MEANINGFUL STRATEGIES TO MOVE FORWARD: UNDERSTANDING AND MANAGING CURRENT CHALLENGES AND OBSTACLES

JOSEPH ESPINOZA, M.S. UNIVERSITY OF DENVER
DAVID ANDERSON, PH.D. GEORGE MASON UNIVERSITY
LEARNING OBJECTIVES

1. To learn current challenges and obstacles facing campus professionals with addressing drug and alcohol issues

2.

3.
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2. To gain insights about what makes these challenges pervasive over time
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1. To learn current challenges and obstacles facing campus professionals with addressing drug and alcohol issues

2. To gain insights about what makes these challenges pervasive over time

3. To identify specific immediate and longer term practical approaches for systematically addressing these challenges
SESSION OUTLINE

• Overview Survey Methodology and Findings
• Review of Challenges and Obstacles Over Time
• Overview of Two Planning Frameworks
• Application of Third Planning Framework
• Specific Actionable Leadership Strategies
• Summary
SURVEY METHODOLOGY

Sample: NASPA Strategies Conference Attendees
- Alcohol, Other Drug and Violence Prevention
- Other Three Areas:
  - Mental Health
  - Well-Being and Health Promotion Leadership
  - Sexual Violence Prevention and Response
- N = 1,216

Two Phases
- Qualitative – open-ended; 4 clusters
- Quantitative – 4 clusters; 2 thrusts (strength and feasibility for change)
SURVEY RESULTS:
PHASES ONE AND TWO

PHASE ONE:  \[N = 218\]
* Demographics
* Professional Role
* Strategies Conference Track

PHASE TWO:  \[N = 68\]
* Individual and Personal Issues
* Professional Issues
* Institutional Issues
* Community Issues
DEMOGRAPHICS: PHASE ONE

- 4 Year (v. 2 year)
- Public (v. Private)

Percentage of Job Activities Addressing AOD Issues
PROFESSIONAL ROLES: PHASE ONE

Health/Wellness: 59%

- Administration: 10%
- Counseling: 9%
- Faculty: 5%
- Greek Affairs: 3%
- Other: 11%
- Judicial Affairs: 2%
- Administration: 10%
TRACK FROM 2019 STRATEGIES CONFERENCE: PHASE ONE

Alcohol, Other Drug and Violence Prevention: 57%

Well-Being/Health Promotion Leadership: 24%

Sexual Violence Prevention and Response: 12%

Mental Health: 7%
Individual and Personal Issues

- Student Mental Health Concerns (e.g., confounding of health, mental health, wellness and substance use)
- Cannabis Beliefs (e.g., marijuana use viewed as no big deal)
- Student Coping Skills (e.g., anxiety and stress)
- Campus Culture (e.g., rite of passage and many events with alcohol)
Student Attitudes (e.g., invincibility and resistance to change)

Student Beliefs (e.g., misperceptions on AOD use and policy role)

Societal Cultural Norms (e.g., parental permissiveness and societal acceptance)

Peer Pressure (e.g., fitting in, belonging)
Individual and Personal Issues

- **Student Engagement (e.g., hard to reach students and view as a non-issue)**
- **Polysubstance Use (e.g., use of alcohol, marijuana, other drugs)**
- **Student Feelings (e.g., hopelessness and boredom)**
- **Student Resistance to Help-Seeking (e.g., stigma perceived relevance)**
- **Lack of Healthy Opportunities (e.g., viable alternatives and options)**
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<thead>
<tr>
<th>Topic</th>
<th>Feasibility for Change</th>
<th>Intensity or Strength</th>
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Professional Issues

- **Job Responsibilities** (e.g., numerous job responsibilities)
- **Time** (e.g., limited dedicated time for AOD issues)
- **Personal** (e.g., burnout and compassion fatigue)
- **Resources** (e.g., lack of appropriate interventions and creative approaches)
- **Skills and Expertise** (e.g., limited professional development and training)
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Feasibility for Change

Intensity or Strength
Administrators Concerns with Messaging (e.g., not wanting to take a stand and concern with institutional reputation)

Prioritization (e.g., competing priorities and AOD services not valued)

Alcohol Availability (e.g., sales at sporting events and access on and off campus)

Lack of Financial Support and Resources (e.g., limited funding for multi-level approaches and staffing)

Staffing (e.g., limited staff and too many responsibilities)
Institutional Issues

- Policies and Enforcement (e.g., inconsistent enforcement of policies and limited accountability)
- Ownership (e.g., silos and deflected responsibility)
- Lack of Administrative Support (e.g., lack of willingness to take on changing issues)
- Campus Traditions (e.g., alcohol as part of reputation and linkage to sporting events)
- Poor Role Modeling from Faculty, Staff, Alumni (e.g., enabling comments and limited modeling of substance-free fun)
Institutional Issues

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<td>Avoiding Risk (e.g., worried about risk and litigation)</td>
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<td>Alumni Support (e.g., concerns with alumni support and fundraising)</td>
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<tr>
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<tr>
<td>Varied Philosophies (e.g., proactive/reactive, abstinence/harm reduction, policy/environmental/programs)</td>
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Institutional Issues

- Lack of Interest by Administrators, Faculty, Staff (e.g., resistance and not taking AOD efforts seriously)
- Lack of Collaboration (e.g., limited group coordination and varied perspectives on partnering)
- Administrators Denial (e.g., AOD not seen as a problem and not acknowledging existing data)
- Lack of Assessment (e.g., limited data of scope of the problem and risky behaviors)
Administrators Concerns with Messaging (e.g., not wanting to take a stand and concern with institutional reputation)

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<th>Community Issues</th>
<th>Intensity or Strength</th>
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<td>Alcohol Availability Off Campus (e.g., access to stores and bars and ease of underage purchase)</td>
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<td>Off Campus Housing (e.g., high density student housing and limited regulations and monitoring)</td>
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<tr>
<td>Bar Policies (e.g., drink specials and happy hour)</td>
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<tr>
<td>Local Acceptance of Alcohol (e.g., community acceptance of student behavior)</td>
<td>4</td>
</tr>
<tr>
<td>Lack of Enforcement (e.g., lack of police enforcement and limited resources)</td>
<td>3</td>
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</tbody>
</table>
Community Issues

- Community Priorities (e.g., competing community priorities, disconnect between campus and community agencies)
- Lack of Understanding (e.g., limited awareness of current data and evidence based solutions)
- Local Substance Issues (e.g., opioid response priority and legalization of adult use of marijuana)
- Local Cannabis Access (e.g., head shops and sales of CBD/THC products)
- Limited Community Resources (e.g., few relevant resources and access for students)
Community Issues

- **Alcohol Availability Off Campus** (e.g., access to stores and bars and ease of underage purchase)
- **Off Campus Housing** (e.g., high density student housing and limited regulations and monitoring)
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Summary from national workshops three decades ago
Reflections when comparing with current research
## OBSTACLES FOR CAMPUS INITIATIVES ON DRUG/ALCOHOL ISSUES

### Attitudes

- Hopelessness
- Loss of momentum
- Tradition
- Lack of balance between changes and resistors
- Resistance to change
- Hypocrisy

### Students

- Belief that alcohol is needed to be social
- Lack of communication
- Limited alternative activities
- Students feel invincible
- Different expectations of various student groups
- Don’t know needs of minority/non-traditional students
- Difficulty reaching the commuter student
- Students more interested in professional development

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FROM POLICIES AND PROGRAMS FOR THE 1990S WORKSHOPS CONDUCTED IN 23 LOCATIONS NATIONWIDE 1989 - 1993
## Faculty and Staff

- Priorities are different
- Lack of time
- Belief that students need alcohol to be social
- Lack of education identifying a problem
- Limited time with students
- Turf issues
- Limited curricular content

## Support and Recovery

- Lack of referrals
- Few community resources
- Variety of problems uncovered that are related to alcohol
- Lack of treatment resources
- Lack of knowledge and skills to confront
- Ambiguity about how to help
- Role conflict – counseling vs. discipline
- Confidentiality – rights and privacy act

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**OBSTACLES FOR CAMPUS INITIATIVES ON DRUG/ALCOHOL ISSUES**

FROM POLICIES AND PROGRAMS FOR THE 1990S WORKSHOPS CONDUCTED IN 23 LOCATIONS NATIONWIDE 1989 - 1993
## OBSTACLES FOR CAMPUS INITIATIVES ON DRUG/ALCOHOL ISSUES

### Resources

- Lack of money
- Lack of a coordinator and staffing
- Community relationship is limited
- No Employee Assistance Program
- Cooperation lacking with alcohol beverage industry
- Lack of effective strategies
- Priorities at the top are lacking

### Institutionwide

- Student services have a lower priority than academics
- Media concerns
- Campus supporting external publications with alcohol ads
- Federal priorities
- Need policies to get resources developed
- Alumni
- Lack of vision

FROM POLICIES AND PROGRAMS FOR THE 1990S WORKSHOPS CONDUCTED IN 23 LOCATIONS NATIONWIDE 1989 - 1993
# OBSTACLES FOR CAMPUS INITIATIVES ON DRUG/ALCOHOL ISSUES

## Administrative and Managerial

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<th>Lack policies and procedures</th>
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<tr>
<td>Poor organizational setup</td>
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<td>Program lacks visibility</td>
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<td>Reactive versus proactive stance</td>
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<td>Politics of campus</td>
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<td>Monitoring is difficult</td>
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<tr>
<td>Difficulty in showing longitudinal behavioral change</td>
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<tr>
<td>Campus committee has limited knowledge base</td>
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<td>Hard to get police/security involved</td>
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<tr>
<td>Lack of results to sustain a long-term program</td>
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<td>No easily observed results</td>
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## Obstacles for Campus Initiatives on Drug/Alcohol Issues

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<tr>
<td>Attitudes</td>
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<td>Students</td>
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<td>Faculty/Staff</td>
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<tr>
<td>Support and Recovery</td>
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<td>Institutionwide</td>
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From Policies and Programs for the 1990s Workshops Conducted in 23 Locations Nationwide 1989 - 1993
REVIEW OF CHALLENGES AND OBSTACLES OVER TIME

- Reflections of earlier and current results
- Review of changes over the years
- Extent to which obstacles and challenges have been addressed in a deliberative way
- How to leverage AOD issues – making this a priority
OVERVIEW OF TWO PLANNING FRAMEWORKS

It is important to have a planning framework to guide strategic decision-making

Multiple frameworks exist

Adopt, adapt, or blend frameworks to suit local needs

Three are cited here
AS A PRECURSOR TO THE THREE FRAMEWORKS......

Just Released at this Strategies Conference
HOW TO APPROACH SUBSTANCE ABUSE PREVENTION

Deciding what to do, how to do it, and knowing how well it works requires care, logic, and good data.
THE STRATEGIC PREVENTION FRAMEWORK

- Assessment
- Evaluation
- Implementation
- Capacity
- Planning

Sustainability and Cultural Competence

THE STRATEGIC PREVENTION FRAMEWORK

SAMHSA's Strategic Prevention Framework is a dynamic, data-driven planning process that prevention practitioners can use to understand and more effectively address the substance abuse and related mental health problems facing their communities.

Understanding the Strategic Prevention Framework (SPF)

Throughout all five steps remember... There are many ways to view the world, so make sure that your plan values, respects, and accepts the differences of all people in the community.

Also, work toward maintaining not only effective interventions, but also the planning processes that contribute to their success.

Step 1. Assessment—Discover what your community needs
- What substance use and related problems are occurring in your community?
- How often and where are these problems occurring?
- Who are these problems affecting the most?
- Is your community ready to do something about it?

Step 2. Capacity Building—Find out what your community needs to address identified problems
- Who are the people whose help you need? How can you engage them in your prevention efforts?
- What types of knowledge and skills does your prevention team need to work together effectively?
- How can you raise community awareness of the problems you hope to address? Don’t forget to think outside the box!

Step 3. Planning—Develop a detailed plan that links desired outcomes to identified needs
- What are the underlying factors that contribute to your community’s problems? How will you prioritize these factors?
- Where will you go to find interventions that address your priority factors? Are they a good fit for you community?
- How will you communicate your plans to key stakeholders?

Step 4. Implementation—Put your plan into action by delivering evidence-based interventions, as intended.
- Have you built the infrastructure you need to support effective implementation of your plan?
- How will you know if your plan is being implemented as intended?

Step 5. Evaluation—Assess the effectiveness of your prevention efforts. Evaluation can help you:
- Document and describe your prevention activities
- Meet the diverse information needs of your stakeholders
- Continuously improve your prevention activities
- Demonstrate the impact of your efforts
- Identify which elements of your plan are working well
- Build credibility and support for prevention in your community

THE 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
Guiding Principles

Identify factors you believe should be foundational for your efforts and your organization’s efforts. These may include items such as (but not limited to) philosophical foundation, interaction style, immediacy of results, importance of various content elements, results desired, programmatic emphases, audience, stakeholders, context, and process of implementation. For each, indicate whether it is a principle for you, the organization, or both.

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<th>Self</th>
<th>Organization</th>
<th>Guiding Principle</th>
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APPLICATION OF A THIRD PLANNING FRAMEWORK
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<th>Desired State</th>
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<td><strong>Restraining Forces</strong></td>
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<tr>
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- **Problem Specification**
- **Desired Results**
- **Driving Forces**
- **Restraining Forces**
- **Prioritization**
- **Strategy Development**
Driving Forces: Consider the present status of the problem as a temporary balance of opposing forces. What are the forces driving toward change or helping to achieve the desired outcomes?

- a. 
- b. 
- c. 
- d. 
- e. 
- f. 

Restraining Forces: What are the forces restraining or hindering change, or blocking movement toward the goal?

- a. 
- b. 
- c. 
- d. 
- e. 
- f.
**Strategy Development:**

a. Identify two of the Driving Forces and outline a strategy for increasing its potency.
   **Driving Force 1:**

   **Driving Force 2:**

b. Identify two of the Restraining Forces and outline a strategy for reducing its potency.
   **Restraining Force 1:**

   **Restraining Force 2:**
SUMMARY
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<tr>
<td>Associate Director,</td>
<td>Professor Emeritus of</td>
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<tr>
<td>Fraternity &amp; Sorority</td>
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<tr>
<td>University of Denver</td>
<td>George Mason University</td>
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<td>Denver, CO</td>
<td>Fairfax, VA</td>
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<tr>
<td><a href="mailto:Joe.Espinoza@du.edu">Joe.Espinoza@du.edu</a></td>
<td><a href="mailto:danderso@gmu.edu">danderso@gmu.edu</a></td>
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<td>(303) 871-6810</td>
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