Building Upon Our History: Sensible Strategies Blending Head and Heart

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Professor Emeritus
of Education and Human Development
George Mason University

NASPA Strategies Conference
January 16, 2020
New Orleans, LA
<table>
<thead>
<tr>
<th>LEARNING OUTCOMES</th>
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<tbody>
<tr>
<td>1. To understand current and long-term strategies, policies, and strategic planning efforts addressing drug and alcohol abuse.</td>
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1. To understand current and long-term strategies, policies, and strategic planning efforts addressing drug and alcohol abuse.

2. To gain insights from long-term professionals and researchers about appropriate approaches for inclusion in a comprehensive campus strategy.
LEARNING OUTCOMES

1. To understand current and long-term strategies, policies, and strategic planning efforts addressing drug and alcohol abuse.

2. To gain insights from long-term professionals and researchers about appropriate approaches for inclusion in a comprehensive campus strategy.

3. To identify reasonable approaches for immediate and longer-term implementation by campus leaders, including resources and tools.
<table>
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<th>WORKSHOP OUTLINE</th>
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<tr>
<td><strong>Overview and Background</strong></td>
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<tr>
<td><strong>Findings, Insights and Recommendations: Policies and Procedures</strong></td>
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<td><strong>Findings, Insights and Recommendations: Prevention, Education and Training</strong></td>
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<td><strong>Findings, Insights and Recommendations: Support Services</strong></td>
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<td><strong>Findings, Insights and Recommendations: Evaluation and Data Collection</strong></td>
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<td><strong>Findings, Insights and Recommendations: Strategic Planning and Organization</strong></td>
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<td><strong>Resources for Strategic Planning</strong></td>
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<td><strong>Specific Actionable Leadership Strategies</strong></td>
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# CAVEATS

- Lots and lots of data
- Slides posted on NASPA’s conference resource page
- Seek to gain a general understanding of what is occurring – move quickly through the data
- Use data slides and information for grounding, advocacy, action, planning
- Looking for opportunities for improvement
- Importance of discussing what each of us can do
<table>
<thead>
<tr>
<th>Perspectives</th>
<th>Details</th>
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<tbody>
<tr>
<td>A comprehensive campus program is vital</td>
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<tr>
<td>Having a specific strategic focus is important</td>
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<tr>
<td>Consider the approach of a “shared responsibilities grid”</td>
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<td>Understand “where we are”</td>
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<td>Focus on “where to go” and “what can be done”</td>
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<tr>
<td>Identify how to use the data in strategic ways</td>
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About half of U.S. adults (51%) now consider a college education to be "very important," down from 70% in 2013. Over the same period, the percentages rating college as "fairly important" have increased from 23% to 36%, whereas the percentage rating college as "not too important" has increased from 6% to 13%.

Decline in Positive Ratings of College Are Steepest Among Young Adults

Perceptions that a college education is very important have declined in the U.S. among...
UNLESS someone like you cares a whole awful lot, nothing is going to get better. It’s not.

—The Lorax
It is only with the heart that one can see rightly; what is essential is invisible to the eye.
**THE COLLEGE ALCOHOL SURVEY:**
The national longitudinal survey on alcohol, tobacco, other drug and violence issues at institutions of higher education

1979 - 2018

<table>
<thead>
<tr>
<th>1979-2012</th>
<th>2015-2018</th>
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| David S. Anderson, Ph.D.  
George Mason University  
and  
Angelo F. Gadaleta, Ph.D.  
West Chester University | David S. Anderson, Ph.D.  
George Mason University  
and  
Glenn-Milo Santos, Ph.D.  
University of California – San Francisco |
Sample of 4-year colleges and universities

No external funding

Conducted every 3 years since 1979; 13 survey administrations to date

Respondents are chief student affairs officers or designees

Response rate from 35% – 71%

Results available at www.caph.gmu.edu
SCOPE OF PROBLEMS
Alcohol's Involvement With Campus Behaviors: 2018

Mean Percentages

- Campus Property Damage: 43%
- Campus Policy Violation: 52%
- Residence Hall Damage: 49%
- Violent Behavior: 47%
Alcohol's Involvement in Personal Behaviors: 2018

Mean Percentages

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Health Center Contacts</td>
<td>18</td>
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<tr>
<td>Risk of Suicide</td>
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</tr>
<tr>
<td>Emotional Difficulty</td>
<td>31</td>
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<tr>
<td>Physical Injury</td>
<td>38</td>
</tr>
<tr>
<td>Unsafe Sexual Practices</td>
<td>58</td>
</tr>
<tr>
<td>Acquaintance Rape</td>
<td>68</td>
</tr>
</tbody>
</table>
Alcohol's Involvement With Academic Issues: 2018

- Student Attrition: 19
- Lack of Academic Success: 24
- Diminished Performance on Test or Project: 27
- Missed Classes: 31
Alcohol’s Involvement With Campus Behaviors

- Physical Injury
- Violent Behavior
- Residence Hall Damage
- Campus Property Damage
- Violation of Campus Policy

Mean Percentages

Alcohol's Involvement with Personal Behaviors

- Marijuana Use
- Emotional Difficulty
- Unsafe Sexual Practices
- Acquaintance Rape

Mean Percentages

- Health Center Contacts
- Marijuana Use
- Emotional Difficulty
- Unsafe Sexual Practices
- Acquaintance Rape


Mean Percentages
Alcohol's Involvement With Academic Problems

- Lack of Academic Success
- Student Attrition
- Diminished Performance
- Missed Classes
POLICIES and PROCEDURES
Alcohol Allowed on Campus

Percentages of Affirmative Responses


77 74 78 78 75 75 73 70 76 77 70 74 81 81
Alcohol Permitted in Athletic Venues: 2015-2018

Percent Affirmative

Permitted  Bring Own  Allowed in  Allowed in  Allowed at  Allowed at  Allowed at  Allowed at  Allowed at
            Football    Basketball  Soccer  Baseball  Volleyball  Track and
            Stadium    Arena      Field   Stadium   Arena     Field

2015  2018
Alternative Beverage Required When Alcohol Is Served

Percentages of Affirmative Responses

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>1982</td>
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<td>1985</td>
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<td>1988</td>
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<td>2015</td>
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<td>2018</td>
<td>84</td>
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Food Required When Alcohol is Served

Percentages of Affirmative Responses

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>1982</td>
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<td>2015</td>
<td>74</td>
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<td>2018</td>
<td>80</td>
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Source of Food Requirements

- **Campus Policy**: 2015: 60%, 2018: 60%
- **State Law**: 2015: 10%, 2018: 20%
- **Local Ordinance**: 2015: 10%, 2018: 20%
Event May Advertise Availability of Alcohol

Percentages of Affirmative Responses


Percentages: 66, 52, 54, 41, 31, 37, 35, 36, 39, 43, 39, 43, 37, 51
Accessibility to Alcohol on Campus

Percentages of Affirmative Responses

- Location to Purchase a Drink
- Server Training Required

Campus Informs Parents of Drug/Alcohol Infractions for Students Under 21

Policy Prohibits Low Price/Free Drinks/Drink Specials
Routine Use of Approval or Service Checklists To Mitigate Risks Associated with the Sale of Alcohol 2018

Percentages of Affirmative Responses

2018

69
Substance Free Housing on Campus: 2018

Percentage of Residential Students Living in this Setting:
Mean Score = 28.8%
Students Face Campus Judicial Charges for Alcohol/Illlicit Drug-Related Behavior That Has Occurred Off-Campus 2018

Percentages of Affirmative Responses

- Alcohol: 77%
- Illicit Drug: 80%

Legend:
- Blue: Alcohol
- Red: Illicit Drug

George Mason University
Campus has input into the licensing process associated with off-campus outlets that sell and/or serve...

- Alcohol: 9
- Marijuana: 4

Percentages of affirmative responses.
Campus Policies on Alcohol Industry Sponsorship

- Policy Present
- Prohibits Advertising
- Prohibits Promotions
- Prohibits Official Sponsorship
- Prohibits Signs at Major Facilities
Campus Policy for Drug Testing

Percentages of Affirmative Responses


Student-Athletes
Staff
Students
Faculty
Amnesty policy/procedures to promote the reporting of dangerous drinking / Illicit drug use

Amnesty Policy: 2012-2018

Percentages of Affirmative Responses

"Amnesty" policy/procedures to promote the reporting of dangerous drinking / Illicit drug use

- 2012
- 2015
- 2018 Alcohol
- 2018 Drugs
Good Samaritan policy/procedures to encourage involvement in life-saving measures with drug or alcohol overdose
Consequences if a Student is Found with Alcohol, for Campuses Not Permitting Alcohol 2018

Referral for Screening 46%
Referral to Counseling 54%
Mandatory Education Class 58%
Fine 38%
Probation 21%
Judicial Sanction 71%
Other 8%

Extent to which sanctions effectively deter alcohol use: 3.3 on a 1-5 scale
Effects of Policy Shift on Marijuana (legalization and medical approval) 2018

- Use of alcohol by those under age 21
- Use of alcohol by those age 21 or older
- Use of marijuana overall
- Use of e-cigarettes / vaporizers
- Use of other illicit drugs
- Disregard for laws about drugs and alcohol
- Disregard for law about marijuana
- Student interest in learning more about marijuana
- Faculty/staff interest in learning more about marijuana and its effects

1 = Significant Decrease  4 = No Change  7 = Significant Increase
POLICIES and PROCEDURES

Insights from Long-Term Advocates and Recommendations
The most important things that can be done.... it’s using environmental prevention. It’s really what’s in the environment that contributes to high risk use. And then addressing those things that you know you can be successful at first, so that there’s something you can grab onto and not necessarily pick the one that will have the most resistance.

• Deb Thorstenson

I think we did a horrible disservice to what we defined as environment as only being policy and enforcement. Environment is so much more broad, so much more complex, and involves so many more things than just those two elements.

• Jeff Linkenbach
I think we haven’t done a terribly good job of figuring out exactly where alcohol fits in our life. Therefore, it is an enigma in many ways in the society. I think the problems have been significant and will continue to be significant as we continue to allow advertising, as we continue to essentially allow unhealthy environments around alcohol to be created.

- Tom Griffin

I thought that law enforcement was the answer. Then I thought education was the answer. Then I thought policy was the answer. Then I thought parents were the answer and you know what….. it’s all of them, with a lot of luck. Every one of us as parents know how close with probably come to that awful phone call. Good parents, good people, well intended, attentive, involved.

- B.J. McConnell

Recommendations for a policy-maker: The experts are not only the professional who have the academics, awards and publications. Go local and find your AA leaders and sit down with them.

- Thomasina Borkman
For marijuana, if it is legalized then I suppose there will be more problems to deal with it. On the other hand, we might possibly see more people who have a problem with marijuana self-referring for treatment without worrying about getting in trouble. I think it’s going to be very interesting to see what happens with marijuana use now with the changing norms in our country and some states making it legal and I will be very interested to see what will happen there.

• Helene White

I understand it’s not easy but I think you’ve got to stay focused on getting policymakers to understand that good prevention is about policy, it’s not the easy stuff and to me that’s going to be generational. I think we have to stay focused on that and not allow ourselves to slip back into doing, to use no other phrase, simple educational message programs it just doesn’t make sense in all alcohol and other drugs.

• Steven Schmidt
PREVENTION, EDUCATION and TRAINING
Focus Period of Time on Alcohol Education and Prevention

Percentages of Affirmative Responses

- 13 (1979)
- 31 (1982)
- 63 (1985)
- 90 (1988)
- 93 (1991)
- 90 (1994)
- 81 (1997)
- 81 (2000)
- 86 (2003)
- 82 (2006)
- 78 (2009)
- 78 (2012)
- 71 (2015)
- 66 (2018)
Focus Period of Time For Drug Education and Prevention

Percentages of Affirmative Responses

- 1988: 40
- 1991: 59
- 1994: 53
- 1997: 36
- 2000: 46
- 2003: 54
- 2006: 42
- 2009: 37
- 2012: 40
- 2015: 49
- 2018: 51
Strategies Modified to Address Opioid Use in the Past Few Years: 2018

- Student Discipline Policies: 24%
- Student Education and Awareness: 59%
- Treatment Services: 30%
- Professional Education and Awareness: 54%
- Paraprofessional Staff Education and Awareness: 30%
Campus Efforts: Awareness & Information

A Lot

None


- Campaigns Social Norms
- Articles
- Handouts
- Poster Campaigns
Special Attention is Paid to the Special Needs of Subpopulation of Students

A Lot

None


Freshmen Students  Student-Athletes  Fraternity/Sorority  Women
A Lot

Special Attention is Paid to the Special Needs of Subpopulation of Students

People of Color
Gays/Lesbians/Bisexuals
Commuters
Disability


None


50
Special Attention is Paid to the Special Needs of Subpopulation of Students

- Students turning 21
- Graduate Students
- Men
- Veterans
Programmatic Approaches within Campus Efforts

- Blogs: 2018 = 1.37, 2015 = 1.3
- Peer Theatre: 2018 = 1.54, 2015 = 1.61
- Other Social Media: 2018 = 2.28, 2015 = 1.97
- Twitter: 2018 = 2.25, 2015 = 1.98
- Email: 2018 = 2.24, 2015 = 2.17
- Speakers: 2018 = 2.26, 2015 = 2.23
- Facebook: 2018 = 2.37, 2015 = 2.27
- Discussion Groups: 2018 = 2.21, 2015 = 2.28
- Assmt/Feedback (Intervention): 2018 = 2.85, 2015 = 2.51
- Workshops: 2018 = 2.9, 2015 = 2.83

1 = Not at All
4 = Very Much
Campus Approaches Dealing With Substance Abuse

Orientation program for students
Orientation program for parents
Student programming/Peer group
**Assistance for Faculty on Alcohol and Substance Abuse Issues**

- Teaching plan on alcohol/drug issues
- Teaching plan on wellness issues
- Audio/Video on alcohol/wellness issues
- Curricular content on alcohol/drug issues
- Curricular content on wellness issues
- Guest lectures
- Policy awareness of alcohol/drug issues
- Identify students w/ alcohol/drug problems
- Intervention/ referral for alcohol/drug problems
- Intervention referral for mental health problems

1 = Not at All
4 = Very Much
PREVENTION, EDUCATION and TRAINING

Insights from Long-Term Advocates and Recommendations
The supply and demand problem is only going to get worse with the decriminalization and we don’t have any federal support for training but we are training specialists at a high rate that we may or may not need at all so we have more dermatologists than we need and probably more plastic surgeons then we need but definitely not psychiatrists and addiction medicine providers.

• Mark Gold

It appears that we have a downhill movement but we can always move forward. I always thought that sometimes you can become creative when you have problems. That’s when you become creative. And even though we’ve lost some of our major programs, that help people in the field to become qualified, to receive training, we don’t quit. We try to figure out ways that we can get around this so we can go forward.

• Mary Hill

We were always up against a lot of resistance so we had to support each other and we had to create the systems to provide support to one another so that we could just, if we only had to touch base once a year we could do it.

• Darlind Davis
Some of the problems are the stigmatization of addiction and recovery and a lack of education in those areas, where people would say things like “well we don’t want those students on our campus.” And or when I tell people what I do professionally, they say things like “Oh, that’s so sad.” I always found that interesting and surprising, it’s not sad, it’s exciting and hopeful.

• Teresa Johnston

It is really a question of creating as many “aha” moments as we possibly can. It’s all about the stages of change, trying to move people through the stages of change. But unfortunately as a profession we have put all of our eggs in a behavior change basket saying if you do not show behavior change then you have failed, when in reality we are trying to move people down those stages of change and with each of these interventions we hope we are moving them to ultimately change their behavior, but that may not even happen soon.

• Kim Dude
One of the obstacles to getting increased funding for prevention was getting any kind of interest in the rapidly increasing substance abuse in teens the alcohol and drug prevention; it appeared to be that we couldn’t get any media coverage about the large increases in teen drug use, such as an 800% increase in heroin and 200% increase in tobacco and alcohol use. The media didn’t seem to care to run the story. One thought of mine was that because they used marijuana and alcohol in college, they didn’t think or realize that the potency of the new marijuana was much stronger or that teens were now binge drinking to the point of passing out.

Karol Kumpher

The most striking observation is how little the general public and specifically parents know about the issue of alcohol and drugs.

Jeff Levy
The most important thing that can be done.... is to reduce stressors for everyone which will help to bring down alcohol and drug use, delinquency, inherited health problems etc.

- Karol Kumpher

I think helping our students make healthy choices mentally, physically, emotionally, socially and spiritually. If we can do that, to me that’s a do-do program, and we would not have to do so many of the don’t-do programs because it would be giving them skills so that they can excel in life.

- Mary Hill

Have courage to believe in yourself and take a deep breath and trust yourself while looking for mentors. Experience life, don’t rush through it and find your own strengths. Take the opportunity to learn as much as you can academically and professionally.

- Robert Lynn
SUPPORT SERVICES
Campus Efforts – Support Services

A Lot

None


- Safe Rides Program
- Designated Driver
- Services for Recovering Students
- Individual Motivational Interviews
Extent to Which a Student with a Drinking Problem Can Receive Counseling Assistance

A lot 4

Counseling Center
Health Center
Alcohol/Substance Abuse Coordinator
Residence Hall Staff
Campus Ministry
Off-Campus Treatment Agency

None 0

Group Counseling Experience for Problem Drinkers

Percentages of Affirmative Responses

Campus Offers Group Counseling Experience: 2018

- Problem Drinkers: 50%
- Problems with Use of Marijuana: 38%
- Problems with Use of Other Drugs: 36%
Support Group for Those Negatively Affected by an Alcoholic

Percentages of Affirmative Responses


21 39 53 74 79 68 53 47 44 42 40 31 39 32
Campus Offers Support Group: 2018

- Students Whose Lives are being Negatively Affected by an Alcoholic: 32%
- Students Whose Lives are being Negatively Affected by Someone who is Marijuana/Other Drug Dependent: 22%
Employee Assistance Program for Those with a Drinking Problem
Paraprofessional Staff Receives Training To Deal With Students with Drinking Problems

Percentage of Affirmative Responses


0 10 20 30 40 50 60 70 80 90 100

Percentage of Affirmative Responses
Substance Abuse Recovery Services

- Student Group Involvement: 2018 - 31, 2015 - 25
- Dedicated Space: 2018 - 21, 2015 - 19
- Funding: 2018 - 21, 2015 - 16
- Sober Housing Options: 2018 - 16, 2015 - 11
- Faculty Involvement: 2018 - 9, 2015 - 10
- Designated Coordinator/Leader: 2018 - 23, 2015 - 9

Percent Affirmative Responses
Source of Referrals for Students Screened by a Health Professional for Problems with Drugs or Alcohol: 2018

- Self-Referral: 19%
- Peer: 5%
- Professional Staff: 11%
- Campus Health Professional: 8%
- Faculty: 3%
- Undergraduate Staff: 1%
- Judicial Violation: 37%
- Other: 10%
- Police: 6%

Source: George Mason University
Offered With Diagnosis of Substance Abuse Disorder

- Referral to Academic Services: 50% (2018), 32% (2015)
- Referral to Student Disability Services: 47% (2018), 50% (2015)
- Referral to Community Treatment Services: 79% (2018), 74% (2015)
- Referral to Residential or Hospital Program: 62% (2018), 77% (2015)
- Outpatient Treatment: 50% (2018), 67% (2015)
- Prescribe FDA Approved Medications: 22% (2018), 32% (2015)

Percent Affirmative Responses
SUPPORT SERVICES

Insights from Long-Term Advocates and Recommendations
What surprised me is how little people know or may be interested in addiction until it happens to them and then they realize they know nothing and how little they do know.

- Teresa Johnston

This whole movement towards legalization of marijuana just really concerns me because the average person just says “what’s the big deal” and they just don’t understand addiction and how insidious it is. It just gets in there and by the time it’s caught on, you don’t realize how it’s affecting your life and that kind of thing. So obviously we don’t want, for the younger population, a lot of access to more substances.

- Darlind Davis

We have had more progress on the treatment side than on the prevention and education side. This is just the new paradigm.

- Mark Gold
The most important things that can be done... **Wellness, because it’s a product**, if you want to improve your life, you have to make those daily...daily decisions to improve physically, mentally, emotionally, socially, and spiritually your life and that’s not something that you think about but you do it, you have a plan.

- Mary Hill

Wouldn’t it be wonderful if we could take AlAnon principles of how you can negatively hurt people by enabling, and **translate that into more of an understood public view**.

- Thomasina Borkman

So having a social justice bent and wanting to work with those who are struggling the most I would move beyond looking at drugs use alone to **include all of the quality of life challenges** that impact on recovery.

- Robert Lynn
We know that opiates are more likely to cause overdose death and we know that alcohol is more likely to cause withdrawal related death and for cannabis we are likely to see problems like we see in alcohol dependence. Plus problems like we see in countries with high levels of cannabis use.

- Mark Gold

I am also worried about the decriminalization of marijuana; I predict in probably 10 years it will be legal everywhere. And that scares me, for it is going to add to our list of health issues we’ve got to deal with.

- Kim Dude

I am a hopeful person, I’m an optimistic person and you just can’t stop me, that’s all there is to it. I would seek a rainbow in your mud puddle. And I think recovery does that.

- William Kane
Campus Survey Done on Alcohol Use

Percent Affirmative Responses


- Student drinking behavior
- Student attitudes about drinking
- Student perceptions of alcohol
Campus Survey Done on Drug Use

- Student perception of drugs
- Drug usage behavior of students
- Student attitudes about drugs
- Student knowledge about drugs
Campus Survey Done on Tobacco Use

- Tobacco use by student
- Student knowledge of tobacco
- Student perceptions of tobacco
- Student attitudes about tobacco
Survey Conducted on Student Health and Safety Topics

Abuse of prescription drugs
- 2012: 80%
- 2015: 80%
- 2018: 82%

Knowledge of prescription drug abuse
- 2012: 61%
- 2015: 59%
- 2018: 63%

Attitudes/beliefs about initiating interventions with others
- 2012: 63%
- 2015: 63%
- 2018: 71%

 Violence on campus
- 2012: 73%
- 2015: 76%
- 2018: 81%

Awareness of violence prevention on campus
- 2012: 62%
- 2015: 72%
- 2018: 80%
Campus Survey Done on Faculty Engagement

- Faculty infusion of drug, alcohol, or tobacco in courses
- Faculty knowledge of drug, alcohol, or tobacco policies and services
Have methods to measure BAC in policy enforcement
BAC records of students with alcohol violations
Receive reports on ER alcohol related visits
Receive reports on ER drug related visits
Campus Health Center Collects and Reports Data

Resulting from Alcohol Consumption and/or Injury

Resulting from Marijuana or Illicit Drug Use and/or Injury

Percent Affirmative Responses

- 2006: 52
- 2009: 53
- 2012: 31
- 2015: 34
- 2018: 43
Conducted Assessment of Drug and Alcohol Policies Related to Legal Liability
Conducted Survey on Effectiveness of Programs Related to Drugs and Alcohol
Approaches Used to Measure Campus Efforts

- Use of control groups
- External evaluator
- Comparing Results to External...
- Qualitative: Focus groups, ...
- Campus Environmental Scan
- Quantitative: Internal Instrument
- Compare FindingsExternally
- Quantitative: Standardized Tools
- Student Use/Abuse Survey

Percent Affirmative Responses

2018
2015
EVALUATION and DATA COLLECTION

Insights from Long-Term Advocates and Recommendations
If you look at this statistically it’s a little bit of motion versus movement and I think that’s because of these issues which are behavioral and cultural. And if you look at Monitoring the Future from one year to the next, you’re not going to see behavior change happen in one year’s time. And so I think you really have to have the long view and I think you have to be open to being creative and so you have to challenge yourself to have a long view.

- Ralph Blackman

I think we need to be happier with our baby steps of progress; it is a giant heavy, heavy thing that we are trying to move and we should be satisfied when we move it at all. We shouldn’t stop there; it should just motivate us to keep working towards that.

- Carla Lapelle

It’s extremely difficult to move that needle, to have the change with use of drugs and alcohol.

- Bill Modzeleski
People in the field sometimes do not seem to be willing to pay attention to evaluation findings in emerging data, emerging evidence. That is a bit of a surprise because I think that most of us are thoughtful people, but I guess I am surprised occasionally when people seem to be locked into their perspectives and unwilling to change.

- Tom Griffin

We are very data-driven and make our decisions on what areas to focus on, based on data. We evaluate everything we do and follow an extensive strategic plan. We look at best practices and, if appropriate, try to replicate it on our campus.

- Kim Dude

What surprised me was that the current Western framework of science to action was incomplete. It’s not that it’s wrong but that it’s incomplete, and it’s also incredibly pervasive, we build on so many institutions around the gold standard of the clinical experiment.

- Jeff Linkenbach
We never viewed this issue as a **marketing issue**. It is about getting a group of kids and asking, “what’s the best way to sell it to you?” And so you get that input. There was this reluctance for the longest period of time to use those people who we were targeting as resources for steering us in the right direction. And we relied solely on “we know what’s best for you.”

- Bill Modzeleski

One of the most important things that can be done is **collecting good outcomes**. If I had the data in front of me when my client presented that supported her treatment based on the success or failure of those who came before her I could develop a more accurate care plan. When we combine science with compassion I believe we achieve the best outcomes

- Robert Lynn
STRATEGIC PLANNING and ORGANIZATION
Percentages of Affirmative Responses

Designated Alcohol/Substance Abuse Educator or Specialist

- 1979: 14%
- 1982: 36%
- 1985: 48%
- 1988: 60%
- 1991: 67%
- 1994: 74%
- 1997: 73%
- 2000: 75%
- 2003: 74%
- 2006: 74%
- 2009: 86%
- 2012: 92%
- 2015: 91%
- 2018: 87%

Specialist Time Allocations
Based on Role / Responsibility: 2018

- Assessment: 12%
- Counseling: 15%
- Education: 33%
- Administrative: 14%
- Task Force: 8%
- Research: 6%
- Training: 10%
- Other: 2%

Total: 100%
Specialist Time Allocations Based on Topic / Issue: 2018

- Alcohol: 36%
- Violence: 30%
- Wellness: 17%
- Tobacco: 6%
- Drugs: 11%
Marijuana 63%

Synthetic Drugs 3%

Cocaine 3%

Heroin 4%

Prescription Drugs 18%

Over the Counter Medicines 2%

Other Substances 7%

Marijuana 63%
Specialist Time Allocation Within Drugs Area: 2015

- Marijuana: 49%
- Synthetic Drugs: 9%
- Cocaine: 5%
- Heroin: 5%
- Prescription Drugs: 19%
- Over the Counter Medicines: 7%
- Other Substances: 6%
- Other: 6%
Peers with Primary Focus on Alcohol and Substance Abuse: 2015 & 2018

- Implement Programs
- Motivational Interviewing
- Initial intervention/ referral to...
- Guest lectures in academic classes
- Policy review/ task member
- Alcohol-free events
- Health awareness
- Educational workshops
- Campus utilizes peers

Percent Affirmative Responses

- 2018
- 2015
Use of Peer Groups
Whose Primary Purpose is Drug or Alcohol Abuse

Percentages of Affirmative Responses

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1988</td>
<td>31</td>
</tr>
<tr>
<td>1991</td>
<td>46</td>
</tr>
<tr>
<td>1994</td>
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<td>1997</td>
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<td>2009</td>
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<tr>
<td>2012</td>
<td>63</td>
</tr>
<tr>
<td>2015</td>
<td>55</td>
</tr>
<tr>
<td>2018</td>
<td>60</td>
</tr>
</tbody>
</table>
Collaboration Between Coordinator and Campus Groups

1 = Not at all; 5 = Very much
Source of Funding for Substance Abuse Efforts: 2018

- Funding from Alcohol Advertising or Sponsorships: 0.1%
- Alcohol Sales: 0.2%
- Programs: 2.0%
- Fines Generated by Alcohol/Drug Violations: 10.1%
- Other: 20.1%
- Annual Budget Allocation: 67.5%
President / Chancellor Support: 2015 & 2018

Mean Score: 3.75 (2018) and 3.75 (2015)
where 1 = not at all and 5 = very much

- Very Much: 2018 - 37, 2015 - 33.5
- Pretty Much: 2018 - 19, 2015 - 25
- A Little: 2018 - 14, 2015 - 8.5
- Not at All: 2018 - 2, 2015 - 4.3

Percent Affirmative Responses
If so, plan includes a timeline and has designated roles and responsibilities.

2018: [Graph indicating percentage of affirmative responses]
2015: [Graph indicating percentage of affirmative responses]
2012: [Graph indicating percentage of affirmative responses]
Campus, Community and State Efforts

Percentage of Affirmative Responses

- State Efforts
- Community Partnership
- Campus
Campus Uses Designated Resources: 2018

- Other published indices of best practices: 3.17
- CAS Professional Standards for Higher Education in their professional practice: 2.84
- NIAAA's Alcohol Intervention Matrix when planning strategies: 3.28

1 = Not at all; 5 = Very much
STRATEGIC PLANNING and ORGANIZATION

Insights from Long-Term Advocates and Recommendations
We really need to view this through much more of a cultural lens than we have. We did a great job about a decade ago moving from a focus of only being that of the individual and his or her choices, to looking at and recognizing the incredible role that the environment plays. I believe that it’s our mission to look at what is the role and the understanding of culture with these different social ills including substance use.

- Jeff Linkenbach

For me it is just about moving forward. It was always looking at the barriers and challenges. So for me it became crucial to develop systems where research and outcomes could inform care, such as collecting information on the last thousand people we treated, because that might be really useful in treating person #1001.

- Robert Lynn

It’s not a moral issue. It’s a health and safety issue.

- Deb Thorstenson

Taking it out of the realm of being a legal issue but rather a health and/or safety issue.

- Helene White
What surprised me most was the college presidents who quietly patted me on the back and were supportive of what we were doing, who themselves were not willing to stand up and take a strong position with regard to an issue about which I think they have a tremendous amount of potential influence that they were unwilling to exert.

- Jeffrey Levy

So leadership, I think that classic someone willing to use their position for a bully pulpit to get leaders involved, it was very helpful.

- Steve Schmidt

Substance abuse prevention, though it is identified as an important issue, it does not take priority because of some other higher risk issues that we deal with on health and safety.

- Mary Wilfert

The most important thing that can be done.... Is to make the misuse and abuse of alcohol and other drugs issue a “front burner issue.” I think in a lot of places it is not even on the stove. Unfortunately, it takes a disaster to get it on the stove and to get it front burner. and I think we should all be proactive enough to do everything we can do.

- Kim Dude
This is about **process, not programs**. We so quickly jump to programs whether they be evidence-based or not, red ones or blue ones; it doesn’t matter but we jump to programs when it’s really this process that is critical. In the process comes through getting people together in conversations, you know discussions around policy, whatever they be but it’s the process that matters.

- Jeff Linkenbach

I think leadership has to recognize that it needs to walk hand-in-hand with the peer movement, with empowering young people. Obviously policy is important, information and data collection are important for all of these levels leaders to do, and to pay attention to.

- Mary Wilfert

It still surprises me that people haven’t had that “aha moment” themselves and realize that they could help be part of the solution.

- Kim Dude
RESOURCES FOR STRATEGIC PLANNING
## Observations

- Numerous areas show progress over many decades
- Many efforts appear to have stalled or regressed
- Recovery and support services show significant improvement
- Areas of current major change (opiates, marijuana) show limited attention
- Many opportunities for engagement (community, state) are not utilized
- Faculty are used minimally
- Overall assessment of areas of concern remain unchanged
- Use of significant resources are minimal
- Many opportunities for impact exist
STRATEGIC PLANNING RESOURCES

Strategic Prevention Framework

STRATEGIC PLANNING RESOURCES

Action Planner

- Institutionalize
- Coordinate
- Articulate and Market
- Prioritize Action
- Clarify Needs and Assess Resources
- Set Vision and Goals
- Determine Guiding Principles
- Establish a Task Force

https://caph.gmu.edu/resources/college/review
Prevention With A Purpose

https://www.campusdrugprevention.gov/
It’s no use to go back to yesterday because I was a different person then.
It’s hard to have an overall sense of optimism and hope, having had the experiences that I’ve had. Obviously I would hope that others could avoid, you know. **If I had to do it all over again I would pick all of the same fights.**

- Jeffrey Levy

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**It is important for people working in this field to never give up, never give up.** That’s the case for individuals AND programs.

- William Kane

---

All of us really **felt as if we were in the Peace Corps - we were on a mission.** And we all supported each other at the state level and at the local level and helped each other whenever possible. There were so many times as a prevention person you felt like you are the only one who cared about these things because you’re just kind of outnumbered, either systems wise or you’re dealing with resistance...

- Darlind Davis
<table>
<thead>
<tr>
<th>Key Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>What can we do to make a difference on our campus?</td>
</tr>
<tr>
<td>What can we do to stand out in positive ways?</td>
</tr>
<tr>
<td>How can we not be limited by the data showing that many others are not doing it?</td>
</tr>
<tr>
<td>How can we use this data (and more) to guide, enhance, and promote our efforts?</td>
</tr>
<tr>
<td>How can we better collaborate with other professionals? (campus, state/region, nationally)</td>
</tr>
<tr>
<td>How can we more effectively engage students? (needs assessment, planning, design, implementation)</td>
</tr>
<tr>
<td>How can we advocate for quality resources and attention?</td>
</tr>
<tr>
<td>How can we better monitor impact and effort?</td>
</tr>
<tr>
<td>How can we be more cost-efficient?</td>
</tr>
<tr>
<td>How can we be more strategic?</td>
</tr>
<tr>
<td>How can we promote and achieve a culture of caring?</td>
</tr>
</tbody>
</table>
## Developing a Vision

<table>
<thead>
<tr>
<th>How would you describe the ideal campus culture, particularly as it relates to drugs and alcohol?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>What do you want to prevent?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>What do you want to promote?</th>
</tr>
</thead>
</table>
These may include philosophical foundation, individual behavioral results desired with self or others, underlying emphasis of programmatic effort, focus of campus efforts, audience(s) served, context, and process of implementation.

<table>
<thead>
<tr>
<th>Self</th>
<th>Organization</th>
<th>Guiding Principle</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td>Campus Consortium Leadership Action Steps</td>
<td></td>
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<tr>
<td>------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>IDENTIFY SPECIFIC ACTION STEPS YOU WOULD LIKE TO TAKE, OR HAVE OTHER GROUPS/ORGANIZATIONS TAKE.</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Short-Term</th>
<th>Longer-Term</th>
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</thead>
<tbody>
<tr>
<td><strong>Personal</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>My Group</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group_________</td>
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<td>Group_________</td>
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<tr>
<td>Group_________</td>
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</tr>
</tbody>
</table>
The Campus Substance Abuse Strategy Self-Assessment is designed to assist campus leaders of substance abuse efforts to assess their efforts from various points of view:

- Conducting an individual review of campus strategies and practices
- Compiling perceptions of campus efforts from various campus personnel
- Comparing campus results with those received from a cadre of campuses nationwide
- Reviewing campus results to determine strategic opportunities and challenges

This Self-Assessment is based on questions used with the College Alcohol Survey, the national longitudinal survey on alcohol, tobacco, other drug and violence issues at institutions of higher education, conducted triennially since 1979. Organized within 6 clusters, the Self-Assessment provides campus scores for each cluster, as well as overall. Comparisons with the national cadre of institutions are based on survey responses received from respondents to the 2012 College Alcohol Survey.

Noteworthy for each comparison score are weighted and unweighted responses. The weighted responses are based on responses from national and state leaders (34 of the 52 Network leaders); these leaders weighted each of the 6 components, as well as the items in each component. The unweighted scores treat equally each of the 6 components as well as the items in each component.

Scores for each component of comprehensiveness as well as overall comprehensiveness can be obtained from a single respondent or aggregated from multiple respondents. To compile multiple individual responses into an overall campus assessment, the accompanying Campus Assessment Tool can be distributed to others; this may include members of a task force, campus leaders, relevant personnel, or randomly selected individuals, depending on the purpose. The responses received can be appended by copying the data column to columns to the right of the black bar on the master data sheet for the Campus Substance Abuse Strategy Self-Assessment. If there are multiple respondents, the scores will be calculated based on the average score (calculated in the blue column on each page).

Directions:
This file is the master data file. If the survey is only filled out by a single respondent, he or she can directly enter responses in the first column to the right of the vertical black bar (and under the horizontal black bar). In the following worksheets, respondents will be asked either a yes/no question or to rate your campus on a number of strategies addressing substance abuse. For yes/no questions, please type in "1" for a yes answer or "0" for a no answer. Some questions will ask you to rate your campus' strategy will ask for a score of 0-3 or 0-4.
## Policy and Enforcement

Is the consumption of alcohol allowed on your campus?

<table>
<thead>
<tr>
<th>Question No.</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Is an alternative (non-alcoholic) beverage required at public functions at which alcohol is served?</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>2</td>
<td>Is it required that food be served at public functions at which alcohol is served?</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>3</td>
<td>Are individuals who serve alcohol by the drink on campus (e.g., at pubs, registered parties) required to receive training as a server?</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>4</td>
<td>Does your campus prohibit the advertisement of the availability of alcohol in the promotion of events?</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>5</td>
<td>Do tailgating functions prohibit, confine alcohol consumption, or have any other efforts to limit underage drinking?</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
</tbody>
</table>
# Support and Intervention Services

<table>
<thead>
<tr>
<th>Question No.</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Please rate the degree to which your campus include the following in its alcohol and/or other substance abuse education and prevention efforts.</td>
</tr>
<tr>
<td>0 = None</td>
<td>1 = A little</td>
</tr>
<tr>
<td><strong>a</strong> Services for recovering students</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td><strong>b</strong> Individual motivational interviews</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td><strong>c</strong> Substance abuse identification and referral</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td><strong>d</strong> Packaged internet-based assessment and feedback approaches (e.g. BASICS)</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>2</td>
<td>Please rate the degree to which a student with a drinking problem can receive counseling assistance at each of the following:</td>
</tr>
<tr>
<td>0 = None</td>
<td>1 = A little</td>
</tr>
<tr>
<td><strong>a</strong> Counseling center</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td><strong>b</strong> Health center</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td><strong>c</strong> Alcohol/Substance abuse education provider</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td><strong>d</strong> Residence hall staff</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td><strong>e</strong> Campus ministry</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td><strong>f</strong> Off-campus counseling/treatment agency</td>
<td>#DIV/0!</td>
</tr>
</tbody>
</table>
### Alcohol and Substance Abuse Program Summary

#### Scores using national weights

<table>
<thead>
<tr>
<th>Category</th>
<th>Average Score*</th>
<th>Your Institution's Score**</th>
<th>Your institution's rank (Percentile)***</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy &amp; Enforcement</td>
<td>67.5</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>Support &amp; Intervention Services</td>
<td>63.7</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>Prevention &amp; Education</td>
<td>56.2</td>
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<td>#DIV/0!</td>
</tr>
<tr>
<td>Curriculum &amp; Training</td>
<td>56.0</td>
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<td>Evaluation</td>
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<tr>
<td>Staffing &amp; Resources</td>
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<td>#DIV/0!</td>
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<tr>
<td>Overall Comprehensive Score**</td>
<td>60.2</td>
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#### Scores without weights

<table>
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<tr>
<th>Category</th>
<th>Average Score*</th>
<th>Your Institution's Score</th>
<th>Your institution's rank (Percentile)***</th>
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</thead>
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<tr>
<td>Policy &amp; Enforcement</td>
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<td>#DIV/0!</td>
</tr>
<tr>
<td>Support &amp; Intervention Services</td>
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<td>#DIV/0!</td>
<td>#DIV/0!</td>
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<tr>
<td>Prevention &amp; Education</td>
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<td>#DIV/0!</td>
</tr>
<tr>
<td>COMPETENCE</td>
<td>Nature of the Concern: Individual</td>
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<td></td>
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<tr>
<td>--------------------</td>
<td>-----------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nature of the Concern: Environmental</td>
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<td></td>
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<tr>
<td></td>
<td>Why Be Concerned</td>
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<td></td>
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<td></td>
<td>Foundational Factors</td>
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<td>Intervention, Treatment and Recovery</td>
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<td>Prevention and Education</td>
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<td>CONFIDENCE</td>
<td>Helpful Processes</td>
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<td>Personal and Professional Strategies</td>
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<td>COMMITMENT</td>
<td>Leadership and Advocacy</td>
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<tr>
<td></td>
<td>Believing in Yourself</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Vision for the Future</td>
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</tr>
</tbody>
</table>
LEARNING OUTCOMES

1. To understand current and long-term strategies, policies, and strategic planning efforts addressing drug and alcohol abuse.

2. To gain insights from long-term professionals and researchers about appropriate approaches for inclusion in a comprehensive campus strategy.

3. To identify reasonable approaches for immediate and longer-term implementation by campus leaders, including resources and tools.
<table>
<thead>
<tr>
<th>David S. Anderson, Ph.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor Emeritus of Education and Human Development</td>
</tr>
<tr>
<td>George Mason University</td>
</tr>
<tr>
<td>Fairfax, VA</td>
</tr>
<tr>
<td><a href="mailto:danderso@gmu.edu">danderso@gmu.edu</a></td>
</tr>
<tr>
<td>571-296-2521</td>
</tr>
<tr>
<td><a href="http://www.caph.gmu.edu">www.caph.gmu.edu</a></td>
</tr>
<tr>
<td>308 Reeves Street       Celebration, FL   34747</td>
</tr>
</tbody>
</table>