



UNIVERSITY OF
SOUTH CAROLINA

Student Affairs and
Academic Support

Vice President for Student Affairs,
Vice Provost and Dean of Students

November 11, 2015

Dan Reider
239 Aston Circle
Lexington, SC 29072

Dear Mr. Reider:

I have received a copy of your letter sent to numerous university and state officials and want to acknowledge your longstanding contact with the University of South Carolina.

Alcohol and drug abuse on a college campus remains a persistent concern for universities, families and the larger community due to negative consequences such as injury, violence, alcohol poisoning, the potential for death, as well as the harmful effects on a student's ability to obtain a college education and become a productive citizen and family member. And, it is an enormously complex issue, so please allow me to provide some context.

According to the National Institute for Alcohol Abuse and Alcoholism (NIAAA), high-risk student drinking contributes to an estimated 1,800 preventable deaths and more than 600,000 unintentional injuries each year on college campuses. More than 690,000 assaults result from student drinking annually, and student sexual assaults related to alcohol exceed 97,000 per year. An estimated 150,000 students develop alcohol-related health problems, and 1.2-1.5 percent of students attempted suicide in the past year due to drinking or drug use. Risky behaviors related to student drinking and drug use not only affect a student's physical and mental health but also significantly impede academic performance. Approximately 25 percent of college students report academic consequences from drinking or using drugs, which include missing classes, falling behind in classes, doing poorly on exams or papers and receiving overall lower grades in classes.

Regretfully, the considerable student use of alcohol and drugs seen on college campuses today often is the result of pre-existing behaviors that start as early as middle school. We worry because The Surgeon General's Call to Action (2007) cites underage drinking as a risk factor for heavy drinking later in life and there is an association between early heavy drinking and an increased risk for adverse lifetime alcohol-related consequences. A study from the National Academy of Sciences cites addictions and mental-health issues as the reason middle-age Americans are dying at a rising rate, setting back decades of gains in life longevity. Many of these habits can be traced to days in high school and college when individual addictive and mental health behaviors were not addressed and altered. Even though underage drinking is a leading contributor to death from injuries for those

under age 21, it is deeply embedded in the American culture and is often viewed as a rite of passage and frequently facilitated by adults. As you stated, studies find that underage drinking alters the structure and function of the developing brain, which does not fully mature until a person's mid- to late-twenties. Underage drinking also has been associated as a gateway to illicit drug use.

In addition, we are now seeing drug use at an alarming rate among our youth, especially among high school and college students, but also among young people not attending school. Some of these behaviors are made possible by family affluence, such as the recent emergence of heroin as a drug of choice for many high school students and some college students. Heroin's popularity can be traced to the use of prescription medication like OxyContin, Vicodin or other opiates. According to multiple studies, these medications are often over prescribed by medical physicians and sometimes even shared by friends and family members, leading to addictions.

Alcohol and drug abuse is not an issue unique to the University of South Carolina. Students arrive on all college campuses with pre-existing conditions and habits, compounded by additional considerable stimulation from their college environments, including peer pressure to fit in; self-imposed pressure to succeed; and pressure to experiment and try new things—even unhealthy things. Nationally, almost 60 percent of students ages 18-22 report drinking alcohol in the past month, and close to 40 percent report binge drinking (as defined by 4 or more drinks for females and 5 or more drinks for males in a two-hour period). This finding is similar to the American College Health Association's Spring 2013 report that 33.8 percent of students consumed 5 or more drinks in a sitting over the last two weeks, as well as the Core Institute 2013 annual data, which revealed that 42.8 percent of students are engaging in this behavior.

The use of alcohol and drugs by this generation continues to be an urgent call to action for the University of South Carolina, as well as high schools and other colleges. Sadly, reports indicate less education and intervention is occurring at the high school level. As a result, pre-existing conditions and established habits are already affecting our prospective students and thus must be addressed at the point in time a student enters college.

The range of behaviors the university works to address is extensive and constantly changing. For example: alcohol and drug abuse; cutting; eating disorders; mental health conditions of all types (nationally, 28 percent of students go to college medicated); hazing; campus sexual assault; gender identity development; peer violence; and binge drinking are but a few of the many types of self-destructive behaviors. It is a daunting task, and one that the university dedicates an enormous amount of time, effort and resources to address.

This is why USC has adopted a wide range of strategies to educate our first-year students and their parents and to share with them our high expectations for their behavior while in college.

The Office of Parents Programs provides every parent of an incoming student a brochure titled "Talking Points: A Parent Guide to Discussing Alcohol and Other Drugs" featuring an introduction by the university president. The publication encourages each parent to discuss with their children the negative consequences associated with alcohol and drugs and how to make healthy choices while in college—before they leave home to enroll in college. "Talking Points" just earned a national award from the Association of Higher Education Parent/Family Program Professionals, which recognizes

the importance of partnerships between parents and universities, particularly when it comes to influencing the choices students make for their well-being.

In addition, every first-time entering student at Carolina is required to complete “AlcoholEdu,” a personal and confidential online educational experience that helps students investigate their own lifestyle for high-risk behavior and connect them with resources to support their success. Parents too are provided the opportunity to participate in the AlcoholEdu interactive learning module.

Following those two pre-enrollment educational and prevention activities, students are introduced to our expectations for campus living through our New Student Orientation program, and then again through University 101 and our residence hall programs. USC augments these first-semester educational programs with early intervention programs purposed with holding students accountable for inappropriate, self-destructive and high-risk behaviors. These programs are too numerous to cite individually, but include everything from first-time intervention for alcohol or drug use such as STIR (Students Taking Initiative and Responsibility) to parental consultation to ongoing treatment and drug testing, and even to judicial board hearings for violations of our code of conduct.

Last year the university held approximately 3,000 students accountable for violations of our code of conduct (not all violations were alcohol- or drug- related). The restorative justice approach to our students who violate campus standards usually results in very low recidivism. However, there is an exception. When a student has an addiction to alcohol or drugs or has a mental health condition, the associated behaviors often require extensive time and exceptional, intensive medical care or in-patient treatment that most universities cannot provide.

Our fervent hope is that those students will receive the help they need from the professionals equipped to offer it and that they will succeed in their recovery and their return to health. Researchers in our College of Social Work are exploring the need for an initiative to support students who are in recovery from alcohol and drug addiction.

Our Carolina Community Coalition employs nationally recognized best practices and evidence-based environmental prevention strategies to reduce harms caused by high-risk alcohol and drug use and associated behavior. The coalition is composed of university staff who are invested in the safety and well-being of our students, but also of community members—neighborhood residents, off-campus apartment managers and local law enforcement officers. Together, coalition members discuss the trends and issues surfacing on campus and in surrounding communities, and they identify scientifically proven ways to address them.

Science—particularly the field of drug and alcohol addiction in teens and young adults—informs the extensive training for our student peer leaders in the residence halls. In addition, our staff possesses the highest professional credentials, taking great care in their daily work, which includes personal crisis interventions for students. The university has strong, enforced accountability standards for our students’ behavior. We have a team of individuals who work holistically in a medical home model with our students who are engaging in high risk behaviors. This model represents an intensive effort designed to help the student manage his or her high-risk behavior. Often, with the intense work of the team—aided by the student’s development of life skills and a self-management attitude—outcomes can be very rewarding for both the individual student and the university.

On some occasions, however, even with the greatest investment of effort and a dedicated time commitment of our best staff, students are not able to manage their own lives. It is distressing to our dedicated faculty and staff when the many educational, prevention, intervention and treatment programs in place fail to help a student. This may be due to the real, negative impact of dealing with an addiction or a mental health condition that persists despite the countless hours spent working with students and their families, trying to assist students with their struggles in whatever form they take.

Mr. Reider, I regret that you do not have confidence in the University of South Carolina and do not recognize the considerable efforts in place to address the many self-destructive behaviors some students seek to manage. I assure you that the commitment on behalf of the university is considerable. We employ almost every proven strategy in an effort to provide a safe educational environment where students can learn and develop life management skills and good personal habits of the head, heart, and hands. And, we follow nationally recognized recommendations for addressing college drinking and drug abuse involving a blend of strategies that include prevention, intervention, treatment aimed at individual students, the collective student body, faculty and staff and the broader surrounding environment.

As to the recommendations in your letter, the president has a university-wide task force of 55 persons studying the feasibility of a formal "social compact" between our students and the university in four critical areas of student life that have been identified by the federal government, the university, and our community: alcohol and drug abuse; hazing; campus sexual assault; and harassment and discrimination. I will provide your recommendations to the sub-committee on alcohol and drug abuse for their consideration.

Thank you for sharing your concerns, and please know the University of South Carolina efforts continue to be widespread, substantial and largely impactful as we assist students and families with these difficult struggles. These programs incorporate highly praised best practices in the field, so much so they are often emulated by others.

That said, the university also works relentlessly to improve our programs and services so that we can assist every student (with the aid of their family and peers where appropriate) with obtaining the life management skills and self-discipline needed—in a world full of temptations—to be healthy, successful and happy.

Thank you for reminding us to seek additional and new approaches as we provide these important services. Be assured that we will continue to offer compassionate professional skills and the highest degree of care for our students and their families.

Sincerely,

A handwritten signature in black ink, appearing to read "Dennis A. Pruitt". The signature is stylized with a large, circular initial "D" and a long, horizontal stroke extending to the right.

Dennis A. Pruitt

C: Nikki Haley, Governor, State of South Carolina
 Gene Warr, Chairman, USC Board of Trustees
 Tim Hofferth, Chair, SC Commission on Higher Education
 Tom Moore, Chancellor, USC Upstate
 James Clements, President, Clemson University
 Elizabeth Fleming, President, Converse College
 Nayet Shamhat, President, Wofford College
 Richard Cosentino, President, Lander University
 Steve Petit, President, Bob Jones University
 Dave DeCenzo, President, Coastal Carolina University
 Sandra Jordan, Chancellor, USC Aiken
 Luther Carter, President, Francis Marion University
 Glenn McConnell, President, College of Charleston