University of Pittsburgh
Task Force Report

Opioid Use Disorder: Prevention, Treatment, and Recovery

Presented to Provost Patricia E. Beeson
May 31, 2018
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Opioid Misuse:
A National Crisis and Critical Campus Concern

Problematic substance use, particularly binge drinking, has long been recognized as a serious problem on our nation’s college and university campuses. In fact, despite decades of efforts aimed at reducing excessive drinking among students, the social and environmental influences that led the National Institute on Alcohol Abuse and Alcoholism to describe a “culture of drinking” still are present on many campuses.¹

While binge drinking and heavy drinking remain the most frequently occurring substance use problems on campuses, both the use of marijuana and the nonmedical use of prescription drugs – most notably stimulants, sedatives, and opioids – are growing.² The nonmedical use of prescription opioids by college students has risen significantly over the past two decades.³ This rise has brought with it an increased risk of escalation to even more dangerous opioids, such as heroin and fentanyl, which can dramatically increase the risk of unintended overdoses and other serious consequences.

The most commonly reported drivers of opioid misuse among college students are non-prescribed pain relief, wanting to get high, and experimentation.⁴ College students with depressive symptoms or suicidal thoughts are at increased risk for misusing opioids and sometimes use opioids to self-medicate for depression or anxiety.⁵ National research shows that the nonmedical use of prescription opioids is higher among college students who are white, residents of fraternity or sorority houses and other off-campus housing, lower performing academically, and attendees of colleges and universities that are more competitive.⁶ There also is compelling evidence that nonmedical users of prescription drugs, including opioids, are at substantially higher risk of misusing other types of drugs.⁷

In 2016, there were more than 63,600 drug overdose deaths in the United States,⁸ which not only is a massive loss of life but also resulted in an enormous economic cost to American society, estimated to be $504 billion.⁹ The University of Pittsburgh, with its largest campus in the Oakland neighborhood of Pittsburgh and four regional campuses in Bradford, Greensburg, Johnstown, and Titusville, Pennsylvania, sits in a part of the country that has been hit particularly hard by the national opioid public health crisis.

¹ “A Call to Action: Changing the Culture of Drinking At U.S. Colleges,” National Institute on Alcohol Abuse and Alcoholism, 2016.
In 2016, West Virginia, Ohio, and Pennsylvania had, respectively, the first (52.0 per 100,000), second (39.1), and fifth (37.9) highest rates of overdose deaths nationally, as is more generally reflected in Figure 1. Pennsylvania and Ohio also accounted for the third (4,627) and fourth (4,329) highest number of overdose deaths in 2016. Further, between 2015 and 2016, Pennsylvania had the fourth largest growth (44.1 percent) in overdose deaths of any state in the country.

**Figure 1: Number and age-adjusted rates of drug overdose deaths by state, US 2016**

Pennsylvania overdose deaths occurred in all parts of the state, but some of the highest rates of death occurred in Western Pennsylvania, within a footprint similar to the footprint encompassing the University of Pittsburgh’s five campuses, as seen in Figure 2.

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13 Age-adjusting death rates allows for a fairer comparison between states with different age distributions. A state with a higher percentage of young adults may have a higher overdose rate because of young adults being more likely to use and misuse opioids and other drugs.
It also should be noted that college and university students are at a particularly vulnerable age for overdose deaths, at least as measured by trends within the general population. In 2016, for example, the portion of the population between the ages of 15 and 34 accounted for 40 percent of overdose deaths in Pennsylvania, as seen in Figure 3. During the fall semester of 2017, 96 percent of University of Pittsburgh students were in that same age group.

*The University of Pittsburgh has campuses in Allegheny County, Cambria County, Crawford County, McKean County, and Westmoreland County

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Although young people of similar age account for a high percentage of overdose deaths, in Pennsylvania and nationally, all currently available data suggests that University of Pittsburgh students have a lower rate of opioid use than those of the same age in the general population. According to the CORE Alcohol and Drug Survey, administered in 2016, only 0.9 percent of University of Pittsburgh students reported having used opioids in the previous year and only 0.5 percent reported having used opioids in the previous 30 days.\(^\text{19}\) Campus police reports are consistent – showing that opioid-related law enforcement interactions on Pitt’s five campuses have been rare and almost always have involved “non-affiliates” – individuals who are neither University students nor University employees.

Because addiction has been viewed as a “disease of despair” and colleges and universities are “institutions of hope,” there may be some reason to believe that the prevalence of opioid use disorder is lower within our student body than it would be among the more general population of similarly aged people. Given the attributes of college and university students, there is good reason to believe that our students may also be more receptive to prevention programs grounded in evidence-based educational approaches.

However, because currently available survey data depends so heavily on the self-reported use of opioids by students and because there continues to be a stigma attached to opioid use, addiction experts serving on the task force believe that currently available data almost certainly underestimates the true prevalence of Pitt students misusing opioids. In fact, one goal of the recommendations that follow is to expand and improve the available data that can be used to more accurately assess the prevalence of opioid use disorder among Pitt students.

It also must be emphasized that even a low percentage of opioid use, when applied to a large student body, produces a troubling number of students who may be at risk of suffering what can be the life-ending or life-limiting consequences of severe opioid use disorder. For example, speaking in round numbers, 1 percent of a student body of 35,000 (roughly the size of Pitt’s student body) is 350 students. Even if that number was not understated – and, again, task force addiction experts believe that it almost certainly is – having 350 Pitt students exposed to the consequences of opioid misuse – including death, disease and the disruption of positive life patterns – is sufficiently significant that a systematic response is required.

Even one death is too many, and in an institution that has as its most basic mission helping its students use the power of higher education to build the foundation for better lives, anything that might derail those efforts for a sizeable number of students naturally becomes the focus of serious institutional concern. It also should be remembered that, presumably because of their genetic make-up, a single exposure, whether that comes through prescribed medication for a tooth extraction or athletic injury or from youthful experimentation, can create a potential pathway to addiction for some individuals.

To be clear, and as will be documented throughout this report, responsible individuals within the University of Pittsburgh – among them student health, student life, and public safety professionals – already have made determined efforts to address the challenges presented by opioid misuse and other substance use disorders on all five of our campuses. To give just one telling example, other task forces have been empaneled to deal with this problem. However, this is the first task force with a University-wide charge, and it is our intention both to provide an overview of existing efforts and to offer a series

\(^{19}\) “2016 CORE Survey Data,” University of Pittsburgh, 2016.
of recommendations that could enhance those efforts by providing the framework for a comprehensive and coordinated approach tied to existing best practices. We do so recognizing, of course, that judgments about implementation will need to be made by Pitt’s senior leadership team and that, as our base of knowledge grows, adjustments to any plan will be inevitable.

In structuring a University-wide response to the opioid challenge, four important contextual factors deserve attention.

- **First**, the very close proximity of Pittsburgh-campus students both to Pitt’s health science schools and to key clinical facilities of the University of Pittsburgh Medical Center (UPMC) presents special opportunities for partnering that would not be present at many other universities. Logistically, some forms of partnering may not be as easy for the regional campuses. However, our regional campuses already have built productive relationships with health care providers in their own areas, and modern technology creates possibilities for Pittsburgh-based clinicians to be involved, when that would be beneficial, in regional campus solutions.

- **Second**, the existence of a large population of health-science students within the University of Pittsburgh creates a special “dual responsibility.” Health-science students must be exposed to general student programming that helps position them to better take care of themselves. They also need more specialized disciplinary-specific programs that position them to practice their professions in ways that minimize the likelihood that they might put future patients at greater risk of addiction or might even become a threat to themselves or other non-patients if they are not vigilant in guarding against the diversion of medications. This latter form of programming already has been initiated at the direction of the Senior Vice Chancellor for the Health Sciences.

- **Third**, because of their comparatively active lifestyles, students generally are at risk of injuries that can lead to the use of pain-relief medications. Injuries at a much different level can result from participation in intercollegiate athletics, where some student-athletes may feel pressure, self-imposed or otherwise, to heal rapidly. As will be noted in the text below, special programs already are in place for students participating in intercollegiate athletics, both in Pittsburgh and at the regional campuses. This task force did not specifically assess the policies and practices that shape the treatments received by Pitt’s intercollegiate athletes. However, we do think that these issues should be examined periodically by appropriate members of the University’s senior leadership team.

- **Fourth**, the student population of the Pittsburgh campus includes an unusually high percentage of graduate and professional students and they, too, are at risk. For prevention, treatment, and recovery programs to be effective within these groups, graduate and professional students almost certainly will need to be approached in ways that are different from the methods employed with undergraduate students.

This task force was assembled by Provost Patricia Beeson, with the full support of Chancellor Patrick Gallagher. In delivering her charge to the task force on February 16, 2018, Provost Beeson directed the group to recommend steps that could be taken by the University to reduce opioid misuse, addiction, and overdose among Pitt’s student body; to increase the number of individuals with addiction who seek treatment; and to provide support for those suffering from opioid use disorder. The task force has met
on a biweekly basis since then, with subcommittees working on specific topics between meetings of the entire task force.

The task force has been chaired by Chancellor Emeritus Mark Nordenberg – who, in his current role as Chair of Pitt’s Institute of Politics, has been engaged in a number of initiatives targeting the challenges presented by opioid misuse. Principal staff support of the task force was provided by Aaron Lauer, a senior policy analyst at the Institute of Politics. Other members of the task force include student life, student health, and law enforcement professionals from within the University, including representatives from all four regional campuses, as well as experts on substance misuse from within the University, UPMC, and the UPMC Health Plan (UPMC’s insurance arm).

The group also benefited from the perspectives of two Pitt students, one an undergraduate and the other a graduate student, and a Pitt parent who lost her son to an overdose. Its members also included the senior academic director of addiction medicine services at UPMC; the senior clinical director of substance use services at the UPMC Health Plan; a former U.S. Attorney, who not only had made meeting the regional opioid challenge one of the highest priorities of his office but who also co-chaired the National Heroin Task Force; the director of a federally funded center focused on addiction prevention; and the director of a School of Pharmacy center that is home to two key state-supported initiatives, the “Overdose Free PA” web site and the Pennsylvania Opioid Overdose Reduction Task Force.

A complete roster of task force members follows.

### Opioid Abuse Prevention and Recovery Task Force Membership

<table>
<thead>
<tr>
<th>Name</th>
<th>Role and Institution</th>
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<tbody>
<tr>
<td>Kenyon Bonner</td>
<td>Vice Provost and Dean of Students</td>
</tr>
<tr>
<td>Shawn Brooks</td>
<td>Vice President for Student Affairs University of Pittsburgh at Johnstown</td>
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<tr>
<td>Brady Bushover</td>
<td>Graduate Student Graduate School of Public Health and Graduate Student Assistant Student Health Service</td>
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<tr>
<td>Jason Calcagno</td>
<td>Undergraduate Student Department of Neuroscience and President, Student Health Advisory Board</td>
</tr>
<tr>
<td>Dennis Daley</td>
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</tr>
<tr>
<td>Antoine Douaihy</td>
<td>Senior Academic Director Addiction Medicine Services Western Psychiatric Institute and Clinic of UPMC and Professor of Psychiatry and Medicine</td>
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<tr>
<td>Jacqueline Dunbar-Jacob</td>
<td>Dean School of Nursing and Distinguished Service Professor of Nursing</td>
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<tr>
<td>K. James Evans</td>
<td>Vice President and Dean of Student Affairs University of Pittsburgh at Bradford</td>
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<tr>
<td>Rick Fogle</td>
<td>Dean of Student Services University of Pittsburgh at Greensburg</td>
</tr>
<tr>
<td>Ted Fritz</td>
<td>Associate Vice Chancellor Public Safety and Emergency Management</td>
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</table>
Mr. Lauer and Chancellor Emeritus Nordenberg served as the principal authors of this report. However, its content is the direct product of task force discussions; it has been reviewed by task force members; and it represents the collective judgment of task force members regarding the most effective ways to move forward. Though this report was written principally to benefit University of Pittsburgh students, it is the shared hope of the task force that it also will be of use to other institutions of higher education, as well as to members of the faculty and staff of the University and their families.

To some extent, that hope is grounded in our own unsuccessful efforts to find a comprehensive report developed by another university that, with minor variations, could be adopted here at Pitt. As will be seen in the text that follows, we did find some good ideas that had been implemented at other universities. However, we did not find a comprehensive report well suited for our circumstances that focused on the misuse of opioids.

Though there obviously is overlap between them, the report is presented in six major sections:

- Surveys and Screening: Better Assessing the Scope and Strength of the Challenge;
- Prevention through Education: A Key to Reversing Current Trends;
- Treatment: Making the Best Options Available to Pitt Students;
- Recovery: Nurturing a Supportive Campus Environment;
- Campus Policing: The Shared Mission of Public Health and Public Safety; and
Recommendations also are grouped accordingly. Those recommendations are offered with the knowledge that responsible University leaders will need to make contextually informed decisions about their effective implementation.

We also recognize, more specifically, that advancing some of the recommendations will require the investment of additional resources. Rather than attempting to quantify those costs or to make specific recommendations about how to meet them, members of the task force assume that those decisions will be made in the same way that other decisions regarding the pursuit of high institutional priorities are made. We also assume that the very appointment of the task force is a reflection of the fact that dealing effectively with the challenges of opioid use disorder is a high institutional priority.

The members of the task force collectively believe that the University of Pittsburgh is distinctively advantaged in moving forward to address these challenges. As is so clearly reflected in the composition of the task force, within the Pitt faculty, there is a depth of experience and expertise in addressing many of the most difficult issues presented by the existing public health crisis of substance misuse in American society that it would be hard for other universities, even other major research universities, to match. We also have an especially close and mutually supportive relationship with UPMC and the UPMC Health Plan, and both organizations already have demonstrated their willingness to be committed partners in this important undertaking. Pitt students, too, have demonstrated both an awareness of this problem and a willingness to be involved in helping to meet the challenges that it presents.

Perhaps nothing is more important, though, than Pitt’s long and strong commitment to providing its students with the best possible environment within which to learn and grow, something that is reflected in the particular strengths and ongoing efforts of its student life and student health divisions, but which also is reflected in more general institutional attitudes. Many university students are faced with the challenge of dealing with far higher levels of independence than they ever have known. For most students that change is welcome, but it is a challenge nonetheless. Most university students also experience the companion pressures that accompany this special opportunity, in this case the opportunity to use the power of higher education to productively reshape their lives.

Supporting strong programs of opioid prevention, treatment, and recovery is consistent with Pitt’s institutional traditions and has become increasingly important, given the realities of life that our current students face. In a formal sense, by tendering this report to Provost Beeson, task force members will have met the responsibilities with which the task force was charged. However, every member of the group stands ready to continue contributing to institutional efforts in this area.
Surveys and Screening: 
Better Assessing the Scope and Strength of the Challenge

As has been noted, currently available community health and public safety data suggest that opioid misuse has not penetrated the student populations on Pitt’s five campuses to the same extent that it has penetrated the general populations of the communities that surround those campuses. While there is a reasonable basis for hoping this is true, there also are reasons to believe the available data may understate the extent of the problem. However, when University survey data is considered together with supportive data from student health, counseling, and the campus police, it is difficult to predict how significant any underestimation of opioid use by Pitt students might be. Better assessing the scope and strength of the challenge, then, is a critical step in effectively deploying institutional resources to combat it.

Key Features of a Survey Instrument

University students are a diverse, yet distinct, population with specific health risks and needs. By making more expansive use of survey instruments to screen and assess its students, the University can better understand the health behaviors, perceptions, and needs of those students so that the University can deliver programs and services that positively affect their health and wellness. Such survey data can provide the University with a more accurate understanding of: the levels of use and misuse of opioids and other substances on its campuses, the reasons that students do or do not use specific substances, the circumstances that led them to start using drugs, and their attitudes regarding drug use and drug testing.

There are several nationally recognized survey tools that have been used by many universities and colleges, including Pitt. The two instruments most frequently utilized, and both have been used by Pitt, are:

- **ACHA-National College Health Assessment:** a nationally recognized research survey that can assist in collecting precise data about students’ health habits, substance use, behaviors, and perceptions.20

- **CORE Institute Drug and Alcohol Survey:** a survey that quantifies and documents college students' attitudes, perceptions, and opinions about alcohol and drugs. The survey also measures behaviors of actual alcohol and other drug use and consequences of use.21

The purpose of these “campus climate” survey instruments is to obtain a better “macro” sense of the public health problem faced by the community. They are administered once per year by a third-party vendor and are completed anonymously.

Key Features of a Self-Assessment Instrument

To encourage the highest possible levels of participation, self-assessment tools must preserve the anonymity of the participating student. In fact, in administering either a survey or a self-assessment

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tool, it is very important for the University to assure students that their responses will be confidential. Before administering such instruments, it also is critical for the University to establish a level of comfort with students by explaining that a student’s responses to the survey tool will help Wellness Center staff provide the student body with the best possible care and by explaining that a student’s responses to the self-assessment tool will help that student better understand and manage his or her own health care needs. It is further essential that an ongoing promotion and marketing plan be put in place and that there be easy access to the tool to facilitate extensive participation among Pitt students.

Self-assessment tools are administered in the hope that at-risk students, once educated through the process of responding to the document, will voluntarily seek help when they realize they are at-risk. These assessment tools aim to detect risk factors at an early stage, before serious problems have developed. Through early identification and intervention, individuals can achieve better outcomes than if treatment measures are addressing a condition that is more advanced. Self-assessment confirms the existence of a problem, identifies the nature of the problem, and when help is sought, can lead to recommendations for the most appropriate treatment for that problem. A successful screening process should be confidential, advance no value judgments, make clear that the individual’s health is the overriding concern, and demonstrate the competency of the healthcare and/or treatment provider.

The risk of substance use falls on a continuum ranging from:

- **Low-risk** – occasional or non-problematic use
- **Moderate-risk** – more routine use
- **High-risk** – frequent use or increased likelihood of frequent use

A primary goal of self-assessment is to position high-risk students to self-identify and seek professional assistance so that a plan for intervention can be developed with the goal of helping them avoid progressing to more harmful uses or addiction.

Self-assessment tools must include the following features in order to maximize their effectiveness to the University and its students. The tool must be:

- Selected through an informed and timely decision-making process
- Professionally acceptable, reliable, and effective
- Anonymous, not reported to the University or other authority, and provide a self-reporting format to achieve higher levels of student participation
- Brief and provide links to educational supportive content
- Simple to operate, manage, and interpret
- Cross-culturally relevant and applicable across diverse populations
- Accessible to students and Student Health Service (SHS) staff through links on appropriate University of Pittsburgh web sites and my.pitt.edu

There is a variety of self-assessment tools that could be modified to meet the University’s needs. A list of some of these tools can be found in Appendix I. Unlike survey tools, self-assessment instruments are not administered at a particular point in time. Instead, self-assessment tools are electronically available at all times through the Pitt web site. The University should encourage all students to self-assess annually for their risk of substance use disorder as part of the Wellness Center’s health promotion screening program.
Implementation and Intervention

The effective implementation of a self-assessment tool for screening for substance misuse and subsequent intervention programming requires a broad-based commitment.

- **Planning** is needed to ensure the screening process fits into the Wellness Center’s practices, and a comprehensive marketing and promotion strategy to enhance student participation must be developed.

- **Training** of Wellness Center staff is essential for the program to be effective and select University staff will also need to be trained on the interpretation of assessment results and application of SBIRT (Screening, Brief Intervention, and Referral to Treatment).

- **Monitoring** the assessment tool is essential to ensuring that problems are addressed and resolved in a timely manner, and protocols must be developed for follow-up interventions and documentation in the medical record.

If a student self-identifies and seeks help, Wellness Center staff can use the self-assessment tool results to start a discussion or brief intervention with the student regarding his or her substance use. The Wellness Center will develop guidelines regarding the process of reviewing results with the student.

What might be appropriate interventions for students will differ based on their risk level. For low-risk students, an intervention can consist of a brief education session received within a self-assessment tool. High-risk students require more in-depth interventions, such as reviewing their responses with Wellness Center staff and interacting professionally with a Wellness Center health educator or clinician. If appropriate, Wellness Center staff can discuss with a student the desirability of a referral to a specialist or treatment facility.

Professional Assessment

Some of the most important screening efforts are undertaken by student health service employees as they interact with students seeking assistance with respect to any health-related matter. It is standard practice in such cases for the person responsible for intake to conduct a brief screening for substance use disorders. The state-of-the-art SBIRT (Screening, Brief Intervention, and Referral to Treatment) process is widely used in outpatient medical clinics, hospital emergency departments and trauma centers, community health centers, and the Veterans Administration.22

SBIRT is used to screen for everything from non-problematic uses, which then can be positively reinforced, to hazardous uses to addiction. As would be expected, any SBIRT assessment that a patient is suffering from a substance use disorder must be confirmed through a more rigorous clinical interview.

SBIRT is increasingly thought to provide a significant intervention, just through the screening process itself, that can reduce problematic patterns of substance misuse for students falling within the hazardous range. Such interventions have generally been associated with reduced alcohol use, and the current consensus is that the focus of interventions for persons engaging in illicit drug use should be aimed at facilitating the student’s access to clinical assessments and, where necessary, to treatment.

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22 The Addiction Professional’s Guide to Screening, Brief Intervention and Referral to Treatment (SBIRT), NAADAC and The BIG Initiative, 2013.
The application of SBIRT within a student health center is thought to be very helpful in developing normative behaviors for substance use that is less problematic, for reducing hazardous use, and for facilitating access for students likely suffering from a substance use disorder to appropriate treatment. SBIRT training not only has been provided to members of the Student Health Service staff but also has become a part of the course-of-study for students enrolled in some of Pitt’s health science schools, such as the School of Nursing. It is important that SBIRT training be provided to those University employees whose job responsibilities put them in a good position to make effective use of it in assisting our students.

**Screening and Assessment Recommendations**

The Student Health Service should conduct a campus-wide climate survey regarding alcohol and drug use during the fall 2018 semester. To encourage participation, SHS should develop an aggressive marketing campaign, possibly including incentives, to encourage student participation.

The Wellness Center should adopt or develop a self-assessment tool that can be used across all University campuses and that is designed to identify students who are using substances in a hazardous manner or who may otherwise be at high-risk. Early identification and intervention can lead to better health outcomes, as well as to higher levels of student success in the academic programs that brought them to the University.

Student health and student life professionals on all five Pitt campuses should take stock of the extent to which University employees have received SBIRT training and provide such training to others whose job responsibilities put them in a good position to make use of it.
Prevention through Education:  
A Key to Reversing Current Trends  

Efforts to deal with the opioid crisis reached a positive milestone with the widespread recognition by law enforcement leaders and others that we cannot arrest our way out of this problem. Instead, what will be required is an effective combination of public safety and public health efforts.

As this public health crisis has continued to grow, it has become equally clear that, within the realm of public health, we cannot treat our way out of this problem either. Instead, at least until other prevention tools are developed, prevention grounded in education is the key. This is particularly true for college and university students, who, as has been noted, may be naturally more receptive to efforts of this type.

The misuse of substances is a challenge faced by colleges and universities across the nation. Substance use disorder can cause both short and long-term negative effects for the affected students, as well as for their family members and friends. Higher education creates many wonderful opportunities for learning and personal growth for students. However, it also can bring a potentially high-risk period of transition that can be compounded by risk factors associated with substance use, increasing the likelihood of experimentation and potentially developing an addiction. In a basic sense, this should not be surprising since turning to a substance as a coping mechanism at times of stress is widespread in our society.

Students now are also more broadly experimenting with substances prior to their arrival on a college or university campus. Additionally, given the continual influx of new students, there is a measure of constant variability within the population of any university. Considering these factors, prevention and education efforts require a multi-dimensional approach to not only address the substance, but also draw connections to behaviors and risk factors contributing to misuse and substance use disorder.

Prevention relates to policies, programs, and practices that are designed to increase behaviors that ultimately reduce the occurrence of opioid use disorder, as well as its associated health, behavioral, and social consequences. These strategies are typically directed at a broad population that has not experienced the serious negative consequences of opioid use disorder. Prevention is divided into three categories: universal, selected, and indicated.  

These three types of strategies are differentiated by the types of populations they address. Universal prevention is directed at the general community, while selected prevention strategies are directed at specific subpopulations, and indicated prevention are directed to individuals at high-risk of opioid use disorder.

Overview of Current Programs  
The University already engages in a variety of prevention programs on its campuses. Some of these programs, like Campus Clarity's “Think About It,” have been implemented across all campuses, while other prevention programming is campus-specific or even discipline-specific, due to differing needs and resources.

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**Pitt-Oakland Prevention Programs**

*Incoming Student Education*

Prior to arrival, all incoming students are required to complete Campus Clarity’s “Think About It” – an interactive, online program focusing on alcohol, healthy relationships, and bystander education. The program provides a brief overview of drugs in relationship to self-medication and the dangers of mixing substances.

Students also are required to attend the Tipping Point and Bystander Education Training as part of orientation week. The Tipping Point explores mental health, sexual assault, substance use, policies, conduct, and campus safety. A portion of the presentation specifically addresses prescription drug misuse. Bystander Education Training focuses on training students to recognize how to identify and effectively intervene in situations where someone’s health or safety may be at risk.

Freshman student athletes also are required to complete a series of drug and alcohol presentations provided by Western Psychiatric Institute and Clinic of UPMC, which includes information on opioids. Students enrolled in health science programs may also receive discipline-specific training. For example, incoming nursing students are provided information about the impacts of drug use on their careers through written materials and the School of Nursing web site. Students are informed that during their clinical rotation and future career, employers may require a drug screen to determine if a potential employee is qualified. Nursing students at Pitt-Johnstown receive similar information.

*Campus Wide Programming*

PantherWELL Peer Health Educators (PHEs) provide interactive programming to organizations and residence halls. PHEs also conduct weekly information tables on a number of health topics, including alcohol and other drugs. Presently, a new resiliency workshop series is in development by the PantherWELL Coordinator.

*Educational Support Services*

A peer coaching and mentoring program is in development by the University Counseling Center, in collaboration with the Student Health Service. The University Counseling Center also offers Hula Hoops and Clean Sidewalks, support groups for students with friends or loved ones who struggle with active addiction. Another group offered by the Counseling Center is Sanctuary, which permits students to explore and identify alternatives to unhealthy relationships with drugs, alcohol, food, and other objects or processes. The Collegiate Recovery Program presently offers substance free events on campus as well as resources to educate students on the elements of addiction and recovery.

*Clinic and Pharmacy Services*

The Student Health Service has implemented Talk Before You Take initiatives, providing discussions between SHS staff and the students they serve. These discussions focus on the correct way to use the medications that the students receive from the Student Health Service, such as dosage and precautions.

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25 “Campus Clarity – Think About It,” accessed May 18, 2018, [https://www.studentaffairs.pitt.edu/shs/education/alcoholhaven/](https://www.studentaffairs.pitt.edu/shs/education/alcoholhaven/).


27 “Group Therapy,” accessed May 18, 2018, [https://www.studentaffairs.pitt.edu/cc/services/group/](https://www.studentaffairs.pitt.edu/cc/services/group/).

28 “Group Therapy,” accessed May 18, 2018, [https://www.studentaffairs.pitt.edu/cc/services/group/](https://www.studentaffairs.pitt.edu/cc/services/group/).

while taking the prescription. Pharmacy staff are also available to provide individual, confidential counseling to students about medications. All narcotic and stimulant prescriptions dispensed by the University of Pittsburgh Pharmacy include educational inserts.

**Media**

Awareness campaigns have spanned the topic of substance misuse, including campaigns on the topic of opioids. The university has held awareness campaigns using a variety of platforms including printed media (flyers and advertisements), as well as electronic means (digital screens, web pages, and social media platforms). University staff at outreach events, brief interventions, sanctioned classes, and clinical interactions distribute additional educational materials, including pamphlets and handouts. An example of one of the University’s awareness efforts can be found in Appendix II.

**Staff and Student Training**

SHS and University Pharmacy staff receive training around guidelines for opiate medication and alternative treatment options, in addition to internal continuing education opportunities. Staff also conduct trainings for departments and organizations on a requested basis.

The Office of Health Education and Promotion trains student staff from Residential Life, First Year Experience, Office of International Services, PantherWELL Peer Health Educators, and Pathfinders annually on the topics of alcohol, other drugs, policies, and student health resources.

In 2017-2018, SHS also participated in the beta testing of **EverFi’s Prescription Drug Safety**, an online program providing interactive simulations on refusal and active bystander skills and also an overview of the science of addiction, proper disposal and storage of prescription medications, and information on opioids, stimulants, and depressants. This program was completed by all PantherWELL Peer Health Educators and was offered to Greek Life, Athletics, and Residential Life as an additional training tool for student staff. Voluntary **Mental Health First Aid Training**, which includes a section on substance use disorders, is offered by the University Counseling Center.

**Regional Campus Programming**

The University’s regional campuses provide additional prevention programming for their students. These programs are outlined below.

**Incoming Student Education**

Campus police and health center and judicial affairs staff on each campus speak to students and parents attending summer and/or fall orientation about drug use, educational resources, policies, and sanctions. In August, each campus provides first-year students online education about alcohol and drugs through the Campus Clarity program. Pitt-Johnstown also requires upper-class students to take this training. This program has been in place for four years, meaning that all undergraduate students have taken part in the program. A brief description of the Pitt regional campuses’ prevention programs that occur during orientation is included below.

**Pitt-Bradford:** Beginning in the fall of 2018, Pitt-Bradford is starting a program on alcohol and drugs (including opioids) that will be incorporated into the Freshman Seminar classes that are required of first-year full-time students.

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**Pitt-Greensburg:** Information and resources regarding drug use are discussed in Pitt-Greensburg’s freshman seminar, required of most new students. Pitt-Greensburg presents the “Choices” program in Freshman Seminar. During the Summer Orientation and Academic Registration (S.O.A.R.) program, the University presents the “Everyone’s Doing It #false,” a social norms program regarding alcohol and drug use. The University will update its posters emphasizing social norm points to include opioids.

**Pitt-Johnstown:** During Pitt-Johnstown’s orientation, new students participate in a session presented by a local emergency department physician. There also are sessions targeting members of Greek-letter organizations and student athletes.

*General Educational Programs*

Each of the regional campuses has engaged in a broad array of programs and initiatives to help respond to the opioid problem both on campus and beyond. In addition to incoming student programs, the regional campuses offer an array of educational programs outlined below:

**Pitt-Bradford:** McKean County Alcohol and Drug Services participates in health fairs and related programs to distribute literature and increase student awareness of its services. McKean County Alcohol and Drug Services are conveniently located close to campus in Marilyn Horne Hall, a building owned by the University in downtown Bradford.

Additionally, for the past four years Pitt-Bradford has done a social norms campaign, sending out four to five messages during the fall and spring semesters via posters and social media messages that support positive student behaviors. The messages are based upon data from student’s surveys (ACHA, CORE, and the ACE/UCLA freshman survey). Three examples of these messages can be found in Appendix III. This campaign is ongoing and will continue in the upcoming 2018-19 academic year.

**Pitt-Greensburg:** Students who violate the Pitt-Greensburg alcohol and/or drug policy are required to take additional online education and follow-up with a counselor. Pitt-Greensburg requires repeat alcohol and drug offenders to complete an evaluation with Southwest Pennsylvania Health Services (SPHS).

Pitt-Greensburg established an Opioid Task Force about 18 months ago. This group participated in a panel discussion and resource fair about opioid use in December 2016. The task force also participated in a working session and a public lecture offered by Dr. Donald Burke, Dean of our Graduate School of Public Health, in spring 2017. During the spring 2018 term, Psi Chi presented the FBI and DEA documentary “Chasing the Dragon” followed by a discussion.

**Pitt-Johnstown:** The University hosts speakers on addiction, including a Pitt-Johnstown alum who talks about his experience as a “recovering addict.” Pitt-Johnstown also has programs in the dining halls related to opioids and other drugs in their Lunch and Learn series. Starting this year, Pitt-Johnstown presented a program for faculty to educate themselves on the warning signs of opioid and other drug problems.

In addition to opioid and other drug programming, Pitt-Johnstown has engaged in a printed material campaign. The University has also updated their web site to reflect the latest prevention and treatment information. Pitt-Johnstown has begun a social media campaign to keep students mindful of the problem.
**Student Athletes**

**Pitt-Bradford:** At Pitt-Bradford, there are two full-time certified athletic trainers on staff. They conduct orientation for all student athletes at the beginning of the year, review the NCAA and Allegheny Mountain Collegiate Conference (AMCC) requirements regarding the danger of certain drugs, and have each athlete sign a document indicating his or her compliance. Student athletes also understand by signing the compliance form that a drug test can be administered at any time.

**Pitt-Greensburg:** The University contracts with UPMC to provide athletic trainers. Pitt-Greensburg is working with UPMC to train the athletic trainers on best practices to educate student athletes and to identify student athletes who may be using opioids. UPMC trainers will participate in a special session this August, before the start of the new academic year, that will focus on substance misuse. In conjunction with Greenbrier Treatment Centers, Pitt-Greensburg is also offering an opioid education program targeting student athletes on October 3, 2018.

**Housing and Residence Life**

All regional campuses train members of their residence life staff to recognize the signs of opioid use. Resident assistants are educated on the signs of opioid misuse, how to recognize a possible overdose, and how to get help. Residence Life will develop a protocol for students wishing to return to the residence halls after a drug overdose. Pitt-Greensburg will also create a resource guide for students and parents.

In August 2018, Pitt-Greensburg will train its Residence Life staff to address concerns that may be related to an overdose, such as roommate issues and distraught students.

**Prevention and Education Recommendations**

By exploring the relationship between the population and prevention type, it is possible to identify strengths and areas in need of improvement to address the intersection of these two factors. Although the breadth of programming the University provides is diverse overall, the focus on opioids-specific programming is somewhat limited. It is important for the University to strengthen these efforts to approach opioid misuse in both direct and indirect manners.

Universal efforts aimed at drug prevention are the most robust prevention tactics at the University and these initiatives are largely focused on individual behavior and overall risk assessment and decision-making. Although this is an important focus, there are opportunities to further enhance a supportive environment and to foster a peer culture that supports students who may be at risk or currently using in a hazardous manner.

Many programs are not specific to opioids but were found to address possible risk factors associated with substance use — which by proxy may reduce the risk of the misuse of substances, including opioids. Several existing programs can be improved by including more purposeful content delivery and inclusion of opioids, particularly around risk factors and brief interventions. Additionally, there are several populations that do not have a strong presence in current prevention efforts. These populations include graduate students, parents, and students who may be experimenting with substance use. To strengthen prevention efforts, it is necessary to not only strengthen existing programs, but also add programs to address possible deficiencies.
The University should build on existing prevention and education programming, such as Tipping Point, Bystander Education Training, Campus Clarity, and Peer Health Education, to provide more opioid-specific information. The expanded curriculum should increase student awareness of opioid use risk factors and available campus resources to address opioid use.

The University should expand current media and awareness campaigns to further increase awareness of risk factors, opioid and prescription misuse, and addiction. These campaigns should include specific information related to opioid use, safe medication disposal, warning signs, resources, and self-assessment tools. Among the additional steps to consider are these: the implementation of social normative campaigns and materials in addition to educational flyers; the increased media presence of services like the Wellness Center, University Counseling Center, and Collegiate Recovery Program; and increased access to critical information through visible, online platforms including department web sites, my.pitt.edu, social media, and mass emails.

The University should offer training to graduate and professional student orientation programs and classes. Steps to consider should include providing departments with resources and information to share with students; connecting with graduate organizations to facilitate increased engagement and support on the topic of substance misuse including opioids, prescription misuse, addiction, and recovery; and providing training and resources to graduate and professional students and their organizations.

The University should develop resources and content specifically for parent populations to assist parents in recognizing possible warning signs and making them aware of supportive measures and resources. Ensuring that Pitt parents are familiar with all of the many forms of support that the University has to offer can make a difference when a student is struggling with an opioid use disorder or may be on the verge of developing one. Parents should be provided with relevant information through electronic means (emails, newsletters, and webinars) as well as in person (Pitt Start presentations, Pitt Start Resource Fair, Orientation Station, and Family Weekends). These materials should also be shared with parents of students transferring into the University of Pittsburgh, a population that sometimes seems to have been forgotten.

The University should develop programs and workshops that can be requested by faculty for classes that address topics relating to opioid and other drug misuse, risk factors, warning signs, and resources. Among the possibilities to consider are a stand-alone seminar series or one-credit course for students that focuses on supporting students with the challenges that may be confronted during the transition to a college environment so that students can identify risk factors and are familiar with prevention/intervention tactics for themselves and/or their peers.
Treatment: Making the Best Options Available to Pitt Students

Informed decision-making about treatment alternatives depends on the findings from a full assessment of the affected student that determines the severity of the opioid use and the range of related consequences. A full assessment is based on the six levels of functioning of the American Society on Addiction Medicine: intoxication and withdrawal potential, biomedical conditions and complications, psychological conditions and complications, motivation to change, relapse potential, and social support.\(^{31}\)

Treatment should be individualized, comprehensive, holistic, and evidence-based. It should consider all aspects of a person: biological, psychological, social, and spiritual. Involving a family member or a concerned significant other in treatment can significantly improve the likelihood of a positive outcome and should be discussed openly with the student.

Treatment services include any of the following:

- **Medical detoxification** for physical addiction to opioids. This can occur in a hospital, (UPMC Mercy and UPMC McKeesport), residential facility (Gateway Rehab, Greenbriar Treatment Center, and Pyramid Healthcare), or ambulatory setting (Addiction Medicine Services of Western Psychiatric Institute and Clinic of UPMC).

- **Short-term residential rehabilitation** program for more moderate to severe forms of opioid use disorder.

- **Ambulatory partial hospital** (20+ hours per week) or **Intensive outpatient** (5-10 hours per week) as a “step down” from residential or for students who do not need residential care, but need a structured, comprehensive treatment program to establish sobriety and engage in recovery.

- **Outpatient counseling** (individual, group, and family) in a licensed treatment facility or with a private practitioner experienced in treating opioid addiction. This can precede or follow completion of treatment in higher levels of care.

- **Medication-assisted treatment (MAT)** – a combination of psychosocial therapy and U.S. Food and Drug Administration-approved medication – is the most effective intervention to treat opioid use disorder (OUD). Systematic reviews of the research have found that MAT can cut the all-cause mortality rate among patients with an opioid use disorder, while increasing the chances a person will remain in treatment and learn to build the foundation for long-term recovery. MAT is not just replacing one drug with another. In fact, the CDC, NIDA, and WHO – all support the MAT’s medical value, considered now as “the gold standard” for opioid addiction treatment. The three classes that have been developed to date include:

  1. **Agonists**, e.g., methadone (Dolophine or Methadose), which activate opioid receptors;

2. **Partial agonists**, e.g., *buprenorphine* (Subutex, Suboxone), which also activate opioid receptors but produce a diminished response; and

3. **Antagonists**, e.g., *naltrexone* (oral formulation: Revia, monthly injectable formulation: Vivitrol), which block the receptor and interfere with the rewarding effects of opioids.

The physician and student can select collaboratively from these options based on a person’s specific medical needs and other factors. Methadone- and buprenorphine-containing medicines, when administered in the context of an addiction treatment program, can effectively maintain abstinence from other opioids and reduce harmful behaviors. Facilitating access to MAT to diminish the rewarding aspects of opioid use is indicated for students with moderate to severe forms of opioid use disorder.

- **Referral to community based mutual support** programs such as Narcotics Anonymous (NA) to facilitate recovery from an opioid use disorder.

- **Referral to Nar-Anon or other community support** program for families affected by a student’s opioid use disorder.

**Treatment Options at Pitt-Oakland**

If a student needs treatment options for a substance use disorder, SHS will consider several options depending on the student’s insurance and location of his or her home. Particularly because a sizable number of Pitt students are from out-of-state, SHS helps to facilitate treatment based on the needs of the student. SHS has helped to facilitate arrangements for students to enter treatment not only in western Pennsylvania, but also in Ohio, Florida, and California. Locally, SHS refers students to Western Psychiatric Institute and Clinic of UPMC (WPIC), UPMC Mercy, Gateway Rehab, and Greenbriar Treatment Centers.

**Treatment Options on the Regional Campuses**

None of the regional campuses has a comprehensive treatment and recovery program on campus currently. However, each of the campuses has community resources upon which they can rely to ensure students are provided the treatment and health care services they need. Some of the treatment services used by the regional campuses are outlined below:

**Pitt-Bradford**: At Bradford, there is an array of community-based services to which students may be referred. Students found to be misusing opioids would first be referred to Alcohol and Drug Abuse Services, Inc., which is a short bus ride from the Pitt-Bradford campus. Alcohol and Drug Abuse Services, Inc. staff would assess students to determine the appropriate level of support for the student. It also takes part in health fairs and provides literature about opioids to students.

In March 2018, a new 24-bed residential addiction treatment facility, Maple Manor, was opened in Bradford. Within the facility, eight beds are dedicated for long-term care and 16 beds are designated for short-term care. Because Maple Manor is a residential treatment facility, Pitt-Bradford students who might take advantage of this level of care would not be able to attend classes during the time of residential treatment.
In addition, the Bradford Regional Medical Center, part of Kaleida Health of Buffalo, N.Y., has a MICA (Mentally Ill Chemical Abuse) program, which addresses individuals with co-occurring psychiatric disorders. Since this is an inpatient treatment program, a student also could not maintain course attendance while receiving services there.

**Pitt-Greensburg:** The Greensburg campus has an agreement with Southwest Pennsylvania Health Services (SPHS) to provide assessment and consultation with students experiencing addiction issues. Pitt-Greensburg pays for the initial assessment. If a student needs treatment, costs would be charged on an income-based sliding scale. SPHS also participates in the annual Health Fair.

The Pitt-Greensburg web site is being updated to include hotline information for the Drug Overdose Task Force, Westmoreland County Crisis Line, PA Get Help Now, and Narcotics Anonymous.

Pitt-Greensburg Health and Counseling Centers will continue to collaborate with community agencies, such as Westmoreland Community Action, Westmoreland Overdose Task Force, and the Saint Vincent College Prevention Projects.

Pitt-Greensburg also seems well positioned to forge partnerships with the Excela Health System, which has become quite active in the area of substance misuse, and intends to pursue those possibilities.

**Pitt-Johnstown:** The University has established a pipeline between community treatment centers and their Counseling Services Office. Pitt-Johnstown also offers treatment option information in print and online.

**Treatment Recommendations**

The Student Health Service should build upon its working relationship with regional medical and treatment providers to provide more comprehensive and formalized assessment and treatment options for students utilizing our region’s medical and treatment expertise. SHS and Addiction Medicine Services (AMS) of Western Psychiatric Institute and Clinic of UPMC, which is in the middle of the Pitt-Oakland campus, have committed to the development of painless protocols to coordinate referrals for comprehensive assessment and treatment as clinically indicated to AMS or other treatment programs in the area. SHS should also develop a plan with the local emergency rooms for the referral of students who present with an opioid and/or other substance use disorder.

The regional campuses should collaborate with AMS to provide consultations to students and their treatment providers as is warranted. AMS can connect students to treatment and recovery resources, provide telemedicine assessments, and perform other services.

In cases of students with co-occurring psychiatric disorders, the University should provide students with an integrated approach to the treatment of opioid use and psychiatric disorders. Opioid use and other psychiatric disorders commonly coexist, and the presence of each disorder increases the risk of the other occurring. Screening for psychiatric disorders, such as depression and anxiety, in people abusing opioids, should be universal. The Modified MINI Screen can be used to screen for anxiety and mood disorders, trauma exposure, and Post Traumatic Stress Disorder.

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Additionally, the University should encourage students to make use of treatment services that address their opioid and psychiatric problems, and the University, in partnership with treatment and healthcare providers, should develop protocols that make it easy to access services with no waiting list. These services should be welcoming, affordable, and perceived as helpful and attractive. Services should be available 24 hours a day.

The Student Health Service and other appropriate University staff should receive additional training to better assess and manage students with opioid and other substance use disorders. As part of this training, SHS staff should receive training in brief interventions and motivational interviewing and offer brief motivational counseling to students. This practice can serve as a first-line intervention for students with opioid misuse or less severe forms of an opioid use disorder. If this is not effective, a referral to more intensive services can be initiated.

The University should develop a recommended plan with the Disability Resources and Services department to provide academic accommodations for students in treatment for opioid and other substance use disorders. The plan should be implemented on all University campuses so that students can maximize their opportunities for treatment and recovery while pursuing their University of Pittsburgh education. For students in residential treatment programs, the plan should reassure students that the University is supportive of their treatment and recovery and that they can return to campus when they have completed their treatment program.
Recovery: Nurturing a Supportive Campus Environment

College environments present a number of challenges for students in recovery, most notably, easy access to drugs and alcohol in an environment that has historically glamorized and socialized the misuse of alcohol, drugs, and other controlled substances. Traditional efforts designed to raise awareness about alcohol and drug misuse do not effectively address the unique environmental issues associated with college students in recovery.

In 2014, the University of Pittsburgh’s Alcohol, Tobacco, and Other Drugs Task Force (ATOD) initiated discussion regarding a collegiate recovery program for University of Pittsburgh students in recovery from drug and alcohol addiction. During their time at the University, it is imperative for students to have access to programs that support their recovery and minimize the likelihood of relapse.

A critical recovery-support mechanism for many college students nationally has been the development of Collegiate Recovery Programs (CRPs). These programs provide a nurturing and affirming environment for students in recovery and are consistent with the continuum of care model, a concept involving an integrated and comprehensive system of care over time. CRPs are an effective means of supporting college students in recovery.

Benefits of Collegiate Recovery Programs

CRPs have been shown to improve educational outcomes for students in recovery by providing a substance-free environment and culture, thereby reducing the risk of relapse. Currently, there are 111 Association of Recovery in Higher Education (ARHE)-affiliated CRPs on college campuses in the U.S., nine of which are located in Pennsylvania. The University of Pittsburgh is a member in good standing of the ARHE, a national association of CRPs that provides education, resources, and connections between CRPs.

CRPs have been present since the mid-1980s; they first started at Brown University, Rutgers University and Texas Tech University. Universities with well-established CRPs include: the University of Michigan, Ohio University, Penn State University, the University of North Carolina - Chapel Hill.

the University of Georgia, the University of Alabama, Vanderbilt University, West Virginia University, the University of Texas, and the University of Oregon.

Although there is some variation in the structure of CRPs, the benefits are similar. CRPs result in the following outcomes:

- **A supportive environment:** Emotional support, communicating a message of hope through professional, adult and peer mentoring
  - CRPs help students in recovery feel connected by developing new and safe social network linkages
  - The average relapse rate for CRPs is eight percent
  - Demand surpasses capacity

- **Educational opportunities:** Informational support, educational assistance
  - Academic advising
  - Health and wellness programming, strengthening positive mind, body, and spirit
  - Higher GPAs and retention rate than peers at a given university

- **Accountability:** for their actions, for themselves
  - Peer counseling, mentorship

A 2013 study of 486 students enrolled in 29 collegiate recovery programs in the U.S., identified the top reasons students joined a CRP as: the need for peer recovery support and the desire to “do college sober.” The study also found that CRPs helped students pursue their educational goals in an otherwise “abstinent hostile environment.”

In summary, CRPs help mitigate the sometimes debilitating challenges of navigating the college environment by providing recovery support programming and a sense of community to students in recovery. Collegiate Recovery Programs offer a recovery-friendly space, supportive social community, healthy relationships, and the opportunity to grow emotionally. University of Pittsburgh students would benefit greatly from an expanded Collegiate Recovery Program.

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40 “Collegiate Recovery and Intervention Services,” accessed May 18, 2018, [https://cris.sa.ua.edu/](https://cris.sa.ua.edu/).
42 “WVU Collegiate Recovery Program,” accessed May 18, 2018, [https://recovery.wvu.edu/](https://recovery.wvu.edu/).
44 “Collegiate Recovery Center,” accessed May 18, 2018, [https://counseling.uoregon.edu/collegiate-recovery](https://counseling.uoregon.edu/collegiate-recovery).
Current Recovery Supports

**Pitt-Oakland**
Pitt-Oakland offers a variety of recovery services for students. This includes programming through the University Counseling Center, daily support meetings with Alcoholics Anonymous, and referral to treatment and recovery programs. In September of 2017, Pitt-Oakland launched its CRP, *Panthers for Recovery*, which is still in a developmental stage. Panthers for Recovery, a student-driven support group, focuses on activities that promote and support students in recovery. During the 2017-18 academic year, Panthers for Recovery hosted several sober student events during days in which alcohol and other drugs are particularly prevalent at student activities, like Halloween and St. Patrick’s Day. The Pitt-Oakland CRP also provides resources to educate students on the elements of addiction and recovery. A flyer for Panthers for Recovery can be found in Appendix IV.

**Regional Campuses**
Both the Pitt-Bradford and Pitt-Greensburg Counseling Centers have had student-clients who were either misusing opioids or in recovery.

Surr-enity House, an 8-bed recovery house for men, opened in Bradford within the last year. The facility will be opening a second house soon. The President of Surr-enity House’s Board of Directors, a Pitt-Bradford alum, has offered treatment opportunities for Pitt-Bradford students. While in recovery at the Surr-enity House, students would be able to attend classes on campus and participate in campus life. The house is located on the bus line between town and the campus, and a paid staff member is available to provide transportation. No similar facility yet exists in Bradford for women, although discussions are currently taking place on this topic.

**Recovery Recommendations**
The University should accelerate the implementation of its CRP, by adopting the lifecycle of a recovery community model suggested by Transforming Youth Recovery, a non-profit organization whose mission is to empower families through education and awareness about at-risk behaviors that can lead to substance use disorders. According to Transforming Youth Recovery, the lifecycle of a recovery community consists of four stages – notion, establishment, maturity, and sustainability. A detailed description of the lifecycle stages is included below:

**Lifecycle of a Collegiate Recovery Community**

| Notion | Establishment | Maturity | Sustainability |
|--------|---------------|----------|----------------|----------------|
| Cultivate a small group of students in recovery as the foundation upon which to build a community. | Create a sense of community among students in recovery and emerging local conditions. | Formalize the collegiate recovery community experiences into a defined program. | Identify groups that can strengthen the coalition of support for students in recovery. |

Transforming Youth Recovery identifies 38 community-based assets that serve as the foundation for Collegiate Recovery Programs. The 38 assets include nine assets that are critical to starting a CRP, 20 that are essential to serve and support students, and nine that can contribute to a sustainable community of students in recovery. Panthers for Recovery is a “Notion” stage initiative designed as the foundation for a holistic collegiate recovery program. A formalized and sustainable collegiate recovery program is imperative if the University is to implement an effective community-based intervention designed to support Pitt students in recovery.

Further development of the Pitt-Oakland CRP would require, among other assets, investments in staffing (e.g., CRP program coordinator), facilities (e.g., sober living social/educational space and possibly housing), programming budget, and marketing. The literature on recovery programs supports the establishment of a dedicated community space in which students can gather for programming, intervention, socializing, or educational activities.

The University should develop outcomes that are routinely measured to ensure the effectiveness of the Pitt-Oakland CRP. These outcomes may include rate of relapse, students’ sense of community/belonging, academic performance, persistence, and the extent to which students perceive fewer barriers and challenges that are unique to students in recovery.

The University should provide students, affected by a family member and/or peer’s substance use disorder, information and help to access counseling and mutual support programs, such as Al-Anon and Adult Children of Alcoholics/Addicts. These programs could be offered in the community or through a University facilitated program. By providing students with these types of programs, the University demonstrates that it recognizes the impact substance use disorders can have on family and friends and the benefit to students of professional and/or mutual support programs.

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Campus Policing: The Shared Mission of Public Health and Public Safety

Though such resistance appears to be waning, it had been reported that in some other settings, in the region and in more distant locations, law enforcement officers had been resistant to blending public health approaches with their public safety responsibilities in dealing with the opioid crisis. This has not been true of the University of Pittsburgh’s campus police officers. Very likely, this is because campus policing always has been one of the purest forms of community policing.

There are clear links between these police officers and the constituencies that they serve – including, in particular, the student body. Being in such close proximity to a very large number of young people, whose behaviors and attitudes do not always mirror those of the officers sworn to protect and serve them almost certainly is a source of occasional tension. However, there also is an appreciation of the worth of these young lives and the knowledge that sometimes help will be required for individual students to keep moving down the path toward achieving their full potential.

Law enforcement resistance to shouldering what might traditionally have been viewed as public health responsibilities has been most visible in the resistance of some police departments and individual police officers to carrying and using naloxone. When asked about the attitudes of Pitt police officers to the stocking and use of naloxone, our Associate Vice Chancellor for Public Safety and Emergency Management reported that our officers were grateful to have access to a tool that might enable them to save lives. In fact, Pitt Police have been carrying naloxone since 2015, when that practice was not so widely accepted.

Naloxone Training
Naloxone is an important medication used to block the effects of opioids, especially during an overdose. It is critical for the University to not only have the medication available but also to have first responders and appropriate staff trained to properly use it.

Understanding its importance, all University of Pittsburgh campuses engage in regular naloxone administration training among law enforcement personnel. For University law enforcement, the initial hands-on training for all University of Pittsburgh campuses was conducted by a Pitt-Oakland police sergeant, who is also a paramedic and certified tactical emergency medicine trainer. In addition to naloxone training, all University of Pittsburgh police officers receive at least biannual first aid and CPR training in accordance with Pennsylvania Municipal Police Officers’ Education and Training Commission (MPOETC) requirements. All campus police departments have naloxone on hand. Campuses handle naloxone training and distribution in the following ways:

**Pitt-Oakland:** Biannual training, including First Aid and CPR training, is administered through its medically trained police sergeant and the Pennsylvania Virtual Training Network. Additionally, all SHS clinical staff are trained in the use of naloxone. Naloxone is available in the SHS Pharmacy.

**Pitt-Bradford:** Biannual training through Penn-Highlands Healthcare and the Pennsylvania Commission on Crime and Delinquency, the central coordinating entity for Cameron, Elk, Jefferson, McKean, and Clearfield Counties. All Student Health Center clinical staff have been trained in the use of naloxone. Naloxone will become available in the Student Health Center beginning in summer 2018.
**Pitt-Greensburg:** Biannual training is offered through Pitt-Oakland’s police department and the Pennsylvania Virtual Training Network. Starting in June, Pitt-Greensburg officers will receive training through the Westmoreland Drug and Alcohol Commission. All SHS clinical staff are trained in the use of naloxone.

In addition to Campus Police utilizing naloxone at Pitt-Greensburg, the Pitt-Greensburg nurse maintains naloxone as well. The nurse was trained by Westmoreland Drug and Alcohol Commission Staff in May 2017.

**Pitt-Johnstown:** Annual training is offered through Pitt-Oakland’s police department, in conjunction with a tactical EMS course. All SHS clinical staff are trained in the use of naloxone in conjunction with the Cambria County District Attorney’s office.

**Pitt-Titusville:** Annual training is offered through the Pennsylvania Virtual Training Network. The training program is overseen by the Crawford County District Attorney’s office. All SHS clinical staff are trained in the use of naloxone.

**Drug Take Back**

With increased public awareness about opioid addiction and misuse, efforts are being made by University of Pittsburgh campuses to educate students, faculty, and staff about the best methods for the disposal of unneeded opioids. The University, in conjunction with community organizations, provides opportunities for the disposal of opioids and other drugs.

**Pitt-Oakland:** Through a Pennsylvania District Attorneys Network program, Pitt-Oakland has placed a permanent collection box, in the lobby of the Public Safety Building and will place another box in the Student Pharmacy before the start of the fall 2018 semester. A flyer for the April 2018 drug take back day can be found in Appendix V. The Pennsylvania National Guard will conduct a quarterly pick-up off-site and arrange for the disposal of the collected drugs. An announcement to University students, faculty, and staff about collection boxes will go out once the University has established collection procedures and both boxes are mounted. For the last several years, Pitt-Oakland has participated in the DEA’s drug take back days in the spring and fall. The pounds of drugs collected during each of these drug take back days can be found in Figure 4. Since 2015, Pitt-Oakland has collected an average of 268 pounds of drugs during each drug take back day.

**Figure 4: Pounds of Drugs Collected During Pitt-Oakland Drug Take Back Days (2015 – 2018)**

![Graph showing pounds of drugs collected during Pitt-Oakland Drug Take Back Days from 2015 to 2018.](image-url)
Pitt-Oakland hosts a Centralized Reverse Distributor program that allows researchers to dispose of unused or excess fentanyl and other drugs from research at no charge. This program helps Pitt researchers to be compliant with DEA licensing requirements. Since its start in 2011, the program has disposed of 1,395 pounds of controlled substances. Yearly breakdowns of the quantity of controlled substances disposed by the program can be found in Figure 5.

**Figure 5: DEA Controlled Substance Disposal by Centralized Reverse Distributor program**

<table>
<thead>
<tr>
<th>Year</th>
<th>Quantity (lbs)</th>
<th>Participating Researchers</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>101</td>
<td>31</td>
</tr>
<tr>
<td>2012</td>
<td>494</td>
<td>37</td>
</tr>
<tr>
<td>2013</td>
<td>359</td>
<td>77</td>
</tr>
<tr>
<td>2014</td>
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<td>53</td>
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<tr>
<td>2015</td>
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<tr>
<td>2016</td>
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<td>123</td>
</tr>
<tr>
<td>2017</td>
<td>50</td>
<td>72</td>
</tr>
<tr>
<td>Total</td>
<td>1395</td>
<td>495</td>
</tr>
</tbody>
</table>

Researchers can participate in the program by applying through the Department of Environmental Health and Safety’s web site. The required application form to dispose of unwanted/expired controlled substances can be seen in Appendix VI. This program is a cost-effective and environmentally friendly way to dispose of unused drugs.

**Pitt-Bradford:** A fixed location medicine drop box is located at the City of Bradford Police Department, approximately one-mile from campus. Pitt-Bradford is currently investigating options for a prescription drug take back program, recognizing that Bradford City Police already have a program in place. The University program will likely be done in conjunction with the Bradford City Police.

**Pitt-Greensburg:** Students can access medicine drop boxes at two nearby fixed locations at City of Greensburg Police Department and Troop A, Pennsylvania State Police barracks. Pitt-Greensburg has printed resources on prescription drug take back locations within Westmoreland County in the Health Center. The Health Center also provides free prescription locked pill pods to students who need to secure their prescriptions.

**Pitt-Johnstown:** In partnership with the Richland Township Police Department, Pitt-Johnstown sponsors drug take back days. The Richland Township Police Department also has a fixed medicine drop box that is located in the police department, adjacent to campus. Pitt-Johnstown is in the process of procuring a secured medicine drop box where students can anonymously dispose of their unneeded medications.

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Pitt-Titusville: The City of Titusville Police Department houses a permanent medicine drop box a few blocks from campus.

**Medical Amnesty**
The University of Pittsburgh is committed to the health, safety, and well-being of its students. As a result, the University has implemented a medical amnesty policy for students seeking emergency assistance covering all of its campuses. This policy means that any student experiencing an alcohol or other drug emergency or who calls for emergency assistance will not be charged with violating any University of Pittsburgh policy relating to alcohol or other drugs. Medical amnesty also applies to non-students calling on behalf of a University student or a University student calling on behalf of a non-student. This policy does not prevent criminal charges by police or civil action by third parties, forms of amnesty that the University would not be empowered to grant.

Pitt-Greensburg created medical amnesty policy posters promoting awareness of the initiative. The current posters focus on alcohol, but updated posters will include opioids for next year. Pitt-Greensburg will educate students on the medical amnesty policy to reduce barriers to making an emergency call.

**Public Safety Recommendations**
Campus police and student health service professionals on all campuses should continue to have naloxone immediately available and should be appropriately trained and regularly re-trained in its administration.

Naloxone training should be extended to campus contracted security guards, or if none, to other employees with safety or security responsibilities in residence halls or parking garages, and these individuals, too, should have naloxone immediately available.

The Student Health Service in Oakland should continue to offer general courses in naloxone administration to faculty, staff, and students. These courses should continue to be voluntary but also should more widely advertised. Regional campuses also should advertise the availability of local training.

All University campuses should continue to offer convenient disposal methods for opioids and other unused drugs. As part of these efforts, campuses should continue advertising ways to dispose of unused medications. Campuses should provide conveniently located, fixed-location medicine drop boxes on campus or through boxes located at nearby community organizations.

The Pitt-Oakland campus should continue its drug take back days and its successful centralized reverse distributor program to dispose of unused research-related drugs, and regional campuses should explore the possibility of hosting drug take back days, potentially in partnership with law enforcement or other community organizations.

There should be a review, across all campuses, of student conduct sanctions related to various opioid offenses to ensure that there is consistency in the available sanctions for specific violations wherever the violation occurs.

It should be noted that each of these recommendations carries a cost. In no case is that cost particularly large. However, cumulatively, they can have an impact on limited budgets. This, then, is just one clear example of the fact that further efforts in this area may require additional support.
Monitoring and Measuring:  
Continuously Assessing the Impact of Our Initiatives

Program Assessment
Consistent with the culture of a research university, the effectiveness of any steps taken as a result of 
this report and its recommendations should be measured so that subsequent decisions can be guided by 
the resulting evidence. Specific recommendations as to the type of assessment that might be most 
appropriate in each of the covered areas follow. However, it first is important to consider the general 
approach to assessment and evaluation across the opioid response domains, and the themes and 
practices below are essential:

1. **Standardized Test Results**  
The University should apply a standardized test to its student body to assess health, and this test 
should estimate the prevalence of substance and opioid use disorder on its campuses. Based on 
the changes the estimated prevalence of substance and opioid use disorder over time, the 
University can determine the impact of new strategies to address the opioid crisis.

2. **Student Knowledge Assessment**  
The University should use pre- and post-tests to assess knowledge acquisition among students 
and feedback from students regarding programming.

3. **Checklists**  
The University should utilize proficiency checklists to ensure that staff are adequately trained 
and that evidence-based programs are implemented appropriately.

4. **Key Informant Interviews/Focus Group/Satisfaction Surveys**  
The University should consider using key informant interviews, focus groups, and satisfaction 
surveys to ensure that any of the programs that are implemented are meeting the needs of 
students and having the intended impact in addressing the opioid public health crisis.

Approaches to Program Assessment
There are two types of measures, process measures and outcome measures, needed to assess each of 
the recommendations. Process measures assess what the University does to maintain or improve 
health. Outcome measures reflect the impact of an intervention on a student’s health status. In each 
case, appropriate assessment measures will aid in the evaluation of actions taken.
### Screening and Assessment

<table>
<thead>
<tr>
<th>Measures</th>
<th>Description</th>
</tr>
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</table>
| **Process**    | • Tracking of student response and penetration rates for the use of each survey  
                 |   Documentation of:  
                 |   • Survey selection and rationale  
                 |   • Staff training and proficiency  
                 |   • Screening/SBIRT process being applied with fidelity  
                 |   • Follow up process for students who receive brief interventions or referral to treatment                                                 |
| **Outcome**    | • Analysis of survey results to determine the demographic distribution of survey results as well as a report from a sample of students regarding their disposition after taking the survey.  
                 |   • Risk analysis and identification of students in need of and receiving targeted intervention would occur in real time.                    |

### Prevention and Education

<table>
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<tr>
<th>Measures</th>
<th>Description</th>
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| **Process**    | • Develop appropriate descriptive statistics that summarize the media being targeted and the number and rate of coverage within each targeted media type  
                 |   • Measure demand for materials associated with the campaign by number of materials provided, hits on web site, and requests for materials, for specified time periods (such as per month) |
| **Outcome**    | • Test and evaluate media, educational, and support service awareness outcome metrics  
                 |   • Use key informant interviews/focus groups/satisfaction surveys to ensure that any of the programs that are implemented are meeting the need and having the intended impact |
## Treatment

<table>
<thead>
<tr>
<th>Measures</th>
<th>Description</th>
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</table>
| **Process** | • Measure:  
  o the rate and number of students who are referred to treatment,  
  o the rate and number who access treatment and remain within treatment  
  o the number and rate of students who access specific levels of care and programs (internal WPIC versus external)  
  • Determine the reasons why students may or may not access and remain in treatment using key informant interviews.  
  • Using metrics, place this process into a performance improvement program that aims to link every eligible student into appropriate substance use disorder treatment based upon clinical need and insurance status. |
| **Outcome** | • Measure, via a sampling process and likely via external funding, the proportion of students who achieve stable recovery because the University identifies the student as needing treatment (intent to treat sampling). |

## Recovery

<table>
<thead>
<tr>
<th>Measures</th>
<th>Description</th>
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</table>
| **Process** | • Development of specific plans for addressing accommodations, written and adopted University policy for accommodations, resources, and staffing plans as necessary.  
  • Incorporate evaluation models currently in existence for Transforming Youth Recovery, especially across the lifecycles mentioned.  
  • Consider checklists for implementation tracking. |
| **Outcome** | • Measure rate of relapse; student’s sense of community/belonging; academic performance; persistence; extent to which students perceive barriers and challenges that are unique to students in recovery. |
### Public Safety

<table>
<thead>
<tr>
<th>Measures</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Process</strong></td>
<td>Tracking of:</td>
</tr>
<tr>
<td></td>
<td>• Various naloxone trainings and demographics of the training recipients to understand coverage rates and gaps in naloxone access.</td>
</tr>
<tr>
<td></td>
<td>• Pre- and post-surveys of knowledge acquisition and participant feedback</td>
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<tr>
<td></td>
<td>• Rate of naloxone provision per month by site</td>
</tr>
<tr>
<td></td>
<td>• Current policies and protocols as well drafting and implementation of updated policies to address academic accommodations as a result of opioid use disorder and sanctions that can occur need to be viewed in the scope of each regional campus as well as at Pitt-Oakland.</td>
</tr>
<tr>
<td><strong>Outcome</strong></td>
<td>• Measurement of naloxone administrations and the surrounding circumstances associated with that administration, such as time, setting, campus, student demographics, previously identified at risk student.</td>
</tr>
<tr>
<td></td>
<td>• Monitor numbers and rates of students and demographic characteristics of students who become part of remediation and sanctions programs who may be part of this program because of opioid use.</td>
</tr>
<tr>
<td></td>
<td>• In conjunction with the Pennsylvania Overdose Information Network, also known as ODIN, collect the number and rate of students who have interactions with campus police that are directly or indirectly related to opioid use.</td>
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</table>
Data Improvement Recommendations
To enhance the effectiveness of the recommendations put forth in this report, the University should designate personnel to take charge of collecting, recording, and maintaining the data and appropriate metrics associated with each recommendation or across recommendation themes.

The University should consider a shared access data repository or data cataloging effort to enhance ongoing evaluation activities and to provide insights and potential longitudinal analysis of specific questions such as current and changing student health needs.

The University should consider data integration or a data sharing MOU with local health systems (including local hospital emergency departments) to develop notifications and alerts of when University of Pittsburgh students present to a facility for an opioid use disorder issue. This notification would have a goal of additional linkage to resources within the University setting and would facilitate protocols for the student to be contacted with an offering of resources and support.

The University should use the collected data and metrics that will be available as a result of these recommendations, in conjunction with current policies and programs, to develop a risk profile or risk identification process to determine the students or student demographics most at risk for overdose, presentation of an opioid use disorder, and risky behavior which could lead to an opioid use disorder. This information should be updated and analyzed on an ongoing basis, to identify any patterns in the student body in terms of risk, and then allow for proper planning of screening, intervention and treatment services as necessary.

It should be noted that, in structuring either assessment or data improvement initiatives, there are sources of support available within the University. In this case, the most obvious place to turn might be the Program Evaluation and Research Unit (PERU) of the School of Pharmacy. Not only is PERU generally experienced in this kind of work but it also has experience doing this kind of work in the context of opioid-related programs.
Conclusion: Protecting What is Most Precious

Robert Alberts, Pitt’s bicentennial biographer, concluded his history of the University with the following observation.

One of the conclusions I have come to in writing this history is that this is essentially a success story – a happy chronicle of a sound and worthwhile accomplishment. For almost two hundred years there has been an output of a good product: an annual harvest of young people admirably trained to earn a living, to make a contribution to their community, their profession and their country.

The process of learning and growth essential to that “output” is described in inspiring terms in the words of the poet Robert Bridges that are inscribed, as a message to generations of students, in the iron gate of the Commons Room of the Cathedral of Learning: “Here is eternal spring; for you the very stars of heaven are new.”

The more than three decades that have passed since our 200th birthday celebration have seen great progress at Pitt. Among other things, the University has enrolled larger numbers of students, and those students seem to be more impressive, both in potential and in performance, with each passing year. It is no surprise, then, that the ranks of capable and committed University of Pittsburgh graduates making meaningful contributions in their home communities and to the broader society have swelled.

Today’s opioid crisis, however, is a destroyer of people and their dreams and, in that sense, poses a distinctive threat to all that we do. The recommendations in this report, which are offered respectfully to the Provost and, though her, to other senior leaders of the University, represent the collective judgment of task force members as to constructive steps that can be taken, building on admirable efforts already underway, to deal with this threat. By mobilizing to effectively address this challenge, Pitt would both be delivering additional support to individual students who need it and preserving its most basic institutional mission. We hope that our work will be of help in dealing with this very serious and still-growing public health crisis.
Appendix

- Appendix I: Examples of Screening Tools
- Appendix II: Pitt-Oakland Opioid Awareness Poster
- Appendix III: Pitt-Bradford Social Norms Awareness Posters
- Appendix IV: Pitt-Oakland – Panthers for Recovery Flyer
- Appendix V: Pitt-Oakland Drug Take Back Day Flyer (April 2018)
- Appendix VI: University of Pittsburgh Unwanted/Expired Controlled Substances Disposal Form
### Appendix I: Examples of Screening Tools

<table>
<thead>
<tr>
<th>Self-Assessment Tool</th>
<th>Description</th>
</tr>
</thead>
</table>
| 3rd Millennium Products<sup>53, 54</sup> | Each of these self-assessment tools are one-hour programs. 3rd Millennium offers programs on a variety of topics including:  
- **E-Chug** – Anonymous screening tool for alcohol that can provide personal feedback  
- **E-Toke** – Anonymous screening tool for marijuana that can provide personal feedback  
- **Other drugs** – Screening and educational online module for opiates, stimulants, and other drugs |
| ASSIST<sup>55</sup> *(Alcohol, Smoking and Substance Involvement Screening Test)* | A screening tool for multiple substances developed by the World Health Organization to detect and manage substance use and related problems in primary and general medical care settings. |
| AUDIT<sup>56</sup> *(Alcohol Use Disorders Identification Test)* | A 10-item questionnaire that screens for hazardous alcohol consumption. The questionnaire does not include an educational piece, but SHS could add a supplemental program that provides the necessary educational component. |
| AUDIT-C<sup>57</sup> | A 3-question screening tool designed for hazardous drinking. The AUDIT-C is typically incorporated into general history questionnaires. The screening tool does not include an educational piece, but SHS could add a supplemental program that provides the necessary educational component. |
| CAGE AID<sup>58</sup> | A 5-question tool used to screen for drug and alcohol use. |
| CRAFFT Screening Tool<sup>59</sup> | A 6-question screening tool that is frequently used for younger populations to assess use, frequency, and other consequences of drug use. This tool has a good educational tool associated with it. |
| DAST-10<sup>60</sup> *(Drug Abuse Screen Test)* | A 10-item yes/no assessment that was condensed from the 28-item DAST |

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<table>
<thead>
<tr>
<th>Tool Name</th>
<th>Description</th>
</tr>
</thead>
</table>
| DrugScreening.org<sup>61</sup>  
“Do I Have a Drug Problem?” | An online screening tool developed by Boston University for drug and alcohol use. |
| DUSI-R<sup>62</sup>  
*(Drug Use Screening Inventory)* | A self-report questionnaire designed to quantify the severity of problems that are commonly associated with consumption of alcohol and other drugs. The 159-item assessment covers ten domains, including substance use, behavior problems, health status, psychiatric disorder, social competency, family adjustment, school adjustment, peer relations, leisure/recreation. |
| NIDA Modified ASSIST<sup>63</sup> | An online screening tool that was adapted from the World Health Organization’s ASSIST assessment. It includes an education component. |
| ULIFElne<sup>64</sup> | A screening tool for mental health, but it can be modified to assess substance use disorders. |

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<sup>63</sup> “NIDA Modified ASSIST,” accessed May 2, 2018, [https://www.drugabuse.gov/nmassist/](https://www.drugabuse.gov/nmassist/).

Appendix II: Pitt-Oakland Opioid Awareness Poster
Opioid Use Disorder: Prevention, Treatment, and Recovery

You can save a life. The Pitt Police are equipped with Narcan, a drug that can prevent a heroin overdose. In an emergency, call the Pitt Police immediately at 412-624-2121.

Visit counseling.pitt.edu or studenthealth.pitt.edu.

Confidential counseling and health resources are available to you.

If you or someone you know is abusing or misusing prescription drugs or heroin, please reach out to people who care and want to help.

The dominoes start to fall.

Pain pills started with heroin users

80%

Before you know it.
Appendix III: Pitt-Bradford Social Norms Awareness Posters
99%* of Pitt-Bradford students are not current opiate users

* 2015 National College Health Assessment with 207 respondents

This message is part of a program presenting facts about Pitt-Bradford students. These facts, which may be personally surprising, affirming or disturbing, are intended to challenge commonly held misperceptions and generate conversation about actual characteristics of the Pitt-Bradford community. Research demonstrates that people frequently misperceive peer attitudes and behaviors and may be influenced by these misperceptions. Only the most accurate information available based on representative data about Pitt-Bradford students is provided here.

Sponsored by the Division of Student Affairs
Prescribed to them, that were not (e.g., OxyContin, Vicodin, Codeine) pain killers have not used prescription of Phi-Broadhead students.
In the past 12 months, THEM PRESCRIBED TO THAT WE'RE NOT PRESCRIPTION DRUGS HAVE NOT USED OF UPB STUDENTS 91%
If interested, please visit Pittylv/PittRecovery.

Promote and support your recovery.

Support group focusing on activities that
Student Health is launching a student-driven

and/or alcohol.

Support in recovery from drugs
Graduate student who is looking for

Are you a Pitt undergraduate or

Panthers for Recovery

Pittsburgh University of

Student Affairs Pittsburg
Health Service University of

Appendix IV: Pitt-Oakland - Panthers for Recovery Flyer
GOT PRESCRIPTION DRUGS?

DEA Drug Take Back Day

Bring us your unused or expired medications for safe disposal!

Thursday
April 19th, 2018
9AM - 3 PM

University Pharmacy
Nordenberg Hall
103 University Place
Pittsburgh, PA 15260

We accept:

- Prescriptions
- Non-leaking liquids
- Over-the-Counter Meds
- Vitamins
- Supplements
- Pet Meds
- Creams, Gels, & Ointments

We do not accept:

- Needles or syringes
- EpiPen or Injectables
- Inhalers
- IV bags
- Thermometers
- Chemo Meds
- Lancets/test strips
# Appendix VI: University of Pittsburgh Unwanted/Expired Controlled Substances Disposal Form

**University of Pittsburgh**

*Department of Environmental Health and Safety*

Phone: 412-624-9505  
Fax: 412-624-8524  
[http://www.ehs.pitt.edu](http://www.ehs.pitt.edu)

Controlled substances that are expired or are no longer of use to your research must be disposed of through a reverse distributor. Environmental Health and Safety (EH&S) manages a program involving reverse distributors. Contact EH&S at 412-624-9505 for additional information.

## Unwanted/Expired Controlled Substances Disposal Form

<table>
<thead>
<tr>
<th>Name of Registrant:</th>
<th>1.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorized Agent(s) of the Registrant (if applicable):</td>
<td>2.</td>
</tr>
<tr>
<td>Registrant’s Telephone Number:</td>
<td></td>
</tr>
<tr>
<td>Registrant’s Email Address:</td>
<td></td>
</tr>
<tr>
<td>Registrant’s Mailing Address (as provided on registrant’s DEA Registration):</td>
<td></td>
</tr>
</tbody>
</table>

1. **Name of Controlled Substance for Disposal:**
   - **National Drug Code (NDC) #:**
   - **Number of Containers for Disposal:**
   - **Net Contents (grams, tablets, mls):**

2. **Name of Controlled Substance for Disposal:**
   - **National Drug Code (NDC) #:**
   - **Number of Containers for Disposal:**
   - **Net Contents (grams, tablets, mls):**

Please make additional copies of this form if necessary.

Please fax (412-624-8524) or email the completed form to [safety@ehs.pitt.edu](mailto:safety@ehs.pitt.edu). EH&S will provide the date, time and location of pick up. This form along with a copy of the valid DEA Registration must accompany the controlled substance at the time of the reverse distributor collection. Do not provide DEA Registrations directly to EH&S when submitting this form. Only the Registrant or the Authorized Agent(s) are permitted to transfer the material to the reverse distributor at the time of the collection. Forms must be received by EH&S at least a week in advance of a scheduled collection date.