohol overdose, as well as student-athlete specific statistics and information on how alcohol impacts athletic performance. The BAC cards are evidence-informed, student-tested cards with alcohol information relevant to student-athletes. [appleathletics.org](http://appleathletics.org)
- **Coaches Assist** — An interactive *in-person workshop* designed to help coaches communicate more effectively with their student athletes. Drawing from the fields of health promotion, prevention science and motivational interviewing, it demonstrates the basic skills and strategies for effective conversations and to recognize and more effectively address substance use concerns of student-athletes. [coachesassist.org](http://coachesassist.org)
- **NCAA CHOICES** — An NCAA-sponsored *grant program* that provides up to \$30,000 in funding for a three-year educational initiative that integrates athletics into campuswide efforts to reduce alcohol abuse. [ncaa.org/choices](http://ncaa.org/choices)

## APPENDIX A

- **Step UP! Bystander Intervention Program** — A prosocial *intervention program* that provides an online trainers guide with scripted facilitators presentations supported by additional educational materials designed to help students and student-athletes increase awareness of opportunities to intervene, increase motivation to help, develop skills and confidence when responding to problems or concerns, and ensure the safety and well-being of self and others. A national facilitator training, sponsored every two years by the NCAA Sport Science Institute, provides opportunities for a two-person team to learn and practice facilitating campus training events. [stepupprogram.org](http://stepupprogram.org)
- **Marijuana Educational Power Point Template** — A *templated PowerPoint presentation* for athletics administrators to use as part of their student-athlete substance abuse prevention efforts. [ncaa.org/substanceabuseprevention](http://ncaa.org/substanceabuseprevention)
- **Marijuana Education Infographic** — An *educational infographic* designed for student-athletes that includes facts and figures about the health, performance and legal impacts of using marijuana. (See Page 22)

### III. IMPACT Evaluation Resource.

Evaluation of efforts helps educators determine if those efforts are achieving desired results and can provide indicators for a shift in programming. This *guide* for athletics administrators and campus partners offers simple tools to evaluate substance abuse education programming. [ncaa.org/choices](http://ncaa.org/choices)

### IV. NCAA Publications and Other Reliable Sources.

- **Addressing Sexual Assault and Interpersonal Violence: Athletics' Role in Support of Healthy and Safe Campuses** — A *guide* for athletics administrators and campus partners that provides recommended approaches to prevent or reduce the incidents of sexual assault and other acts of interpersonal violence on college campuses. It provides information on responding appropriately to acts of violence and other matters relevant to complying with federal law. [ncaa.org/violenceprevention](http://ncaa.org/violenceprevention)
- **Mind, Body and Sport: Understanding and Supporting Student-Athlete Mental Wellness** — An *educational publication* designed to help college athletics and campus stakeholders support student-athlete mental wellness. It includes a collection of chapters and first-person stories written by former and current student-athletes, coaches, researchers, practitioners, educators and experts in the field. [ncaa.org/mentalhealth](http://ncaa.org/mentalhealth)
- **NCAA Alcohol, Tobacco and Other Drug Education Guidelines** — A *checklist and timeline* to assist athletics administrators in providing timely programming to educate student-athletes about NCAA banned drugs and the products that may contain them. [ncaa.org/drugtesting](http://ncaa.org/drugtesting)
- **Centers for Disease Control Guideline for Prescribing Opioids for Chronic Pain** — These *guidelines* provide recommendations for primary care clinicians who are prescribing opioids for chronic pain outside active cancer treatment, palliative care and end-of-life care. [cdc.gov/mmwr/volumes/65/rr/pdfs/rr6501e1.pdf](http://cdc.gov/mmwr/volumes/65/rr/pdfs/rr6501e1.pdf)
- **College Alcohol Intervention Matrix** — A comprehensive *guide* developed by leading college alcohol researchers to identify effective campus alcohol interventions. [collegedrinkingprevention.gov/collegeaim](http://collegedrinkingprevention.gov/collegeaim)
- **College Life Study at University of Maryland** — A National Institutes of Health-funded project that provides *research publications* designed to aid in understanding the health-related behaviors of college students. [cls.umd.edu](http://cls.umd.edu)
- **Generation Rx Safe Medication Practices for Life** — A project developed by The Ohio State University School of Pharmacy that provides *online videos, visual aids and resources kits*, created by college students for college students, designed to help prevent prescription drug misuse on college campuses. [generationrx.org/take-action/college](http://generationrx.org/take-action/college)
- **Opioid Prescribing in College Health** — A white paper from the American College Health Association. [acha.org/documents/resources/guidelines/ACHA\\_Opioid\\_Prescribing\\_in\\_College\\_Health.pdf](http://acha.org/documents/resources/guidelines/ACHA_Opioid_Prescribing_in_College_Health.pdf)

- **The Higher Education Center for Alcohol and Drug Misuse Prevention and Recovery** — An educational center that provides colleges and universities with *web-based tools and resources* to launch alcohol and drug misuse prevention and recovery programs on their campuses. [hecaod.osu.edu](http://hecaod.osu.edu)
- **The University of North Carolina at Greensboro Institute to Promote Athlete Health and Wellness** — An institute that provides *in-person training, online programs and evaluation tools* that promote the health and wellness of all athletes. [athletewellness.uncg.edu](http://athletewellness.uncg.edu)
- **Substance Abuse and Mental Health Services Administration Treatment Locator** — A confidential and anonymous *online tool* for individuals seeking to locate treatment facilities for substance abuse/addiction and/or mental health issues. [findtreatment.samhsa.gov](http://findtreatment.samhsa.gov)





SOURCE: The University of North Carolina at Greensboro Institute to Promote Athlete Health and Wellness

## DESCRIPTIONS OF COLLABORATORS

### WHO IS YOUR DIRECTOR/VICE CHANCELLOR/ VICE PRESIDENT OF STUDENT AFFAIRS?

Student affairs is a division or department charged with growth and development of students outside the classroom as a complement to academic affairs. This unit also may be called student support or student services.

### WHO IS YOUR CAMPUS COORDINATOR FOR ALCOHOL AND OTHER DRUG (AOD) PREVENTION?

The campus coordinator develops campus AOD programming and is a key player in developing AOD policy and recommendations. The coordinator works with the campus community, but also may work collaboratively with state and national groups and agencies. You may find your campus coordinator in student services, campus counseling or wellness center.

### WHO IS YOUR DEAN OF STUDENTS?

Typically an office within the division of student affairs, the dean of students is a direct link to students who are in crisis, have violated campus honor codes or need help navigating the campus care network. The Dean of Students may act as a liaison or advocate for students.

### WHO IS YOUR TITLE IX COORDINATOR?

A Title IX coordinator's core responsibilities include overseeing the school's response to Title IX reports and complaints and identifying and addressing any patterns or systematic problems revealed by such reports and complaints. Title IX deals with sex discrimination of all kinds – it is not just about athletics or sexual assault/violence. The coordinator may report to the provost, but be located in any department on campus.

### WHO IS YOUR DIRECTOR OF RESIDENCE LIFE?

Residence life is the office charged with managing the student experience of living on campus, including staff [resident assistants (RA)] selection and training, and social/educational programming. It may be part of a larger housing division, or under student affairs or a business division.

### WHO IS YOUR DIRECTOR OF CAMPUS SECURITY?

The person in this role is charged with managing the safety, security, and emergency plans for campus, and fulfilling reporting requirements (Clery). He or she may report to the chancellor or president, or to the dean of students. If the institution has a police force, the director of campus security may lead this

office or act as a liaison between police and other campus departments.

### WHO IS YOUR CONTACT IN THE OFFICE OF FRATERNITY AND SORORITY LIFE?

The Office of Fraternity and Sorority Life serves as the liaison among chapters, community, and institution to provide guidance, programming, and resources. May be called Greek Life. May be part of Student Affairs, Residential Life, or Campus Activities.

### WHO IS YOUR DIRECTOR OF HEALTH SERVICES?

Health services manages student medical needs, often including a campus medical clinic and may include other programs such as women's health, wellness, and counseling. Health services also may manage immunization needs, prevention and other educational programming.

### WHO IS YOUR DIRECTOR OF COUNSELING/ PSYCHOLOGICAL SERVICES?

This office is charged with supporting the mental health needs of students through group and individual counseling. Counseling services may be a part of campus health or student affairs or may be an independent unit.

### WHO IS YOUR DIRECTOR OF HEALTH AND WELLNESS PROGRAMMING/SERVICES?

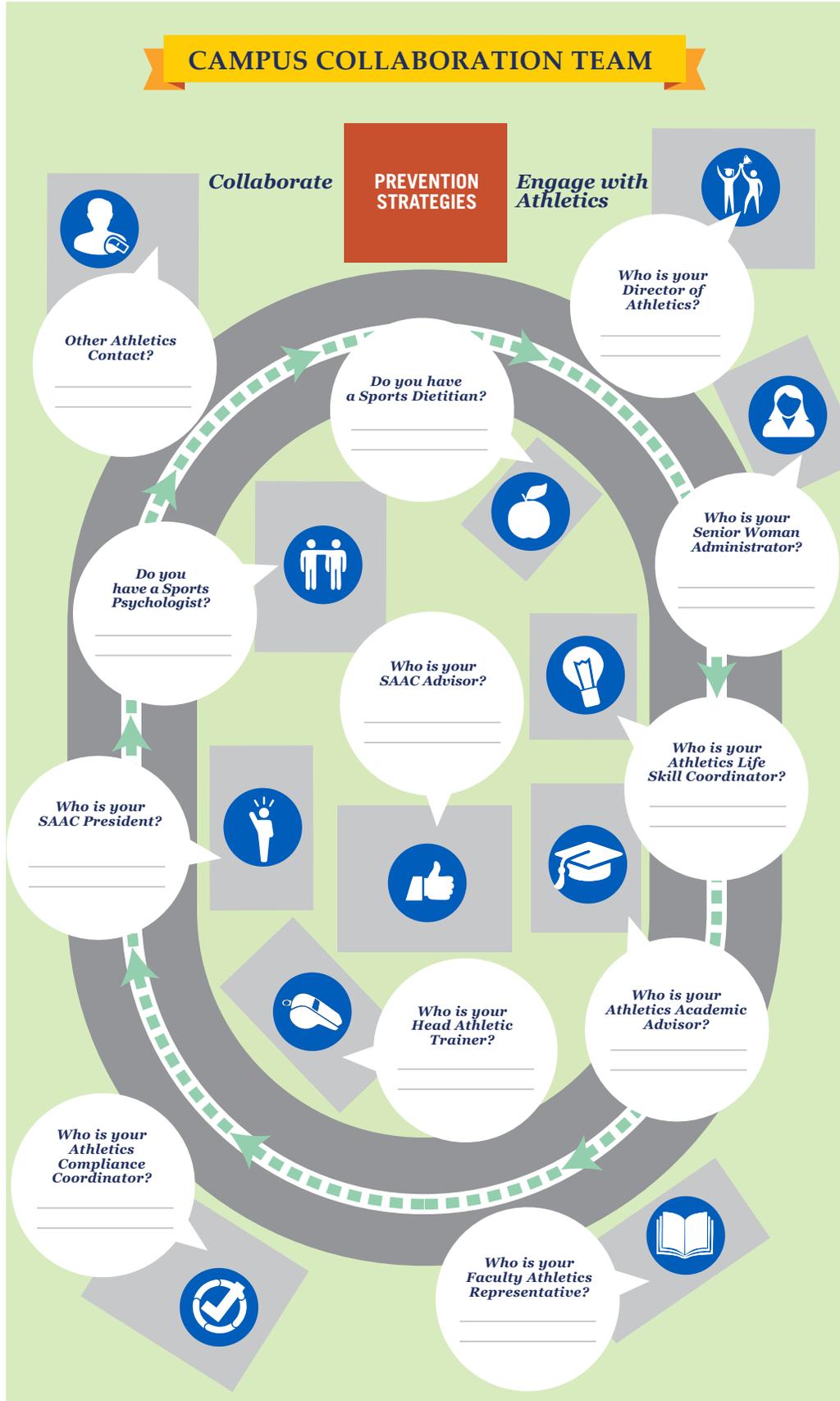
Wellness programs support student well-being through programming that may include bystander training and prevention of sexual violence, and address similar aspects of spiritual, mental, emotional and physical wellness. This unit may fall under several names, but is typically part of the overall student health division.

### WHO IS YOUR STUDENT BODY PRESIDENT?

This person is elected by the general student body or a student government association to represent the perspective of students on campus boards, committees and policy teams. The student body president may act as a liaison between students and campus administrators.

### WHO IS YOUR LIAISON TO THE FACULTY SENATE?

The faculty senate is a representative body that is responsible for faculty participation in the planning and governance of your institution. Generally, senate members are chosen to represent the faculty of their unit, school or college.



SOURCE: The University of North Carolina at Greensboro Institute to Promote Athlete Health and Wellness

## DESCRIPTIONS OF COLLABORATORS

### WHO IS YOUR DIRECTOR OF ATHLETICS?

The athletics director, or AD, is the senior athletics department administrator and is responsible for general oversight and supervision of the athletics department. The AD is also responsible for decisions related to coach hiring and guidance, scheduling, strategy and policy.

### WHO IS YOUR SENIOR WOMAN ADMINISTRATOR?

Commonly known as the SWA, this is the highest ranking female staff member in the athletics department. This designated position is intended to encourage and promote the involvement of female administrators in the decision-making process in intercollegiate athletics, and to ensure representation of women's interests, experience and perspective at the institutional, conference and national levels. The SWA's responsibilities can include any department tasks, senior management team responsibilities and oversight of a number of teams.

### WHO IS YOUR ATHLETICS LIFE SKILLS COORDINATOR?

The life skills coordinator administers any programs, workshops and necessary information to student-athletes to help them develop the skills needed to succeed as a student and athlete on campus and for life after sports. This staff manages outreach and relationships with campus and community organizations to create such events and opportunities for the student-athletes' success.

### WHO IS YOUR ATHLETICS ACADEMIC ADVISOR?

The academic advisor is responsible for the oversight of the academic-related tasks of the student-athlete such as advising and registration, monitoring satisfactory progress, tutoring and study sessions, and coordinating and implementing life skills programming and special events.

### WHO IS YOUR FACULTY ATHLETICS REPRESENTATIVE?

The FAR is a member of the faculty at an NCAA member institution officially designated by the institution to serve as a liaison to the athletics department, and also as a representative of the institution in conference and NCAA affairs. The FAR plays a central role in the overall checks-and-balances system designed to ensure academic integrity, sound governance and commitment to rules compliance, attention to equity, and student-athlete welfare.

### WHO IS YOUR HEAD ATHLETIC TRAINER?

This allied healthcare professional is responsible for developing, coordinating, and administering a comprehensive sports medicine program for intercollegiate athletics,

with a focus on injury prevention, evaluation, management, treatment and rehabilitation, and coordination of medical treatment with campus and community services.

### WHO IS YOUR SAAC PRESIDENT?

This student-athlete is responsible for leading all SAAC (Student-Athlete Advisory Committee) events and meetings to help create a voice of change for the student-athletes at the institutional, conference and national levels. SAAC is made up of student-athletes assembled to provide insight on their experience and to offer input on the rules, regulations and policies that affect student-athletes' lives.

### WHO IS YOUR SAAC ADVISOR?

The SAAC advisor is a departmental staff person charged with supervision of SAAC-related meetings and events, as well as serving as the liaison between athletics administration and the student-athletes. This person may communicate the concerns of the student to the department in order to give the student-athlete the best experience possible.

### WHO IS YOUR ATHLETICS COMPLIANCE COORDINATOR?

The compliance coordinator works closely with both the athletics director and the Faculty Athletics Representative, to ensure compliance with all institutional, conference and NCAA rules and regulations governing intercollegiate athletics; monitors eligibility of student-athletes; and communicates with the NCAA and conference about rules interpretations and compliance matters. The duties of the compliance coordinator address administration and reporting, rules education, eligibility, recruitment, admissions and investigation.

### DO YOU HAVE A SPORTS PSYCHOLOGIST?

Sport psychologists help athletes enhance performance and may use various mental strategies, such as visualization, self-talk and relaxation techniques to help athletes overcome obstacles and achieve their full potential. Sport psychologists utilize knowledge from many related fields including biomechanics, physiology, kinesiology and psychology. Mental health counseling should be provided only by a licensed psychologist.

### DO YOU HAVE A SPORTS DIETITIAN?

A registered dietitian (RD), or a Certified Specialist in Sports Dietetics (CSSD) provides individual, group, and team nutrition counseling and education to enhance the performance of student-athletes. This person may serve as a resource for coaches, trainers, and athletes, or track and document outcomes of nutrition services.

Use this worksheet to plan next steps and identify potential campus collaborators and how you will engage with them.

**Consider these questions as you plan your outreach:**

- How can you find out about evidence-based strategies to address substance abuse?
- What other student groups on campus face similar issues as student-athletes?
- What types of substance-free events are being offered through your campus activities office?

ACTIONS	POINT PERSON	WHAT TASKS ARE EACH RESPONSIBLE FOR?	BY WHAT DATE?	WHAT OUTCOME?	HOW WILL THEY BE MEASURED?
<p><b>CREATE A PREVENTION TEAM, INCLUDING:</b></p> <ol style="list-style-type: none"> <li>1. Senior athletics administrator</li> <li>2. Student-Athlete Advisory Committee</li> <li>3. Sports medicine</li> <li>4. Legal</li> <li>5. Health and counseling</li> <li>6. Student government</li> <li>7. Faculty</li> <li>8. Dean responsible for student conduct</li> <li>9. Other</li> </ol>					
<p><b>SCHEDULE MEETINGS THROUGH THE YEAR</b></p>					
<p><b>CONDUCT NEEDS ASSESSMENT</b></p> <ol style="list-style-type: none"> <li>1. Students</li> <li>2. Staff</li> <li>3. Coaches</li> </ol>					
<p><b>DRAFT DEPARTMENTAL PROTOCOLS FOR RESPONSE/REFERRAL</b></p>					

ACTIONS	POINT PERSON	WHAT TASKS ARE EACH RESPONSIBLE FOR?	BY WHAT DATE?	WHAT OUTCOME?	HOW WILL THEY BE MEASURED?
<p><b>IDENTIFY/CREATE A CALENDAR OF CAMPUS PREVENTION/HEALTH PROMOTION PROGRAMS AND SCHEDULED EVENTS</b></p>					
<p><b>IDENTIFY/SELECT EDUCATIONAL PROGRAMMING FOR:</b></p> <ol style="list-style-type: none"> <li>1. Students</li> <li>2. Staff</li> <li>3. Coaches</li> </ol> <p><b>Programs to address:</b></p> <ol style="list-style-type: none"> <li>1. Alcohol and other drugs of abuse</li> <li>2. Peer-to-peer intervention</li> <li>3. Coaches' and staff roles</li> <li>4. Etc.</li> </ol>					
<p><b>CREATE PROGRAM ASSESSMENT REVIEW FOR ADJUSTMENTS TO PLAN FOR NEXT YEAR</b></p>					
<p><b>CREATE REPORTS OF EXPERIENCE/SUCCESS TO HELP DEFINE ELEMENTS OF NEXT YEAR'S PLAN</b></p>					
<p><b>SCHEDULE BRIEFING WITH SENIOR STAFF</b></p>					
<p><b>OTHER</b></p>					

## MARIJUANA FACTS FOR NCAA ATHLETES



### LEGAL $\neq$ PERMITTED

**AGAINST NCAA POLICY**

MARIJUANA IS A BANNED SUBSTANCE IN THE "ILLICIT DRUG" CLASS. IF YOU TEST POSITIVE ON AN NCAA DRUG TEST, YOU WILL LOSE:

- + HALF THE SEASON (FIRST TEST)
- + + FULL CALENDAR YEAR OF ELIGIBILITY (SECOND TEST)

AND BECAUSE IT IS AN "ILLICIT DRUG," THERE IS NO "MEDICAL EXCEPTION" WAIVER AVAILABLE.



AGAINST FEDERAL LAW THROUGHOUT THE U.S.



NO PURCHASE, USE OR POSSESSION AND NO SHARING OR PROVIDING TO ANYONE YOUNGER THAN 21



AGAINST THE RULES SET BY MOST ATHLETICS DEPARTMENTS AND TEAMS



AGAINST THE POLICIES OF SCHOOLS, WORKPLACES AND INSTITUTIONS



### LEGAL $\neq$ EVERYONE & EVERYWHERE

DISPENSARIES SELL MARIJUANA IN MANY FORMS, AND THEY DON'T ALL WORK THE SAME WAY.

### LEGAL $\neq$ SAFE



**90-240 MINUTES TO FEEL EFFECTS**

CONSUMING TOO MANY EDIBLES CAN RESULT IN AN OVERDOSE



NO MATTER HOW IT'S USED, THC WILL MAKE YOU HIGH.



DABBING HASH OIL OR WAX CAN BE DANGEROUS BECAUSE THE LEVEL OF THC IN THESE PRODUCTS IS VERY HIGH

### EFFECTS ON HEALTH AND ATHLETIC PERFORMANCE

<p>Marijuana has NO performance-enhancing potential</p> <p>1</p>	<p>Impairs skills requiring eye-hand coordination and a fast reaction time</p> <p>2</p>	<p>Decreased strength and endurance</p> <p>3</p>	<p>Reduces maximum exercise capacity resulting in increased fatigue</p> <p>4</p>	<p>Reduces motor coordination, balance, tracking ability and perceptual accuracy</p> <p>5</p>	<p>Impairs learning, memory and concentration</p> <p>6</p>	<p>Skill impairment may last up to 24 to 36 hours after use</p> <p>7</p>	<p>Increases risk of injury, and decreases ability to recover from injury</p> <p>8</p>	<p>Chronic use can cause cough, frequent respiratory infections, anxiety, panic attacks and psychosis.</p> <p>9</p>
MOTOR FUNCTION AND ATHLETIC PERFORMANCE				MENTAL		RISK AND HEALTH EFFECTS		

This resource was developed in partnership with The Institute to Promote Athlete Health and Wellness at The University of North Carolina at Greensboro.  
 > For more information, visit us online at [athletewellness.uncg.edu](http://athletewellness.uncg.edu)



THE UNIVERSITY OF NORTH CAROLINA  
**GREENSBORO**  
 Institute to Promote Athlete Health and Wellness

## APPENDIX B

# Interassociation Mental Health Best Practices Checklist

Below is the Interassociation Mental Health Best Practices Checklist, first published by the NCAA in 2016. It can be used as a resource when evaluating institutional mental health plans. Please note that “Best Practices” do not provide prescriptive details regarding clinical care. As such, care is individualized for the needs of each student-athlete and is based on evidence-based care that is within the scope of practice for the primary athletics health care providers (athletic trainers and team physicians) and the licensed practitioner who is qualified to provide mental health services.

### 1. Clinical Licensure of Practitioners Providing Mental Health Care

- Mental health care of student-athletes should be done in collaboration with the primary athletics health care providers (athletic trainers and team physicians) and the licensed practitioners who are qualified to provide mental health services.
- Formal mental health evaluation and treatment for student-athletes is provided ONLY by practitioners who are qualified to provide mental health services (clinical or counseling psychologists, psychiatrists, licensed clinical social workers, psychiatric mental health nurses, licensed mental health counselors, board certified primary care physicians with core competencies to treat mental health disorders).
- Individuals providing mental health care to student-athletes have autonomous authority, consistent with their professional licensure and professional ethical standards, to make mental health management decisions for student-athletes.
- Individuals providing mental health care to student-athletes should have cultural competency in treating student-athletes from diverse racial, ethnic, gender identified, and other unique cultural experiences influencing help-seeking.
- Individuals providing mental health care to student-athletes ideally should have cultural competency in working with collegiate student-athletes, as evidenced by professional training related to athletics, continuing education courses related to athletics or other professional development activities or experiences related to athletics.

### 2. Procedures for Identification and Referral of Student-Athletes to Qualified Practitioners

**Mental Health Emergency Action Management Plan (MHEAMP) that specifies:**

- Situations, symptoms or behaviors that are considered mental health emergencies.
- Written procedures for management of the following mental health emergencies:
  - Suicidal and/or homicidal ideation.
  - Sexual assault.
  - Highly agitated or threatening behavior, acute psychosis or paranoia.
  - Acute delirium/confusional state.
  - Acute intoxication or drug overdose.

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- Situations in which the individual responding to the crisis situation should immediately contact emergency medical services (EMS).
- Individuals responding to the acute crisis should be familiar with the local municipality protocol for involuntary retention, e.g., if the student-athlete is at risk of self-harm or harm to others.
- Situations in which the individual responding to the crisis situation should contact a trained on-call counselor.
- Identifying trained on-call counselors who will be able to provide direct and consultative crisis intervention.
- The management expectations of each stakeholder within athletics during a crisis situation.
- Specific steps to be taken after an emergency situation has resolved to support the student-athlete who has experienced the mental health emergency.
- A procedure for reviewing preventive and emergency procedures after the resolution of the emergency situation.
- A formal policy for when student-athlete family members will be contacted in the event of a mental health emergency.

### Routine mental health referral plan that specifies:

- Situations, symptoms or behaviors that may indicate a possible nonemergency mental health concern.
- The licensed mental health professional to whom student-athletes with possible nonemergency mental health concerns should be referred.
- Who should be responsible for making the referral to a licensed practitioner who is qualified to provide mental health services.

### Communication about mental health management plans:

- MHEAMPs are provided to all stakeholders within athletics who work with student-athletes, clearly specifying each stakeholder's role in managing a crisis situation.
- Annual communication is conducted with all stakeholders within athletics who work with student-athletes about the importance of reviewing their role in all emergency action plans — specifically the MHEAMP.
- All stakeholders within athletics who work with student-athletes are provided with written instructions about the practitioners to whom student-athletes with potential non-emergency mental health concerns should be referred.

## 3. Pre-Participation Mental Health Screening

- Screening questionnaire(s) for mental health disorders are considered as part of the pre-participation exam.
- A procedure is established for when and to whom symptomatic or at-risk student-athletes identified through this screening process will be referred.
- All decisions related to what approach will be taken to screening (including what screening instrument to consider and what responses or scores on this instrument warrant further follow-up) will be made by the primary athletics health care providers (athletic trainers and team physicians) in collaboration with the licensed practitioners who are qualified to provide mental health services.

#### 4. Health-Promoting Environments that Support Mental Well-Being and Resilience

- The primary athletics health care providers and the licensed practitioners who are qualified to provide mental health services to student-athletes meet on an annual basis and develop strategies for educating student-athletes about institutional procedures for mental health referrals and management.
- All SAAC representatives and student-athletes receive information on an annual basis about:
  - Signs and symptoms of mental health disorders and how to obtain mental health guidance from the primary athletics health care providers (athletic trainers and team physicians) and licensed practitioners who are qualified to provide mental health services.
  - Programming about preventing and responding to sexual assault, interpersonal violence and hazing.
  - Programming about peer intervention in the event of teammate mental health distress.
- All coaches and faculty athletics representatives receive information on an annual basis about:
  - Programming to support appropriate first response to emergency situations.
  - Signs and symptoms of mental health disorders.
  - The importance of, and how to, create a positive team culture that promotes personal growth, autonomy and positive relations with others.
  - Information about sexual assault, interpersonal violence and hazing.
  - How to encourage and support team members who are facing mental health challenges to seek appropriate management and referrals from the primary athletics health care providers (athletic trainers and team physicians) and licensed practitioners who are qualified to provide mental health services.
  - The specific referral process that coaches should follow if they are concerned about a student-athlete's mental health.
  - The importance of understanding and helping to minimize the possible tension that can exist in student-athletes about adverse consequences for seeking mental health care.

**To download the entire *Mental Health Best Practices* document, visit [ncaa.org/mentalhealth](https://ncaa.org/mentalhealth).**

## APPENDIX C

### COALITION OF HIGHER EDUCATION ASSOCIATIONS FOR SUBSTANCE ABUSE PREVENTION MEMBERS

ACE — American Council on Education

ACHA — American College Health Association

ACPA — College Student Educators International

ACUHO-I — Association of College and University Housing Officers — International

AFA — Association of Fraternity and Sorority Advisors

APLU — Association of Public & Land-Grant Universities

FEA — Fraternity Executives Association

IACLEA — International Association of Campus Law Enforcement Administrators

NASPA — Student Affairs Administrators in Higher Education

NATA — National Athletic Trainers' Association

NCAA — National Collegiate Athletic Association

NIRSA — Leaders in Collegiate Recreation

NPC — National Panhellenic Conference

Order of Omega

## APPENDIX D

### NCAA DOPING, DRUG TESTING AND DRUG EDUCATION TASK FORCE

The NCAA Sport Science Institute convened a Doping, Drug Education and Drug Testing Task Force in July 2013 and April 2014. The purpose of the task force was to provide a broad overview of doping, drug education and drug testing and to address collegiate-specific concerns.

The task force members and the positions they held at the time of the meetings are listed below:

**Stevie Baker-Watson**

*Director of athletics, DePauw University*

**Bill Bock**

*General counsel, U.S. Anti-Doping Agency*

**Mark Bockleman**

*Vice president of NCAA drug testing,  
The National Center for Drug Free Sport*

**Larry Bowers**

*Chief science officer, U.S. Anti-Doping Agency*

**Tony Butch**

*Director, University of California, Los Angeles,  
Olympic drug testing lab*

**Robert Cabry**

*Team physician, Drexel University, NCAA Committee on  
Competitive Safeguards and Medical Aspects of Sports*

**Mark Chassay**

*Team physician, University of Texas at Austin*

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*Director of sports and sports medicine, National Federation of  
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**William Graf**

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U.S. Anti-Doping Agency*

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NCAA Division II Management Council*

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**John Hoberman**

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**Kayla Jones**

*Student-athlete, Texas Woman's University,  
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*Health advocacy coordinator, Purdue University*

**John Lombardo**

*Independent administrator, Policy Anabolic Steroids,  
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**Brad Maldonado**

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NCAA Division II Student-Athlete Advisory Committee*

**Jeff Martinez**

*Director of athletics, University of Redlands,  
NCAA Division III membership representative*

**Jim Morgan**

*Faculty athletics representative, California State University,  
Chico, NCAA Committee on Competitive Safeguards and  
Medical Aspects of Sports*

**Tom Murray**

*Senior research scholar and president emeritus,  
The Hastings Center*

**Harris Pastides**

*President, University of South Carolina, Columbia,  
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**Andrew Smith**

*Director of sports medicine, Canisius College,  
NCAA Committee on Competitive Safeguards and Medical  
Aspects of Sports*

**Frank Uryasz**

*President, The National Center for Drug Free Sport*

**Donald Vereen**

*Director of substance abuse research and community  
academic engagement, Prevention Research Center,  
University of Michigan*

*Continued on next page*

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### **Gary Wadler**

*Clinical associate professor of medicine,  
New York University School of Medicine*

### **Jim Whitehead**

*Executive director, American College of Sports Medicine*

### **Andrea Wickerham**

*Vice president, The National Center for Drug Free Sport*

### **David Wyrick**

*Associate professor, faculty athletics representative,  
prevention science, The University of North Carolina  
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# NOTES

# NOTES





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