

# Virginia Higher Education Substance Use Prevention Strategic Plan

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2021 – 2026

Virginia Higher Education  
Substance Use Advisory Committee

Virginia Alcoholic Beverage Control Authority



Virginia Higher Education  
Substance Use Advisory Committee

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# Executive Summary

## Overview of Virginia Higher Education Substance Use Advisory Committee (VHESUAC)

Every day Virginia's college students, their families and friends, and the community-at-large face negative consequences related to substance use, including academic problems, unintentional injuries, assault, dependency and death. Whether the substance is alcohol, illicit drugs or prescription drugs, the toll of misuse on the intellectual and social lives of students is enormous. Without partnerships and support at the local and state levels, institutions of higher education (IHEs) have a limited capacity to address the problem of alcohol and other drug (AOD) misuse.

During the 2016 and 2017 General Assembly Sessions, budget amendments requesting work be done to identify current AOD misuse prevention and intervention programs at IHEs were proposed by the Commission on Youth (COY) but not adopted. Instead, COY moved forward with a study plan to collaborate with Virginia Alcoholic Beverage Control Authority (Virginia ABC) and compile a list of best practices based on current programming for Virginia's IHEs to consider implementing. Based on the study findings, discussions with other state agencies, and public comment, COY approved a final recommendation prior to the 2018 General Assembly Session. This recommendation became SB 120 and HB 852 with sponsorship from COY Chair Senator Barbara Favola and Delegate Christopher Peace, and was later signed by Governor Ralph Northam in March 2018.

Per the Code of Virginia §4.1 – 103.02., the Virginia ABC Board established and appointed members to the Virginia Higher Education Substance Use Advisory Committee (VHESUAC). The goal of which is to develop and update a statewide strategic plan for substance use education, prevention, intervention and recovery at Virginia's public and private IHEs. The strategic plan must also meet the following requirements:

- Incorporate the use of best practices
- Provide for the collection of statewide data from all IHEs on student AOD use
- Assist IHEs in developing campus strategic plans by providing networking and training resources
- Develop and maintain reporting guidelines for use by IHEs in campus strategic plans

Furthermore, VHESUAC aims to create an environment and culture that values student health and safety and supports education and intervention on campuses across the state. VHESUAC hopes to accomplish this by promoting a collaborative and coordinated effort among Virginia's colleges and universities to advocate for prevention programming and treatment services, implement research-based approaches, and facilitate a network for information sharing and action planning. VHESUAC is comprised of public and private IHEs, student leaders, state agencies, and statewide organizations who desire to collaborate to reduce AOD misuse in college and advocate for research-based policies and practices. . VHESUAC is led by an Executive Council and Workgroup, and staffed by Virginia

ABC. The Virginia ABC Adult Education and Prevention Coordinator serves as the VHESUAC coordinator while also managing other college and adult prevention programs.

The Executive Council is the governing body and is responsible for setting overall direction and providing input on Workgroup activities and deliverables. These members are working to address AOD-related problems among college students statewide. Executive Council meetings are held biannually and there are currently 15 members (see Figure 1). The Workgroup provides support and recommendations to the Executive Council. Members of the Workgroup share pertinent research and programming to help inform planning and decision-making during meetings. The Workgroup includes community, state, and campus leaders who were identified and recruited due to their work in preventing college substance misuse and related problems. Workgroup meetings are held quarterly and there are currently 23 members (see Figure 2).

**Figure 1. Current Executive Council members of VHESUAC**

Name	Title	Organization
Lesley Villarose	Dean of Students	Averett University
Deirdre Goldsmith	Member	Commission on Youth
Matt McGraw	Associate Vice President of Institutional Effectiveness and Academic Services	Dabney S. Lancaster Community College
Shawn White	Assistant Dean of Students for Substance Education	Hampden-Sydney College
Keith Anderson	Executive Director of Student Health Center and Wellness Initiatives	Liberty University
Brooke Berry	Dean of Students, Equity and Inclusion	Marymount University
Greg Hodges	Vice President of Academic and Student Success Services	Patrick Henry Community College
Adam Williams	Assistant Vice President for Student Life	Regent University
Ashley Lockhart	Coordinator for Academic Initiatives	State Council of Higher Education for Virginia
Marcia Thom-Kaley	Dean of Students	Sweet Briar College
Alexander Lee	Undergraduate Student Leader	University of Mary Washington
Chris Holstege	Executive Director of Department of Student Health and Wellness	University of Virginia
Travis Hill	CEO	Virginia ABC
Charles Klink	Senior Vice Provost for Student Affairs	Virginia Commonwealth University
Van Wilson	Associate Vice Chancellor for Student Experiences and Strategic Initiatives	Virginia Community College System

**Figure 2. Current Workgroup members of VHESUAC**

Name	Title	Organization
Helen Gaynor	Director of Educational Programs	Foundation for Advancing Alcohol Responsibility
Doug Goodman	Chief of Police	Ashland Police Department
Jill Russett	Social Work Associate Professor; Field Instruction Coordinator	Christopher Newport University
Craig Branch	Chief of Police	Germanna Community College
Mindy Koon	Assistant Director of AOD Abuse Prevention	James Madison University

Christine Diggs	Human Services Associate Professor	John Tyler Community College
Mark Miller	Licensed Professional Counselor for Disability Support Services	
Sasha Johnson	Title IX Coordinator	Longwood University
Cynthia Burwell	Director of Center of Excellence in Minority Health Disparities	Norfolk State University
Raymond Tuttle	Director of Student Conduct and Responsibility	University of Mary Washington
Slade Gormus	Registered Nurse for Health Promotion and Peer Education, URWell	University of Richmond
Susie Bruce	Director of Gordie Center	University of Virginia
Tom Kirby	Chief Law Enforcement Officer	Virginia ABC
Dana Schrad	Executive Director	Virginia Association of Campus Law Enforcement Administrators
Robert Chapman	Retired Clinical Associate Professor of Behavioral Health, Drexel University	Virginia College Collaborative
Katherine Scott	Intern for Rams in Recovery	Virginia Commonwealth University
Melodie Fearnow-Kenney	Senior Research Associate for Center for School-Community Collaboration	
Danielle Dick	Director of College Behavioral and Emotional Health Institute	
Keith Cartwright	Behavioral Health Wellness Consultant; AOD Prevention Coordinator	Virginia Department of Behavioral Health and Developmental Services; Randolph-Macon College
Malcolm King	Child and Adolescent Family Program Specialist	Virginia Department of Behavioral Health and Developmental Services
Marc Dawkins	Campus Safety and Violence Prevention Coordinator	Virginia Department of Criminal Justice Services
Maribel Saimre	Director of Student Services	Virginia Department of Education
Sarah Jones	Director of Cadet Counseling	Virginia Military Institute
Kelsey O'Hara-Marasigan	Assistant Director for Substance Misuse Prevention and Education	Virginia Polytechnic Institute and State University

## Strategic Plan Purpose

In 2018, the Code of Virginia mandated the Virginia ABC Board to establish VHESUAC and required the development of a statewide strategic plan for substance use education, prevention, intervention and recovery at Virginia’s public and private IHEs. The Virginia ABC Board and VHESUAC are pleased to provide below the first Virginia Higher Education Substance Use Prevention Strategic Plan. The Plan incorporates the use of best practices, provides for the collection of statewide data from all IHEs on student AOD use, assists IHEs in developing campus strategic and begins to develop reporting guidelines for use by IHEs in campus-wide strategic plans.

## Strategic Planning Process

The VHESUAC Executive Council and Workgroup worked from the fall of 2018 to the summer of 2020 to develop the Virginia Higher Education Substance Use Prevention Strategic Plan. Members of the Executive Council and Workgroup reviewed an environmental scan of current prevention and treatment practices on college campuses, conducted a broad stakeholder analysis, developed a future

vision, conducted a gap analysis of the current state and future vision, drafted a statewide SWOT analysis (Strengths, Weaknesses, Opportunities, Threats), and conducted the Statewide Campus Assessment. VHESUAC then developed overarching principles, goals, strategic areas, initiatives, and implementation guides for both campus-wide and statewide initiatives.

## **Strategic Areas and Initiatives Summary**

The initiatives of this strategic plan are divided into the following five strategic areas:

1. Foundation and Leadership
2. Planning and Assessment
3. Policy and Enforcement
4. Programming and Services
5. Collaboration and Communication

Each of these strategic areas consists of initiatives to be implemented at the institutional level and initiatives to be completed at the statewide level.

## **Implementation Overview**

Implementation for this strategic plan will occur over the next five years. An implementation guide has been developed for campus-wide initiatives with each initiative ranked in complexity to implement (low, medium or high) and overall impact (low, medium or high). The implementation guide will allow IHEs to select initiatives to implement that are aligned with their current resources and desired outcome. Statewide initiatives will be implemented by the VHESUAC Executive Council and Workgroup, according to the Implementation Plan found below within this strategic plan (Figure 9).

# Current Status Report

## Environmental Scan

An environmental scan of Virginia's IHEs was completed to examine the current state of affairs and to inform VHESUAC direction and activities. An environmental scan aims to organize and analyze data from multiple sources, identify the current landscape of substance use, education, prevention, policy, enforcement, treatment and recovery services within IHEs.

### *Institutions of Higher Education in Virginia*

There are approximately 420,000 undergraduate college students in Virginia. Virginia has a variety of 4-year public and private institutions, 2-year community colleges, regional higher education centers, vocational and religious training IHEs and adult and distance education programs. In the public sector, there are 15 distinct degree-granting institutions complemented by 5 additional regional higher education centers, as well as 24 community colleges (see Figure 3). Virginia also has 30 private, nonprofit colleges and universities and over 300 for-profit, out-of-state, or vocational institutions (Virginia Education Wizard, 2020). Higher education in Virginia is also distinguished by having five historically black colleges and universities. Furthermore, Virginia ranks sixth nationally in its proportion of working-age people who have a degree or certificate. During the 2018-2019 school year, students in Virginia earned a record number of degrees, certificates and credentials (State Council of Higher Education for Virginia (SCHEV), 2019).

Figure 3. Map of Virginia's Institutions of Higher Education ("Colleges and Universities," 2020)



## *College Student Substance Use*

Decades of scientific research reveal that alcohol and other drug (AOD) misuse among college students is a serious public health issue with multiple causes and contributing factors, including the widespread availability of substances, newfound independence of students, peer influence, lack of parental supervision and a natural developmental tendency for risk-taking. In addition, students are likely to arrive on campus with already-established AOD misuse behaviors and with the perception that substance use is a normal part of the college culture. These behaviors and perceptions have been significant challenges for college administrators, health professionals, and law enforcement to overcome as they try to engage students in prevention. Despite an increase in efforts to prevent student AOD misuse, there has been little change in prevalence of substance use over the years.

According to the 2019 National Survey on Drug Use and Health, approximately 33% of full-time college students, ages 18 to 22 years old, in the United States engaged in binge drinking in the past month (Substance Abuse and Mental Health Services Administration (SAMHSA), 2020).

Additionally, 21% used marijuana in the past month, 15% used tobacco products in the past month and 5% used other illicit drugs, such as cocaine or non-medically used prescription drugs in the past month (SAMHSA, 2020). Approximately 37% of 18-25 year olds in Virginia reported binge drinking in the past month, 31% used tobacco products in the past month, 19.5% used marijuana in the past month and 6.5% used other illicit drugs (i.e. cocaine, methamphetamines, amphetamines, sedatives, hallucinogens, steroids, opiates, inhalants, MDMA, club drugs) in the past month. This age group is also at the highest risk for alcohol use disorder (10%) and substance use disorder (15%) (Johnston et al., 2017).

The impact of AOD misuse during college can begin small and build over time, creating a ripple effect of problems that are interrelated. Short-term risks include unintentional injuries, assault, unprotected sex, suicide attempts, date rape, violent behavior, involvement with police and even death. National data estimate that each year the consumption of alcohol among college students ages 18 to 24 years old leads to 1,825 deaths, 599,000 unintentional injuries, 696,000 physical assaults, 97,000 sexual assaults, 150,000 health problems and 3,360,000 instances of driving while drunk (JH Bloomberg School of Public Health, 2019). Student AOD misuse can also increase risk for substance use disorders and drug dependency later in life, which has been linked to chronic health problems and lower quality of life. Furthermore, the consequences of AOD misuse are similar regardless of the type of substance misuse (i.e. binge drinking, using illicit drugs or using non-medical prescription drugs) (O'Grady et al., 2008).

In addition to health and safety concerns, AOD misuse can negatively impact academic and future economic success. Substance use is known to impede learning and short-term memory, and students who use substances during college spend less time studying and skip more classes (Arria et al., 2013). Accordingly, substance use sets the stage for declines in grade point average (GPA), disruptions in college enrollment and loss of advancement opportunities, such as internships, jobs and special studies. One-quarter of college students report that alcohol use, specifically, has led to missing class, falling behind in coursework, poor performance on exams or papers and generally lower grades (El Ansari et al., 2013). These impacts can follow students the rest of their lives, potentially leading to



delayed graduation or failure to graduate, poorer employment outcomes and reduced lifetime earned income.

A number of factors combine to create this scenario for college students. Developmentally, 18-24 year olds are more likely to engage in risky behavior due to feelings of invincibility. These feelings coupled with the perceived normalcy of college substance use contribute to the reasons why just 3.6% of students with substance use disorders (SUDs) believe they need help with their problem. Only 16.4% of these students report being encouraged by someone to seek help, and 8.8% actually sought help for their SUD (Caldeira et al., 2009). These important statistics suggests that IHEs should consider bolstering their AOD prevention and intervention efforts. Such efforts can decrease the likelihood of harm to student health and academic performance.

The issue of AOD misuse extends beyond IHEs and negatively affects more than student health and success. Student AOD-related problems can have second-hand consequences on the entire state, including the following groups: families, community members, landlords, law enforcement, employers and alcohol retailers. The communities surrounding campuses are also impacted as evidenced by increased police involvement and decreased quality of life, social cohesion and safety.

## **Statewide Campus Assessment**

### *Process*

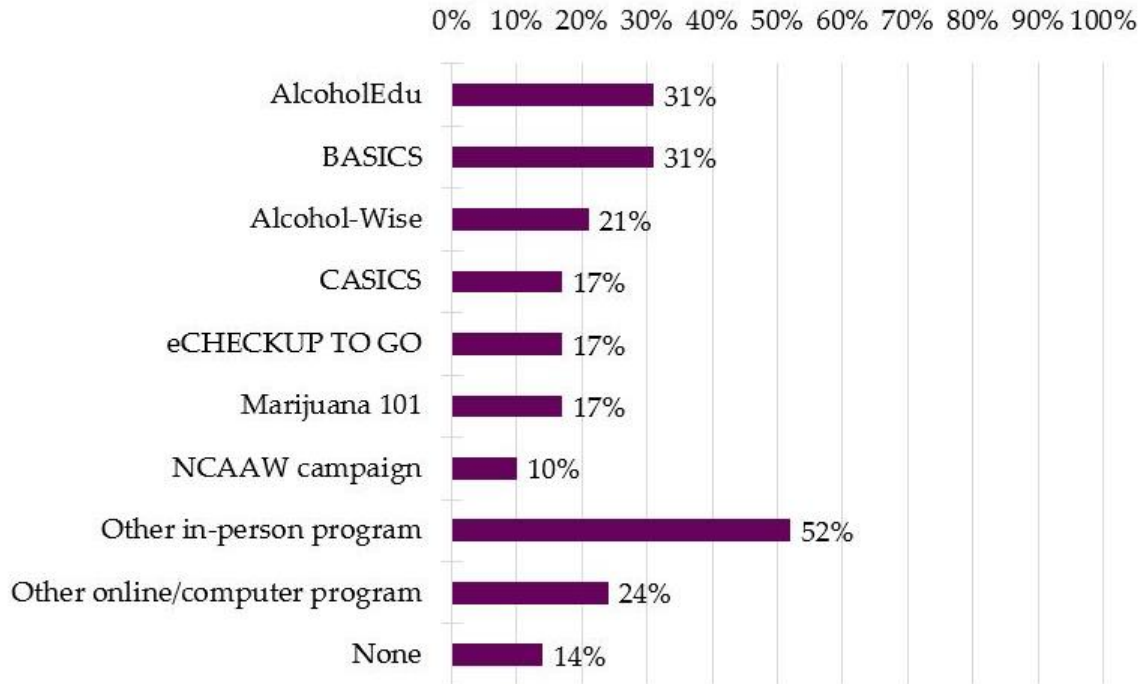
The Statewide Campus Assessment Project was developed by VHESUAC and implemented using an alcohol education award from the National Alcohol Beverage Control Association (NABCA). The assessment was modeled after the work of the Maryland Collaborative (2013). Sixty-six IHEs were initially considered for the study, and after applying exclusion criteria, 64 IHEs remained. To determine IHEs for inclusion in the assessment, five regions with relatively high densities of colleges were identified: North, Central, West Central, Southeast and Southwest. A methodical procedure was used to select five to seven IHEs per region, representing a range of institution types and sizes within the each region. Ultimately, thirty IHEs were selected, and 29 participated. Findings were obtained through formal, group interviews with campus administrators and staff from various sectors of campus, including Student Affairs, Student Health or Counseling, Student Conduct, Campus Police or Security, Residence Life, Greek Life, and individuals tasked with coordinating drug-related programs. Formal interviews consisted of multiple choice and open-ended questions and were conducted April to June 2020.

### *Findings*

Formal interviews with 29 IHEs in Virginia revealed that schools are implementing a wide range of strategies to address student substance use at the individual level. Education and prevention programs are the most commonly used strategy, offered by 86% of institutions interviewed. These programs are offered to first-year students at all four-year schools but are only offered at about half of two-year schools (see Figure 4). The Center for Substance Abuse Prevention identifies that education is an ineffective strategy when used alone, but most schools in Virginia identified complementing educational programming with other activities including alcohol-free events (93%), and bystander intervention programs (86%) (Edwards, et al., 2015). Although a few four-year schools

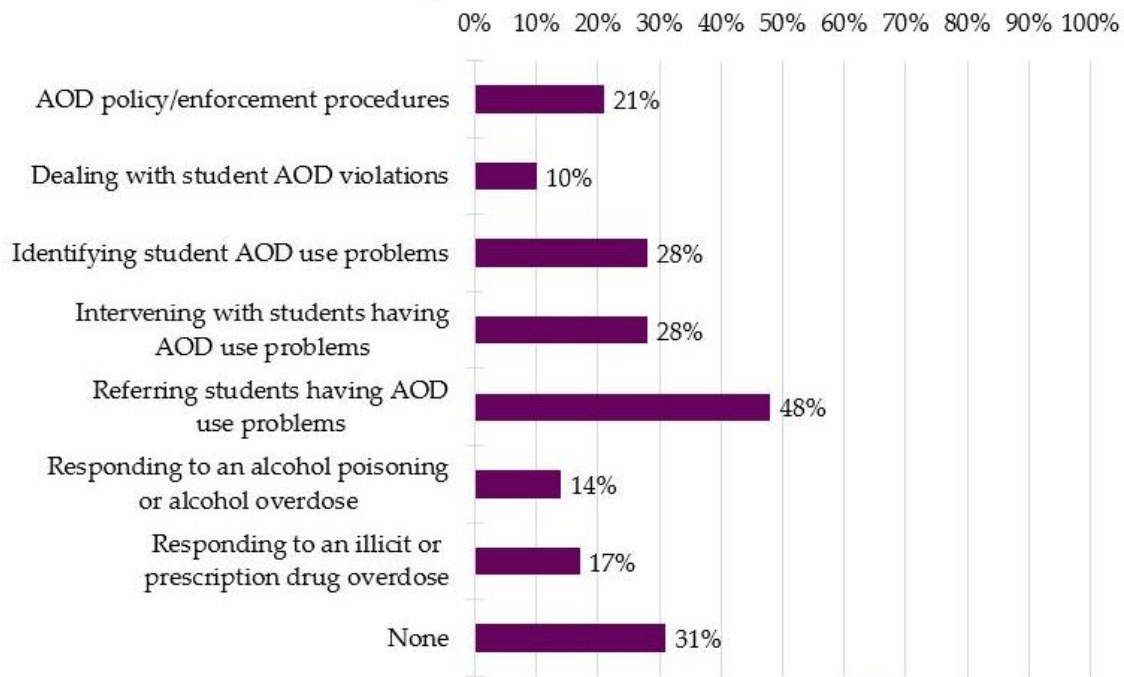
in Virginia offer universal screening (27%), well over half (68%) of these institutions screen students when they show a particular need. Only one two-year school screens its students; this screening is either during a visit to the academic assistance center, following a drop in grades or academic probation, or upon referral to disability services. On-campus substance abuse treatment and recovery support services are more common among four-year public schools than four-year private schools, and none of the two-year schools provide such services. Schools cite cost/lack of funding, lack of trained staff or inadequate resources as the greatest barriers to implementing these strategies more widely.

**Figure 4. Education programs for first-year students at Virginia IHEs**



Training for clinical personnel, faculty, residence hall staff and campus law enforcement is an area in which schools have not previously given much attention. 48% of schools provide training to their faculty on how to refer students who may be experiencing an AOD problem for help on campus. However, only a minority of schools provide faculty with training focused on other important AOD-related topics, such as dealing with student AOD violations (10%) or responding to an alcohol poisoning or alcohol overdose (14%) (see Figure 5).

**Figure 5. Training provided for faculty at Virginia IHEs**



Institutions vary in their means of addressing the larger environments in which students make decisions about substance use. Seven schools are considered “dry” campuses, while the remaining 22 schools are considered “wet” campuses. Schools that permit alcohol at campus events have policies to reduce the incidence of alcohol-related problems, such as checking IDs to verify age (77%), requiring events to be registered (68%), or having security present (68%). Of the 52% of schools that have an AOD task force, working group or coalition on campus, nearly all (93%) have student conduct staff representation, however only 20% of these groups have some form of community representation, and no group has representation from parents.

Many schools do not have a set process for developing and regularly reviewing their strategies, as only 38% have conducted formal assessments of their AOD education and prevention programming and just over half (55%) of schools have conducted a formal assessment of their policies and procedures in the past two years. Nearly all schools (97%) use judicial, disciplinary, or incident statistics to measure AOD-related issues on campus, yet only 28% use the National College Health Assessment or Healthy Minds Survey, showing a potential need to implement more strategic techniques in evaluating the scope of AOD use at institutions.

### *Conclusions and Future Actions*

Virginia IHEs are engaged in a variety of prevention and intervention efforts, including those considered to be evidence-based or best practice. Furthermore, campus administration and staff express interest in increasing the impact of their existing approaches by collaborating with other schools to discuss effective strategies. The following priorities represent some of the various considerations IHEs should explore in the ongoing effort to prevent AOD misuse on campuses:

- Institutionalize prevention and intervention efforts that are evidence-based.

- Involve students in strategic planning and implementation efforts.
- Formalize campuses' strategic planning and reporting processes.
- Regularly evaluate AOD policies and programming.
- Dedicate more funding to AOD education, prevention, treatment and recovery strategies.
- Provide additional training to campus professionals to assist them in recognizing and responding to potential AOD problems.
- Create campus-community coalitions, or broaden the membership of existing task forces or working groups on campuses to include all relevant stakeholders.

Data collected from this project, as well as outcomes from several VHESUAC planning activities, are currently being used to write a statewide strategic plan for substance use. This plan will address priorities mentioned above by establishing a set of detailed goals and strategies that Virginia can adopt over the next five years, and it will assist campuses with identifying ways to address student AOD misuse based on available campus resources. Once finalized, VHESUAC will disseminate the strategic plan, and next steps will be communicated with all campus stakeholders. VHESUAC believes that the involvement of all stakeholders is vital for addressing AOD-related issues on campuses and for achieving both systemic and student behavior change in Virginia.

# Strategic Planning Process

## Strategic Plan Development

The Virginia Higher Education Substance Use Strategic Plan was developed by VHESUAC over the course of two years. The first step was to review and discuss information from a variety of sources including needs assessments conducted by Virginia ABC in 2015 and 2017, research of national and state data trends and best practices, Executive Council and Workgroup members' experience and expertise, and presentations from college AOD prevention professionals.

Then, from 2018 to 2020, both the Executive Council and Workgroup conducted activities to inform the direction and content of this strategic plan which included:

- Stakeholder analysis
- Vision Setting
- Gap Analysis
- Statewide Campus Assessment
- Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis
- Goals and Initiative Development
- Implementation Planning

## Stakeholder Analysis

VHESUAC sought to identify and analyze stakeholder interests in order to involve representation of as many relevant individuals as possible. Executive Council and Workgroup members identified key, primary and secondary stakeholders with significant influence upon or importance within the overall higher education community. During this process, key stakeholders were identified are those with the ability to make decisions and influence others, having a positive or negative effect on the effort. Primary stakeholders were identified as those who stand to gain something as a direct result of the effort, while secondary stakeholders are indirectly affected. VHESUAC members also listed each stakeholder's level of involvement with VHESUAC efforts into the categories of low, medium, and high (see Figure 6). The purpose of this stakeholder analysis was to identify and evaluate communication needs, recognize those who can help impact the outcome of the statewide strategic plan and brainstorm ways in which to gain support of those resources critical for success.

**Figure 6. Key, primary, and secondary VHESUAC stakeholders and their level of involvement with VHESUAC efforts**

	Stakeholders	Level of Involvement		
		Low	Medium	High
Key	VHESUAC members			X
	Legislators	X		
	Virginia ABC			X
	University Presidents		X	
	Vice Presidents of Student Affairs and Deans of Students			X

Primary	Students and student leaders		X	
	Parents and family members of students	X		
	Other senior administration		X	
	AOD program staff			X
	Student organizations	X		
	Health/counseling center			X
	Title IX office		X	
	Campus task force/ working group/coalition			X
	Athletics department		X	
	Greek life department		X	
	Residence life department		X	
	Campus police/security department			X
	Student conduct office		X	
	Health promotion or wellness office			X
	Local law enforcement		X	
	Faculty and staff		X	
Secondary	State Council of Higher Education for Virginia		X	
	Virginia Department of Education		X	
	Community members	X		
	Alcohol retailers	X		
	ERs and hospitals	X		
	Virginia Department of Health and community service boards	X		
	Faith-based organizations	X		
	Landlords	X		
	Prevention coalitions and workgroups	X		
	Alumni	X		
Medical and healthcare professionals	X			

## Vision Setting and Gap Analysis

Members of the Executive Council and Workgroup completed vision setting and gap analysis exercises in which they described their ideal future or target state for education, prevention, intervention and recovery at Virginia IHEs. Based on this ideal future and the current state of affairs across Virginia, members then identified gaps that could serve as areas of improvement for state efforts moving forward (see Figure 7).

Six distinct categories emerged from this gap analysis: 1) Staffing and administration, 2) Programming, 3) Policies, 4) Enforcement, 5) Consequences, and 6) Budget. Common themes across these categories include the following:

- Student and parent involvement in efforts
- Collaboration both internally and externally
- Expansion of programming
- Use of science-based approaches
- Uniformity of policies and consistency with enforcement

- Additional funding and resources
- Emphasis on wellbeing, engagement, and growth

These findings provided insight into suboptimal or missing strategies, structures, processes, approaches or skills among IHEs in Virginia. These findings and categories were then used to formulate recommended approaches to reach the desired state.

**Figure 7. Findings from VHESUAC gap analysis of ideal future or target state for prevention, education, treatment, and recovery at IHEs versus the current state**

Staffing and Administration	Programming
<ul style="list-style-type: none"> <li>• Sufficient number of counselors for screening, treatment, and recovery services</li> <li>• Train peers and upperclassmen</li> <li>• Partner with local service organizations</li> <li>• Have an office that specifically focuses on health awareness and promotion</li> <li>• Train all staff to support students</li> <li>• Less hierarchy</li> <li>• Appropriate communications personnel to disseminate correct information</li> <li>• Communication with other entities – sharing data and information across departments</li> <li>• Total campus support for efforts</li> </ul>	<ul style="list-style-type: none"> <li>• Engage faculty in strategies such as curriculum infusion</li> <li>• Parent-college partnership</li> <li>• Foundational program for all students to complete (101 courses)</li> <li>• Early reach in K-12th grade</li> <li>• Recovery communities with substance-free living and safe spaces</li> <li>• More on-campus treatment services and better follow-up on referrals</li> <li>• Peer support and education</li> <li>• Civic engagement centers – connection with service learning</li> <li>• Holistic wellness centers</li> <li>• Uniform health services and insurance</li> <li>• Change of culture in Greek life and athletics</li> <li>• Tailor to non-residential and transfer students</li> <li>• Focus on environmental management and harm reduction strategies</li> <li>• Shared resources for all IHEs to use</li> <li>• Student-driven planning and implementation</li> </ul>

Policies	Enforcement
<ul style="list-style-type: none"> <li>• Address disconnect between decision makers and student body</li> <li>• Strong student conduct model and student advocacy – involve students</li> <li>• Shape using theory, research and best practices</li> <li>• Balance between dry and wet campuses – address the issues within both</li> <li>• Open and anonymous reporting – Good Samaritan and Medical Amnesty policies</li> <li>• Uniform education of policies for students and faculty/staff</li> </ul>	<ul style="list-style-type: none"> <li>• Consistency with Resident Advisors and Student Life staff</li> <li>• Employ student security workers – involve students</li> <li>• More community policing approaches</li> <li>• More collaboration with local law enforcement</li> <li>• Enough manpower to enforce policies</li> <li>• Consistent and uniform enforcement</li> <li>• Police/security department involved in education and prevention activities</li> <li>• Involvement of local community leaders, businesses, hospitals, etc.</li> </ul>
Consequences	Budget
<ul style="list-style-type: none"> <li>• Student leadership involvement</li> <li>• Shape using theory, research, and best practices</li> <li>• Appropriate consequences for the violation</li> <li>• Parental notification</li> <li>• Education rather than punishment</li> <li>• Restorative justice</li> <li>• Regular reviewing and updating</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in state funding</li> <li>• Find alternate ways to pay – donors and grants</li> <li>• More funding for student services, especially new staff</li> </ul>

## SWOT Analysis

VHESUAC conducted an analysis of the strengths, weaknesses, opportunities, and threats of substance use prevention, education, and intervention at Virginia IHEs (see Figure 8).

Most campuses are utilizing at least one evidence-based strategy in their student substance use efforts, and a combination of strategies is the norm. These strategies include in-person education programs, Brief Alcohol Screening and Intervention for College Students (BASICS) or AlcoholEdu, alcohol-free events, social norms campaigns, bystander intervention programs, walking safety escort services, parent education, brief intervention services, off-campus referral for treatment services, recovery support services, written Medical Amnesty statements, community policing activities, mandatory specialized training, and AOD policy enforcement. Campuses are also using the approaches of responsible decision-making and healthy life choices to guide programming.



However, campuses across Virginia encounter several barriers when trying to implement such strategies for student substance use. The lack of available funding, limited resources and lack of trained staff are the most common barriers for IHEs. Other challenges include a lack of environmental approaches, limited capacity for screening and treating students on campus, gaps in partnerships across departments, lack of support from administration, limited capacity for data collection on student substance use and lack of a formalized AOD strategic plan. Additionally, non-residential colleges in Virginia may have low visibility of student substance use problems and lack of student body buy-in.

Numerous opportunities exist in Virginia for campuses to improve current efforts for student substance use prevention and intervention. There is an opportunity for IHEs to gain more administrative support for programming and implementing additional data collection methods to better understand student substance use and related problems. Campuses could also pursue regular review of AOD policies and evaluation of programming, environmental strategies, partnerships with organizations in the surrounding community, involvement of students in planning and implementation, and increased collaboration across departments. It is important to consider the development of AOD task forces, working groups or coalitions as well to facilitate strategic planning and improve outcomes of efforts. Finally, recovery support services could be provided, peer support could be expanded and more specialized trainings for all faculty/staff could be instituted.

Virginia IHEs must also be aware of current threats to student substance use efforts. Societal norms and peer pressure can promote underage and high-risk drinking and other drug misuse among students, along with the college drinking culture. There are also substantial costs associated with education and prevention programming and treatment services for entire campuses, and decreases in federal or state funding is a concern. Even with the ability to combat costs, campuses identify the lack of model education programs as a threat. In addition, IHEs are lacking concrete reporting guidelines for DFSCA Biennial Reviews, often leaving evaluation of current efforts segmented and strategic planning limited. Lastly, campuses do not have access to robust data on student substance use and related problems among college students in Virginia. This lack of information makes it difficult to identify current needs and assets to inform formalized strategic planning of prevention, intervention and treatment efforts.

**Figure 8. SWOT analysis of statewide substance use education, prevention, intervention and recovery at Virginia IHEs**

Internal	Strengths	Weaknesses
	<ul style="list-style-type: none"> <li>• Most IHEs are utilizing at least one evidence-based strategy</li> <li>• Most IHEs are utilizing a combination of strategies</li> <li>• Responsible decision-making, healthy life choices and enforcement of state/local laws and campus policy are common approaches that guide programming among IHEs</li> <li>• Student health fees or tuition has enabled IHEs to offer screening, brief intervention, treatment, or recovery services to students</li> <li>• IHEs with residence halls have written procedures for dealing with AOD-related violations and train residence hall directors and resident assistants in a variety of AOD-related topics</li> <li>• Campus law enforcement ensures that residence hall and on-campus event policies are being enforced at most IHEs</li> <li>• Campus law enforcement meets regularly with administrators to discuss AOD-related problems</li> <li>• Campus law enforcement engages in a wide variety of community policing activities and efforts to address to AOD-related problems</li> <li>• Campus law enforcement are trained in a variety of AOD-related topics</li> <li>• IHEs have written policies or procedures for how faculty/staff should handle AOD-related violations</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of funding</li> <li>• Lack of trained staff most IHEs do not have an AOD coordinator</li> <li>• Competing priorities</li> <li>• Limited capacity for screening and treating students on campus</li> <li>• Staff turnover</li> <li>• Limited use of peer support and student employees</li> <li>• Lack of recovery support services offered on campus to students</li> <li>• Gaps in partnerships across departments</li> <li>• Lack of environmental management strategies</li> <li>• Lack of student body buy-in or student opposition</li> <li>• Lack of support from administration</li> <li>• Low visibility of problems at non-residential IHEs</li> <li>• Limited restrictions for the location or events in which alcohol can be consumed</li> <li>• Lack of written Good Samaritan and Medical Amnesty policies</li> <li>• Lack of enforcement for sorority/fraternity event policies</li> <li>• Lack of dedicated AOD campus law enforcement unit or officer</li> <li>• Most IHEs do not work with local law enforcement to conduct compliance checks</li> <li>• Lack of parental notification</li> <li>• Lack of AOD task force, working group or coalition on campus</li> <li>• Most IHEs do not have a formalized strategic action plan for addressing AOD-related problems</li> <li>• Lack of program evaluation</li> <li>• Limited capacity for data collection on student substance use</li> </ul>

	Opportunities	Threats
External	<ul style="list-style-type: none"> <li>• Provide recovery support services</li> <li>• Utilize peer support and student leaders</li> <li>• Gain administrative support to enable a university-wide initiative</li> <li>• Secure additional funding for student services</li> <li>• Implement environmental strategies</li> <li>• Partner with local health departments, law enforcement and other community partners</li> <li>• Institute more specialized trainings on AOD topics for all faculty/staff</li> <li>• Develop an AOD task force or working group or coalition on campus</li> <li>• Develop a campus-community coalition</li> <li>• Expand parent involvement</li> <li>• Collaborate and share with other departments</li> <li>• Implement additional data collection methods</li> <li>• Update student policies to include appropriate sanctions</li> <li>• Write Good Samaritan and Medical Amnesty policies and educate students</li> <li>• Involve students in planning and implementation of programming, policies and enforcement</li> <li>• Hire more staff focused on AOD use on campus</li> <li>• Develop an AOD strategic plan</li> <li>• Regularly review policies and evaluate programming</li> </ul>	<ul style="list-style-type: none"> <li>• Changes in legislation</li> <li>• Societal norms and social influences</li> <li>• Stigma</li> <li>• Peer pressure</li> <li>• Prior substance use among students – first arriving to campus already at high- or medium-risk</li> <li>• Conflicting messages to students from parents/family or community members</li> <li>• College drinking culture</li> <li>• Lack of model education and prevention programs</li> <li>• Cost</li> <li>• Lack of guidelines for strategic planning and completing DFSCA Biennial Reviews</li> <li>• Lack of reporting guidelines</li> <li>• Lack of data on Virginia student substance use</li> <li>• Limited access to technology for programming and data tracking/sharing</li> <li>• Decrease in federal or state funding</li> <li>• Resistance from community partners</li> <li>• Off-campus fraternity/sorority houses</li> <li>• Off-campus alcohol retailers</li> <li>• Nearby wet campuses</li> <li>• Limited options for off-campus treatment referrals</li> </ul>

## Overarching Principles and Goals

VHESUAC values each school's efforts to provide students with high quality educational programs that foster student learning and success. VHESUAC also recognizes that graduates must possess and demonstrate appropriate cognitive, social and personal skills. In support of those goals, VHESUAC members strive to reduce the impact that student AOD misuse has on students' full participation in the academic opportunities offered at their campuses. VHESUAC understands that its efforts must be grounded in the student learning outcomes advanced at each school, while assuring that each campus is able to provide education, prevention, intervention and recovery services responsive to student needs and in line with campus culture. Furthermore, VHESUAC realizes that each school is

at a different stage of readiness to address a particular issue with some being further along than others. It is necessary to acknowledge where a campus currently is in addressing AOD issues and to use that as a starting point when working together or providing guidance.

The following overarching principles and goals guide the strategic plan by stating underlying imperatives and intended outcomes. This framework helps to establish standards that can determine success, and ensures that strategies complement one another while working towards the same purpose.

### **Principles**

- **Sustained Effort:** VHESUAC is dedicated to the application of innovative and effective strategies through direct engagement of IHEs and surrounding communities over time to improve student success and health and to achieve systemic environmental changes.
- **Partnership Building:** VHESUAC will actively collaborate and communicate with campus stakeholders, state partners, local organizations and other leaders to share expertise and resources for advancing significant and systemic change.
- **Evaluation Driven:** VHESUAC commits to using qualitative and quantitative measures to assess strategic planning goals and execution steps developed to address the issues associated with student substance misuse on campuses.

### **Goals**

1. Utilize evidence-based strategies, best practices and student input on campuses to decrease the frequency and severity of AOD issues among students, increase student adoption of protective behaviors and reduce the impact of AOD use on student academic performance and overall well-being.
2. Create a culture of research to support the development and implementation of campus AOD strategic plans.
3. Facilitate enhanced partnership and collaboration among identified campus stakeholders and utilize students as a resource to inform and better support education, prevention, intervention and recovery efforts.

# Strategic Areas and Initiatives

## Strategic Areas

Initiatives that address student substance use and related issues on campuses should be implemented across five strategic areas (see Figure 9). This will enable VHESUAC to achieve both systemic student behavior change. The framework is intended to be aspirational, as full implementation should lead to achievement of the ideal future state. Each of the following five broad areas guides campus-wide and statewide initiatives for IHEs.

Figure 9. Virginia Higher Education Substance Use Prevention Strategic Planning Areas



**Foundation and Leadership:** IHEs must develop comprehensive structures and dedicated resources to support programs designed to address the individual, environmental and cultural components of student substance misuse. Structures need to involve coordinated engagement of campus and community stakeholders, including students. It is vital to gain administrative support in order to accomplish goals and implement initiatives.

**Planning and Assessment:** Each school has a unique culture and understands its students' needs and issues best. IHEs are complex organizations with differing resources available and systems in place. The success of this strategic plan depends on each school's commitment to planning and implementation processes that incorporate VHESUAC's shared goals and initiatives to show sustained effort towards addressing student substance misuse.

**Policy and Enforcement:** There is a need to develop clear rules that address sale, possession, provision and use of alcohol and other drugs. It is important to have a strong partnership between campus law enforcement and administration, because policies are not effective when enforcement is not consistent. The active and regular enforcement of AOD policies and laws is critical to systemic environmental changes.

**Programming and Services:** IHEs must commit to working together to employ evidence-based initiatives, develop innovative practices, and create new methods shown to be effective in addressing student substance misuse on campuses. A comprehensive approach that utilizes a variety of

individual and environmental strategies and tailored programming and services will have the most significant impact.

**Collaboration and Communication:** Effective communication is the foundation for building and sustaining campus-wide and statewide efforts. IHEs should not have to take on these efforts in a silo. There must be ample help and support offered from state and local entities, as well as sufficient two-way communication at each step. IHEs have the opportunity to learn from one another, share ideas and expertise, and create lasting partnerships that further strategic planning goals.

## Strategic Initiatives

### Foundation and Leadership

#### Campus-wide Initiatives

- Work to ensure that AOD education, prevention, intervention and recovery efforts are campus-wide initiatives that involve stakeholders from multiple departments.
- Generate appropriate key education objectives for students on substance misuse that are communicated across campus and infused into relevant courses.
- Gain sufficient support from senior administration for AOD education, prevention, intervention and recovery efforts.
- Increase funding dedicated to AOD education, prevention, intervention and recovery efforts by seeking grants and state partnerships.
- Train all relevant campus administrators, faculty/staff members and student employees to identify, screen and provide referrals for students experiencing AOD-related problems.
- Employ students and train student leaders as security workers, wellness coaches, event coordinators and other positions to foster mentorship and peer support.
- Develop sustainable staffing structures that assure effective delivery of AOD education, prevention, intervention and recovery efforts.

#### Statewide Initiatives

- Advocate for additional funding streams that will support AOD education, prevention, intervention and recovery efforts on campuses – work with partners such as the Commission on Youth (COY).
- Develop and maintain a centralized repository of effective approaches, evidence-based strategies, best practices, and model programs for campuses to implement.
- Assure that key education objectives for students on substance misuse delivered by IHEs have continuity on all campuses irrespective of size, affiliation, location, etc.

### Planning and Assessment

#### Campus-wide Initiatives

- Develop a campus strategic plan that regularly assesses data and tracks progress to evaluate and improve AOD education, prevention, intervention and recovery efforts over time.
- Involve students in planning and implementation of programming, services, policies and enforcement.

- Implement a variety of quantitative and qualitative methods to measure student AOD use, knowledge, attitudes, perceptions and consequences – such as conducting regular surveys and tracking disciplinary statistics.

#### Statewide Initiatives

- Establish and maintain a statewide system for data collection on student substance use behaviors that uses common tools, methods, and resources and informs strategic planning efforts.
- Develop and maintain strategic planning guidelines that address campus specific education, prevention, intervention and recovery efforts and identify target populations for programming and services.
- Create programming and service benchmarks and other corresponding qualitative and quantitative measures to be used in strategic planning efforts to determine progress and advocate for changes.

### Policy and Enforcement

#### Campus-wide Initiatives

- Develop a written Good Samaritan and Medical Amnesty policy and distribute to students as part of health promotion campaigns and other programming.
- Consistently enforce AOD policies on campus, especially for residence halls and fraternity/sorority houses.
- Expand restrictions on, and increase enforcement/monitoring of campus events involving alcohol.
- Regularly review and update AOD policies and enforcement procedures based on stakeholder input and best practices.

#### Statewide Initiatives

- Develop and maintain policy development and enforcement procedure guidelines that incorporate use of best practices and improve communication with faculty/staff and students.
- Advocate for increased state and local enforcement of underage drinking and responsible service laws – work with partners such as the Virginia Association of Campus Law Enforcement Administrators (VACLEA).

### Programming and Services

#### Campus-wide Initiatives

- Launch a coordinated campus system that utilizes evidence-based instruments for screening and providing brief intervention to students experiencing AOD-related problems.
- Implement effective social norms campaigns for students with messages that are aligned with campus-specific data and culture.
- Establish a collegiate recovery program or community for students on campus that offers a range of evidence-based recovery support services.
- Implement harm reduction and responsible decision-making approaches for education, prevention, intervention and recovery efforts on campus.

- Offer and promote alcohol-free events and student engagement opportunities such as community service, research, outreach, career preparation, etc.
- Actively encourage parent involvement with students and establish a communication network for parents to share knowledge and advocate for AOD education, prevention, intervention and recovery efforts.
- Provide effective bystander intervention training on campus that can be applied to student substance use.
- Establish a peer health education group on campus that trains students to promote healthy decision-making and conduct outreach programs, awareness events and confidential sessions.

#### Statewide Initiatives

- Develop and maintain programming and service guidelines for a variety of strategies that support planning and implementation efforts.
- Provide trainings and professional development opportunities for campus faculty/staff on evidence-based strategies and best practices.

### Collaboration and Communication

#### Campus-wide Initiatives

- Form an AOD task force or working group on campus that involves students, parents, faculty and staff and use it to facilitate strategic planning efforts.
- Build and maintain a campus-community coalition that can leverage the influence of local law enforcement, neighbors, retailers and other stakeholders to address issues such as alcohol sales to underage and intoxicated students.
- Identify program linkages and resource development opportunities across several campus departments including Athletics, Fraternity and Sorority Life, Residence Life, Student Conduct, Academic Assistance and Police/Security.
- Establish strong partnerships with community-based organizations and practitioners that can provide off-campus services to students.
- Engage faculty/staff with AOD education, prevention, intervention and recovery efforts by promoting and providing support for strategies such as curriculum infusion.

#### Statewide Initiatives

- Develop and maintain guidelines for the successful establishment and operation of campus-community coalitions and campus AOD task forces/working groups.
- Establish a network of national experienced practitioners who can provide technical assistance to both VHESUAC and individual campuses for the planning, implementation and evaluation of specific strategies.
- Establish mechanisms for campuses to share approaches and strategies for effective programming including formal networking opportunities – work with partners such as the Virginia College Collaborative (VCC).



# Implementation Plan

The process of implementing successful AOD education, prevention, intervention and recovery initiatives is non-linear, but progresses through the recognizable stages when it is effective. These include: 1) Engaging a dedicated team, 2) Assessing current state, 3) Planning an initiative, 4) Implementing an initiative and 5) Evaluating an initiative. Delivering successful initiatives requires a flexible approach that allows for revisiting all aspects of an initiative to improve it. It may mean, for instance, re-involving an important group to better understand their work and plan a new initiative or moving back to the planning stage while implementing an initiative in order to make adjustments. False starts are also possible, in making a step back necessary to rethink the approach. The key to any successful initiative is to keep moving, even if that means turning time and effort back to an earlier step to ensure that the work is effective on campus.

It may make sense to move forward in multiple strategic areas while acknowledging that environmental and system-wide approaches will move differently and generally take more time than addressing individual approaches. VHESUAC's advice is to progress with a manageable number of initiatives (as few as one) and take the time to build the team's ability to implement an initiative before starting something new. The capability to rethink and move forward as a team takes time, and the best way to learn is to get started. It is worth the additional time and effort to build a team, as this translates into initiatives that have a greater impact.

Accordingly, VHESUAC has developed an implementation guide that aligns each campus-wide initiative with a level of complexity and a level of impact in order to assist campuses with selecting campus-wide initiatives and planning for implementation (see Figure 10). Complexity is defined as the amount of time, resources and effort needed to implement the initiative. The range of low, medium or high complexity allows IHEs to evaluate their current capacity and select initiatives to implement that match their current resource availability. Impact is defined as the effect the initiative has on student substance misuse. Please note that initiatives listed as low complexity or low impact should not be seen as unimportant and disregarded. Instead, these initiatives are often vital to campus efforts since they help establish support and structure for more complex and impactful initiatives. This implementation guide is simply meant to guide thinking about what campuses should strive for based on available resources and to provide recommendations for the planning of efforts. The purpose is not to require campuses to implement initiatives that may not be feasible or realistic. As stated previously, flexibility is key since each campus has unique needs and resources.

On the other hand, statewide initiatives fall within VHESUAC's current responsibilities and efforts. These will be implemented and sustained throughout the next five years; alongside other VHESUAC activities (see Figure 11). First, VHESUAC will work to develop a centralized repository of effective approaches, evidence-based strategies, etc. for campuses to implement and develop strategic planning guidelines that address specific campus efforts. Second, VHESUAC will create guidelines that provide support for planning and implementing policy review, enforcement procedures, programming, services and other initiatives. Third, VHESUAC will establish a statewide system for

data collection on student substance use, providing trainings and professional development opportunities for campus faculty/staff and create mechanisms for campuses to share initiatives. Fourth, programming and service benchmarks will be developed and a network of national practitioners will be established to support strategic planning and implementation efforts. Fifth, VHESUAC will strive to ensure that key messages on student substance misuse have continuity on all campuses, advocate for additional funding streams and the increased enforcement of state and local laws.

Figure 10. Implementation guide for campus-wide initiatives by IHEs

		Strategic Area	Low Complexity	Medium Complexity	High Complexity
High Impact	<b>Foundation and Leadership</b>		<ul style="list-style-type: none"> <li>Gain sufficient support from senior administration for AOD education, prevention, intervention and recovery efforts.</li> </ul>	<ul style="list-style-type: none"> <li>Increase funding dedicated to AOD education, prevention, intervention and recovery efforts by seeking grants and state partnerships.</li> <li>Train all relevant campus administrators, faculty/staff members and student employees to identify, screen, and provide referrals for students experiencing AOD-related problems.</li> </ul>	<ul style="list-style-type: none"> <li>Develop sustainable staffing structures that assure effective delivery of AOD education, prevention and intervention and recovery efforts.</li> <li>Employ students and train student leaders as security workers, wellness coaches, activity coordinators and other positions to foster mentorship and peer support.</li> </ul>
	<b>Planning and Assessment</b>				<ul style="list-style-type: none"> <li>Implement a variety of quantitative and qualitative methods to measure student AOD use, knowledge, attitudes, perceptions and consequences – such as conducting regular surveys and tracking disciplinary statistics.</li> </ul>
	<b>Policy and Enforcement</b>			<ul style="list-style-type: none"> <li>Expand restrictions on, and increase enforcement/monitoring of campus events involving alcohol.</li> </ul>	
	<b>Programming and Services</b>	<ul style="list-style-type: none"> <li>Actively encourage parent involvement with students and establish a communication network for parents to share knowledge and advocate for AOD education, prevention, intervention and recovery efforts.</li> </ul>	<ul style="list-style-type: none"> <li>Establish a collegiate recovery program or community for students on campus that offers a range of evidence-based recovery support services.</li> <li>Establish a peer health education group on campus that trains students to promote healthy decision-making and conduct outreach programs, awareness events and confidential sessions.</li> </ul>	<ul style="list-style-type: none"> <li>Launch a coordinated campus system that utilizes evidence-based instruments for screening and providing brief intervention to students experiencing AOD-related problems.</li> </ul>	
	<b>Collaboration and Communication</b>	<ul style="list-style-type: none"> <li>Engage faculty/staff with AOD education, prevention, intervention and recovery efforts by promoting and providing support for strategies such as curriculum infusion.</li> </ul>		<ul style="list-style-type: none"> <li>Build and maintain a campus-community coalition that can leverage the influence of local law enforcement, neighbors, retailers and other stakeholders to address issues such as alcohol sales to underage and intoxicated students.</li> </ul>	

	Strategic Area	Low Complexity	Medium Complexity	High Complexity
<b>Medium Impact</b>	<b>Foundation and Leadership</b>	<ul style="list-style-type: none"> <li>Work to ensure that AOD education, prevention, intervention and recovery efforts are campus-wide initiatives that involve stakeholders from multiple departments.</li> </ul>		
	<b>Planning and Assessment</b>			<ul style="list-style-type: none"> <li>Develop a campus strategic plan that regularly assesses data and tracks progress to evaluate and improve AOD education, prevention, intervention and recovery efforts over time.</li> </ul>
	<b>Policy and Enforcement</b>	<ul style="list-style-type: none"> <li>Develop a written Good Samaritan and Medical Amnesty policy and distribute to students as part of health promotion campaigns and other programming.</li> </ul>	<ul style="list-style-type: none"> <li>Consistently enforce AOD policies on campus, especially for residence halls and fraternity/sorority houses.</li> </ul>	
	<b>Programming and Services</b>		<ul style="list-style-type: none"> <li>Implement effective social norms campaigns for students with messages that are aligned with campus-specific data and culture.</li> </ul>	
	<b>Collaboration and Communication</b>			<ul style="list-style-type: none"> <li>Form an AOD task force or working group on campus that involves students, parents, faculty and staff and use it to facilitate strategic planning efforts.</li> </ul>

	Strategic Area	Low Complexity	Medium Complexity	High Complexity
Low Impact	Foundation and Leadership			<ul style="list-style-type: none"> <li>Generate appropriate key education objectives for students on substance misuse that are communicated across campus and infused into relevant courses.</li> </ul>
	Planning and Assessment	<ul style="list-style-type: none"> <li>Involve students in planning and implementation of programming, services, policies and enforcement.</li> </ul>		
	Policy and Enforcement		<ul style="list-style-type: none"> <li>Regularly review and update AOD policies and enforcement procedures based on stakeholder input and best practices.</li> </ul>	
	Programming and Services	<ul style="list-style-type: none"> <li>Implement harm reduction and responsible decision-making approaches education, prevention, intervention and recovery efforts on campus.</li> </ul>		<ul style="list-style-type: none"> <li>Offer and promote alcohol-free events and student engagement opportunities such as community service, research, outreach, career preparation, etc.</li> <li>Provide effective bystander intervention training on campus that can be applied to student substance use.</li> </ul>
	Collaboration and Communication		<ul style="list-style-type: none"> <li>Identify program linkages and resource development opportunities across several campus departments including Athletics, Fraternity and Sorority Life, Residence Life, Student Conduct, Academic Assistance and Police/Security.</li> <li>Establish strong partnerships with community-based organizations and practitioners that can provide off-campus services to students.</li> </ul>	

**Figure 11. Implementation plan for statewide initiatives by VHESUAC**

Strategic Area	Statewide Initiative	2021	2022	2023	2024	2025	2026
<b>Foundation and Leadership</b>	Develop and maintain a centralized repository of effective approaches, evidence-based strategies, best practices, and model programs for campuses to implement.						
	Advocate for additional funding streams that will support AOD education, prevention, intervention and recovery efforts on campuses – work with partners such as COY.						
	Assure that key education objectives for students on substance misuse delivered by IHEs have continuity on all campuses irrespective of size, affiliation, location, etc.						
<b>Planning and Assessment</b>	Develop and maintain strategic planning guidelines that address campus specific education, prevention, intervention and recovery efforts, and identify target populations for programming and services.						
	Establish and maintain a statewide system for data collection on student substance use behaviors that uses common tools, methods and resources and informs strategic planning efforts.						
	Create programming and service benchmarks and other corresponding qualitative and quantitative measures to be used in strategic planning efforts to determine progress and advocate for changes.						
<b>Policy and Enforcement</b>	Develop and maintain policy development and enforcement procedure guidelines that incorporate use of best practices and improve communication with faculty/staff and students.						
	Advocate for increased state and local enforcement of underage drinking and responsible service laws – work with partners such as VACLEA.						
<b>Programming and Services</b>	Develop and maintain programming and service guidelines for a variety of strategies that support planning and implementation efforts.						
	Provide trainings and professional development opportunities for campus faculty/staff on evidence-based strategies and best practices.						
<b>Collaboration and Communication</b>	Develop and maintain guidelines for the successful establishment and operations of campus-community coalitions and campus AOD task forces/working groups.						
	Establish mechanisms for campuses to share approaches and strategies for effective programming including formal networking opportunities – work with partners such as VCC.						
	Establish a network of national experienced practitioners who can provide technical assistance to both VHESUAC and individual campuses for the planning, implementation and evaluation of specific strategies.						

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