



Status Report of Substance Use Programs at Virginia's Institutions of Higher Education

Topline Report

July 7, 2020

Prepared by



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EXECUTIVE SUMMARY

PROJECT OBJECTIVES

While the Virginia Higher Education Substance Use Advisory Committee (VHESUAC) is tasked with developing a statewide strategic plan for addressing substance use at Virginia's institutions of higher education (IHEs), a foundational Status Report was needed to identify the strengths, weaknesses, opportunities and threats of current programs at IHEs around the commonwealth.

Brand Planning conducted this data collection effort, and this Topline Report is designed to inform the VHESUAC strategic planning process.

MAJOR FINDINGS

Representatives of all the schools that participated in this research take their jobs very seriously and are genuinely committed to reducing the level of drug/alcohol problems among students at their schools.

However, several complain about a lack of support from the highest level of their schools' administration and/or resistance from alumni (especially for alcohol-related issues). A number also complain that the lack of attention to these issues by high schools, junior high schools, and parents makes their jobs much more difficult.

While community colleges serve a large number of students, the relatively high average age of their students and the fact that they are all commuter students make it extremely difficult to attract a meaningful audience for their drug/alcohol education and prevention programming. As a result, the programming at community colleges has limited effectiveness.

Aside from this noteworthy difference between community colleges and four-year schools, the extent of a school's drug/alcohol education, prevention, and screening efforts does not appear to be a function of school size or funding (public vs. private). Instead, it appears to be mostly a function of the degree to which each school believes the level of drug/alcohol misuse among its students is a problem.

Not surprisingly, schools that are self-described as a "Christian university" or "evangelical Christian university" advocate for the abstinence of all alcohol (or other drugs). On the other hand, representatives of many other universities express concern with students who believe their use of marijuana should be allowed because they come from states in which marijuana has been legalized.

Most participants in this research state that they would be interested in learning what other schools of a similar size are doing in their drug/alcohol programming efforts. They also express an interest in learning about best practices for these efforts.

Additional details on these and other findings are found in the following topline report.

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BACKGROUND

PROJECT OBJECTIVES

While the Virginia Higher Education Substance Use Advisory Committee (VHESUAC) is tasked with developing a statewide strategic plan for addressing substance use at Virginia's institutions of higher education (IHEs), a foundational Status Report was needed to identify the strengths, weaknesses, opportunities and threats of current programs at IHEs around the commonwealth.

Brand Planning conducted the data collection for this effort, and this Topline Report is designed to inform the VHESUAC strategic planning process with the following types of information:

- Gaps and themes in substance use education, prevention, and intervention at Virginia's public and private IHEs in order to develop recommendations and goals for the statewide strategic plan
- Current evidence-based practices that are being used
- The number of campus-community coalitions and campus task forces that currently exist
- The number of IHEs already using formalized strategic plans with measurable outcomes
- How IHEs are formatting/structuring DFSCA biennial reviews
- Inform the development of a plan for on-going statewide data collection based on the data collection methods that IHEs are currently using

RESEARCH DESIGN

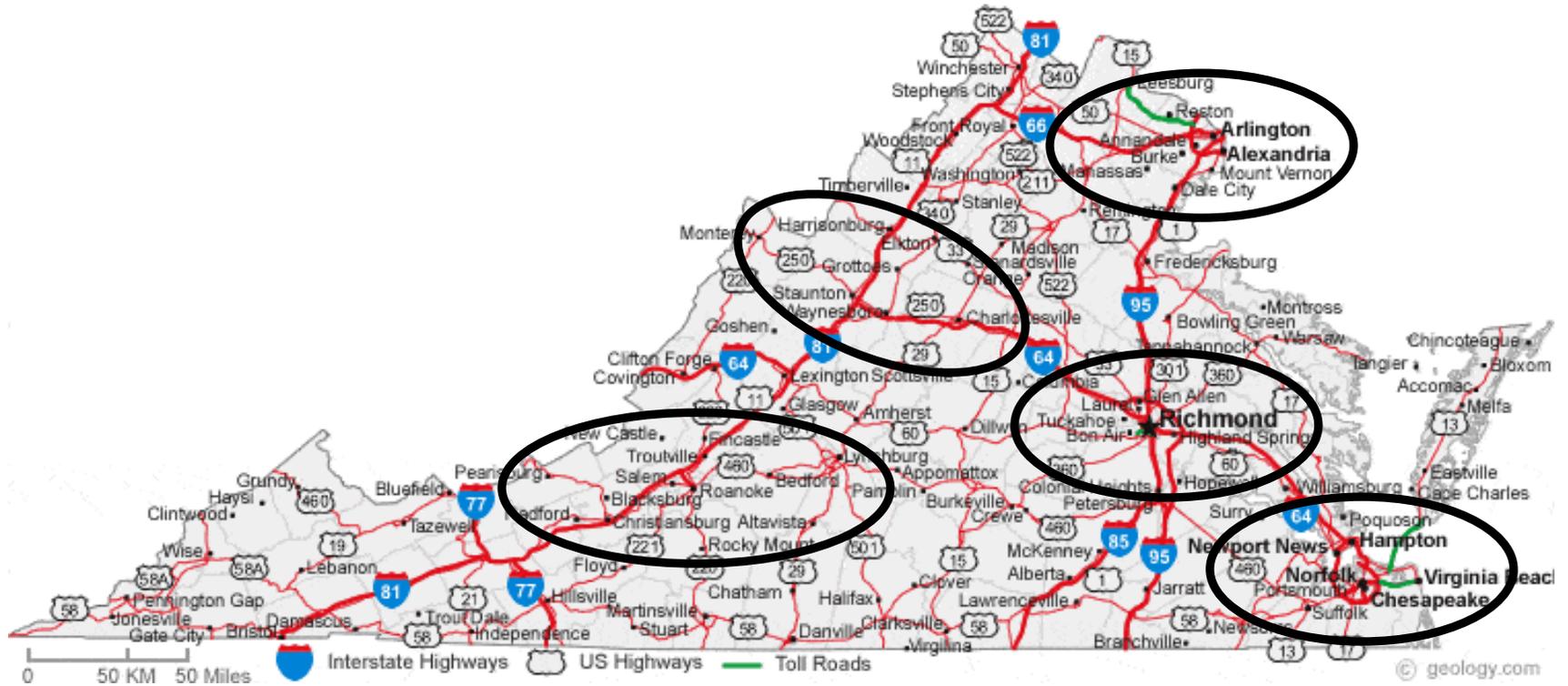
Data collection was through video conference group interviews with representatives from each participating school. This methodology was used to ensure a high response and completion rate for the desired data/information. Each of these interviews lasted 2-2.5 hours, and the assessment tool (questionnaire) was adapted from The Maryland Collaborative to meet VHESUAC's needs.

Sampling Plan

The map below identifies five (5) regions with relatively high densities of Virginia colleges and universities, and the schools that were included in this research were drawn from these areas. Within each region, the full range of school "types" (e.g., large vs. small, private vs. public, etc.) were included. Thus, the following sampling plan was used for this project:

- 5 regions
- 5-7 schools per region (29 participated)

Virginia College/University Regions



Sampling Plan Rationale

First, it was determined that an in-person data collection method would yield the highest response rate and the most reliable data (later converted to video conferences due to COVID-19 concerns). To determine the schools for inclusion in the survey, several factors were taken into consideration:

- First, a purely “random” sampling plan would not result in data that is representative of the number and range of programs offered to Virginia students due to the relatively small sample size (66 schools).
- Other concerns with a “random” sample of schools include its disregard for the large number of community colleges and their unique characteristics, and the number of students affected by programs at each school. For example, a random sample of schools could lead to conclusions that “most schools offer X” but it would be misleading to assume that most students also are exposed to X. Even if we moved to a more “affected population” (student-based) sampling plan, we would still want to include small schools due to the different dynamics and types of programs they offer.

Therefore, a very methodical procedure was used to select 30 schools representing a range of school “types” within each of the five Virginia regions in which schools of higher education are concentrated:

- North: NoVA (including Winchester, Fredericksburg),
- Central: Richmond
- Southeast: Tidewater
- West Central: Harrisonburg/Charlottesville,
- Southwest: Blacksburg/Roanoke/Lynchburg/Farmville,

Despite the large number of schools in Southwestern Virginia, it was determined that school type and size are more useful/ meaningful than geographic location for the sampling – while ensuring equal sampling from all five regions. This resulted in the following sampling plan:

School Size

- Under 4,000 = 8 schools
- 4,000 – 9,999 = 12 schools
- 10,000+ = 9 schools

School Type

- Private four year = 10 schools
- Public four year = 12 schools
- Public two year = 7 schools

- Historically African American colleges: 3 schools
- Religious schools: 3 schools

Participating Schools

The following are the schools that participated in this research.

North: NoVA (including Winchester, Fredericksburg),

1. Large: George Mason University (26.2k)
2. Large: Northern Virginia Community College (51.2k)
3. Medium: University of Mary Washington (4.4k)
4. Medium: Germanna Community College (6.7k)
5. Small: Marymount University (2.3k, R, private)
6. Small: Shenandoah University (2.0k, private)

Central: Richmond

1. Large: Virginia Commonwealth University (24.1k)
2. Large: John Tyler Community College (10.1k)
3. Medium: Virginia State University (4.3k, AA)
4. Small: University of Richmond (3.2k, private)
5. Small: Randolph-Macon College (1.5k, private)

Southeast: Tidewater

1. Large: Old Dominion University (19.4k)
2. Medium: Thomas Nelson Community College (8.3k)
3. Medium: Regent University (4.6k, R, private)
4. Medium: Norfolk State University (4.7k, AA)
5. Medium: The College of William & Mary (6.4k)
6. Small: Hampton University (3.7k, AA, private)

Southwest: Blacksburg/Roanoke/Lynchburg/Farmville,

1. Large: Virginia Polytechnic and State University (27.8k)
2. Large: Liberty University (13.6k, R, private)
3. Medium: Radford University (7.9k)
4. Medium: Virginia Western Community College (7.3k)
5. Medium: Longwood University (4.3k)
6. Small: Hampden-Sydney College (1.1k, private)
7. Small: University of Lynchburg (2.1k, private)

West Central: Harrisonburg/Charlottesville,

1. Large: University of Virginia (16.8k)
2. Large: James Madison University (19.9k)
3. Medium: Piedmont Virginia Community College (5.6k)
4. Medium: Blue Ridge Community College (4.2k)
5. Small: Bridgewater College (1.8k, private)

MAJOR FINDINGS

Unless indicated, tables and charts contained within the report are based on those asked a specific question. Tables and charts may not total 100% due to 1) rounding, 2) multiple answers allowed in some instances, 3) exclusion of “no answer” percentages, and 4) not all answers being shown.

The schools that participated in this research represent a large proportion of all Virginia schools of higher education – roughly half, or 29 of the 66 schools). It is also safe to say that these schools represent roughly half of the college/university student population in Virginia. In addition, these schools represent a good cross-section of all school types, sizes, and locations.

However, when interpreting the percentages in the carts and tables below, it should be kept in mind that the total sample size is 29 schools. **Therefore, percentages of at least 50% are the most reliable for statewide projections, especially when they represent the total sample and not school sub-groups.**

For the reasons above, and as a Topline Report, smaller percentages and “other” responses are generally not included in the analyses below.

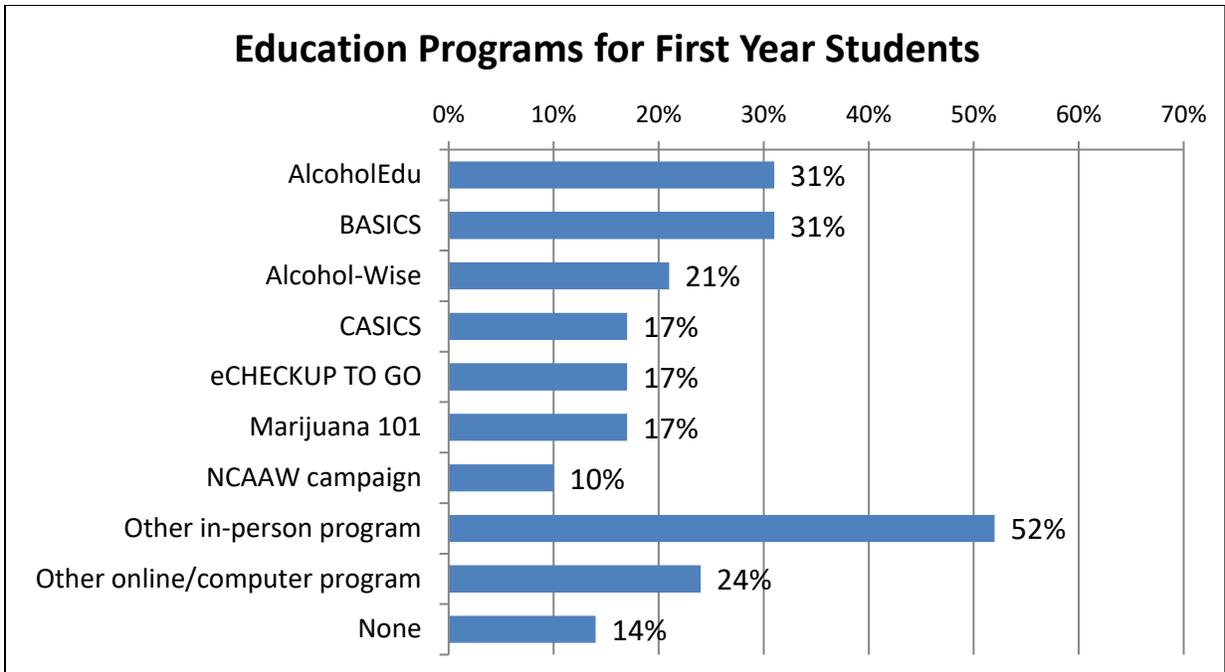
EDUCATION & PREVENTION PROGRAMS

Among the schools surveyed, 86% have an alcohol/drug education program for first-year students. As the chart below shows, the most common programs are the following:

- AlcoholEdu
- Brief Alcohol Screening and Intervention for College Students (BASICS)

These are followed by the following programs:

- Alcohol-Wise
- Cannabis Screening and Intervention for College Students (CASICS)
- eCHECKUP TO GO (formally, eCHUG)
- Marijuana 101



Of those schools that offer drug/alcohol education programs, over three-fourths require all first-year students to take at least one of the programs (80%, or 69% of all schools).

- Most schools that require education programs for all first year students require the students to take the program(s) at the beginning and/or end of their freshman year (85%). Other times that the programs are required are shown in the table below.

Times During College Career that Education Programs are Required
(Among Schools Requiring Participation in First Year)

| | |
|------------|---|
| 85% | Beginning and/or end of Freshman Year |
| 60% | On referral for alcohol or other drug offense or violation |
| 30% | On referral for alcohol or other drug problem |
| 15% | Beginning and/or end of each academic year |
| 15% | Only required to take program once |
| 35% | Other |

Verification: For those schools that offer a drug/alcohol education program, almost all verify that the student completed it (88%). The most common means of verification is through the education/software program (see table below).

How Education Program Completion is Verified
(Among Schools Offering Programs)

| | |
|------------|---|
| 52% | Education/software program notifies school |
| 32% | Follow up with students by email |
| 12% | Certificate on student's record |
| 44% | Other |
| 12% | Don't verify completion of program |

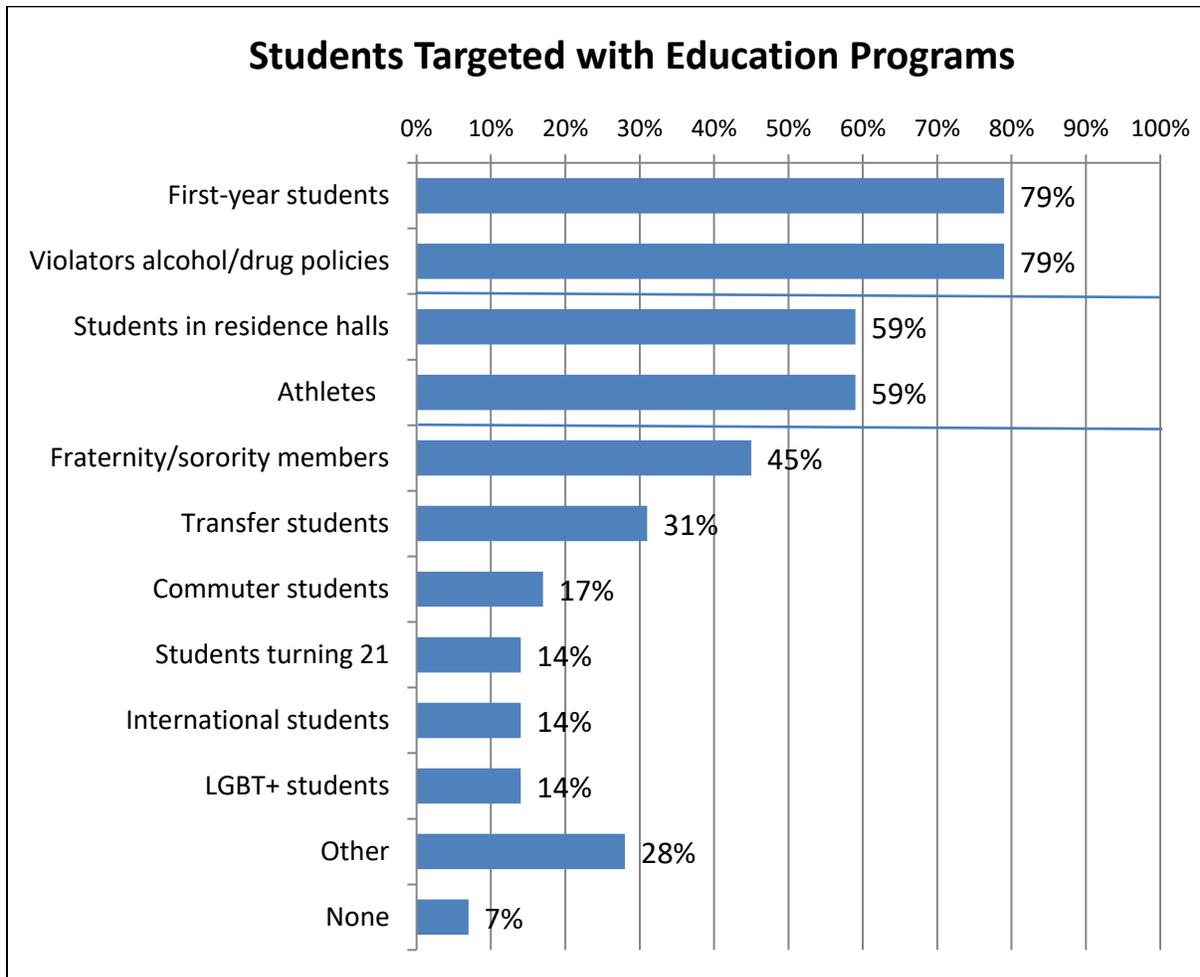
Penalties: For those schools that offer a drug/alcohol education program, over three-fourths have penalties for not completing it (84%). The most common penalty is a registration block (see table below).

Penalties for Not Completing the Education Program
(Among Schools Offering Programs)

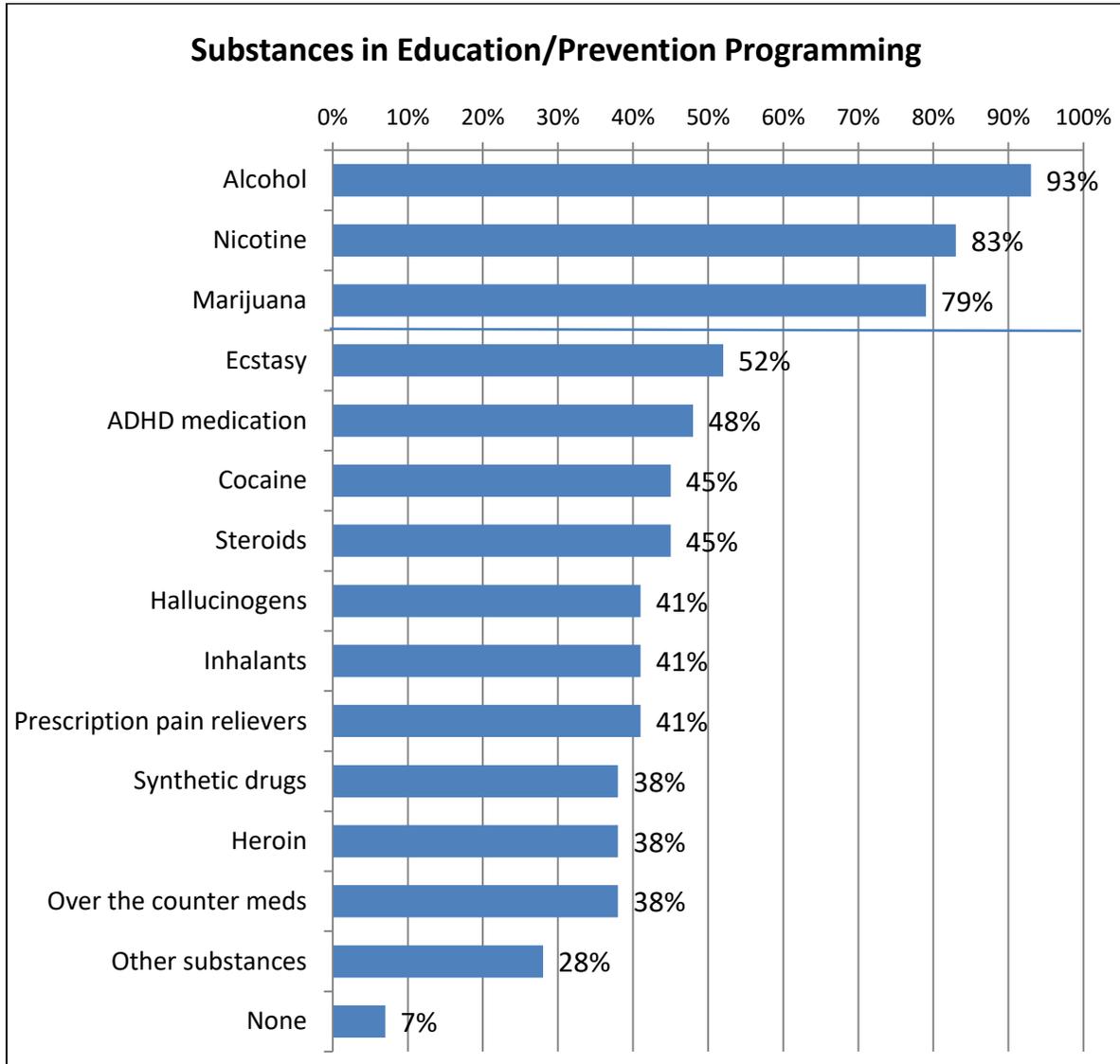
| | |
|-----|------------------------|
| 52% | Registration blocks |
| 24% | Disciplinary probation |
| 44% | Other |
| 16% | No penalties |

Targeted Students: The most common types of students for whom there are targeted alcohol/drug education and prevention programming are first-year students and those who have violated alcohol/drug policies (both cited by over three-fourths of schools (79%).

Students who live in residence halls and athletes are the next-most commonly targeted students for programming – cited by just over half of schools (59%).



Virtually all schools have education and prevention programming that addresses alcohol (93%), and over three-fourths of schools have programming that addresses nicotine (83%) and marijuana (79%).



Program Elements: As the table below shows, the most common elements to be included in schools' alcohol/drug education and prevention programming are lectures (cited by 90%) and poster/sign campaigns (86%).

Over half include the following elements:

- Emailing information to students
- Speakers
- Hands-on activities (DUI simulator, fatal vision goggles, breathalyzer, walk test, etc.)
- Posting new information online for students
- Educational displays at events

Elements Included in Education/Prevention Programming
(Among All Schools)

| | |
|------------|--|
| 90% | Lectures, meetings, workshops, webinars for students |
| 86% | Poster or sign campaigns |
| 66% | Emailing information to students |
| 62% | Speakers |
| 62% | Hands-on activities (DUI simulator, fatal vision goggles, breathalyzer, walk test, etc.) |
| 59% | Posting new information online for students |
| 59% | Educational displays at events |
| 45% | Discussion groups (task forces, committees, panels, workgroups, etc.) |
| 34% | Information/articles in campus publications |
| 24% | A special academic course on alcohol and other drug issues |
| 21% | Mailing printed information to students |
| 21% | Curriculum infusion |
| 28% | Other |

Virtually all schools host **alcohol-free events** on nights and weekends to provide students with social alternatives to parties and bars where alcohol is being served (93%).

Only about a fourth offer a **“Safe Rides” program** – a program designed to provide students with a safe ride home in order to avoid driving impaired or riding with an impaired driver (28%).

Roughly half of the Virginia schools included in this survey have conducted a campus-wide **“Social Norms” campaign** – a formal campaign designed to correct misperceptions about student alcohol and other drug use (48%).

- Of the schools offering a Social Norms campaign, virtually all include ads/posters in their campaigns (93%). Just under three-fourths of these schools include social media in their campaigns (71%).

Elements Included in Social Norms Campaign
(Among Schools Offering a Campaign)

| | |
|------------|-------------------------------|
| 93% | Ad/poster campaigns |
| 71% | Social media campaigns |
| 43% | Video campaigns |
| 29% | Website advertisements |
| 21% | Student/community forums |
| 14% | Newspaper advertisements |
| 64% | Other |

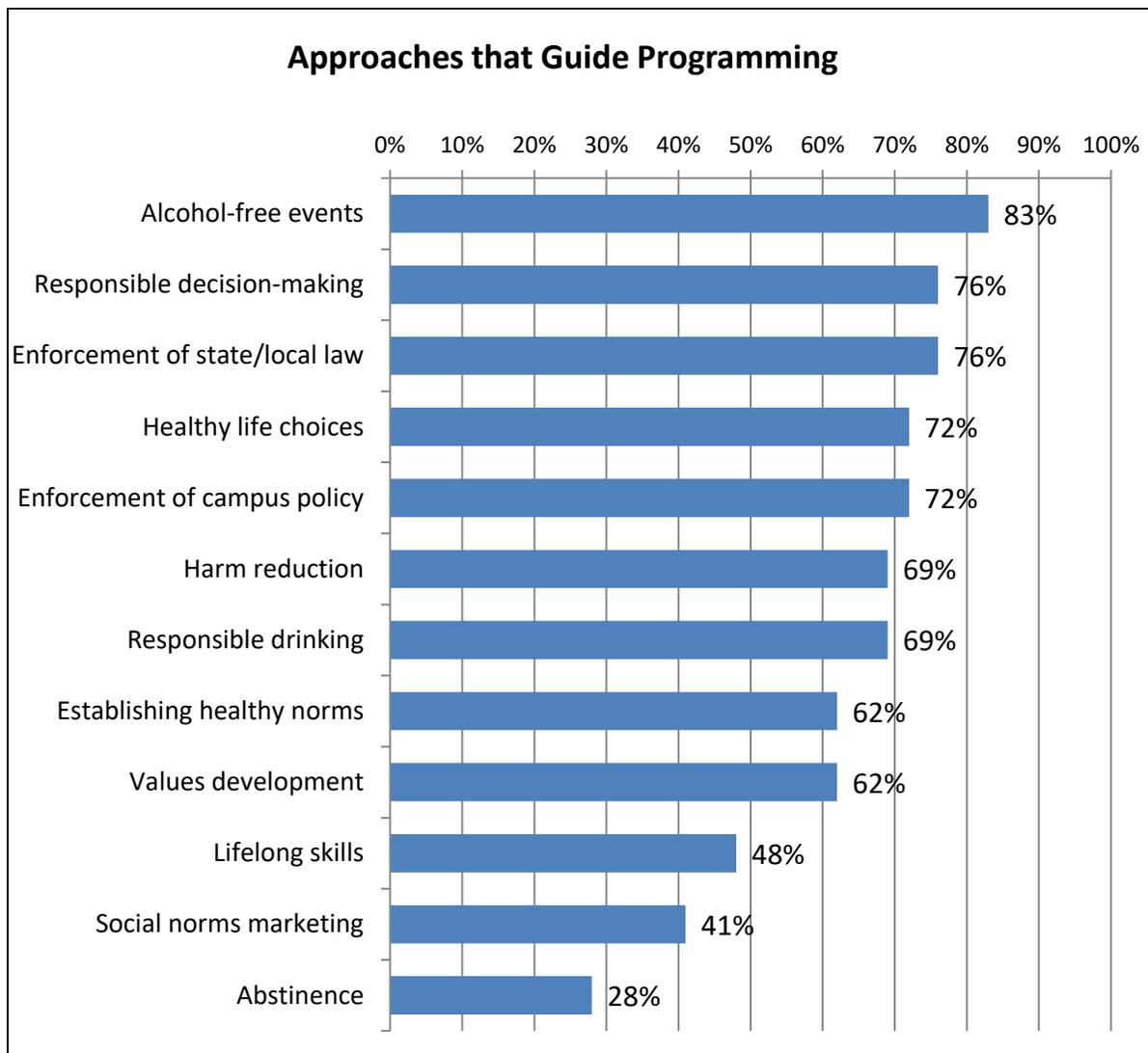
- About two-thirds of the schools that have conducted a Social Norms campaign have evaluated the effectiveness of the campaign (64%).

Only one of the schools included in this survey require **Friday morning classes** or some other kind of morning class schedule as a deterrent against drinking during the week.

Over three-fourths of schools implement **bystander intervention programs** designed to increase a student's capacity and willingness to intervene when another student may be in danger of harming themselves or another person due to alcohol and other drug use (86%).

Programming Approach: As the chart below shows, the most common approach for guiding campus programming to reduce alcohol and other drug use is alcohol-free events (cited by 83% of schools).

- Responsible decision-making and enforcement of state/local laws also are common approaches (both cited by 76% of schools), as are healthy life choices and enforcement of campus policy (both cited by 72%).



Barriers: As the table below shows, the biggest barrier to offering alcohol and other drug education and prevention programming on campus for students is cost or lack of funding – cited by three-fourths of schools (76%).

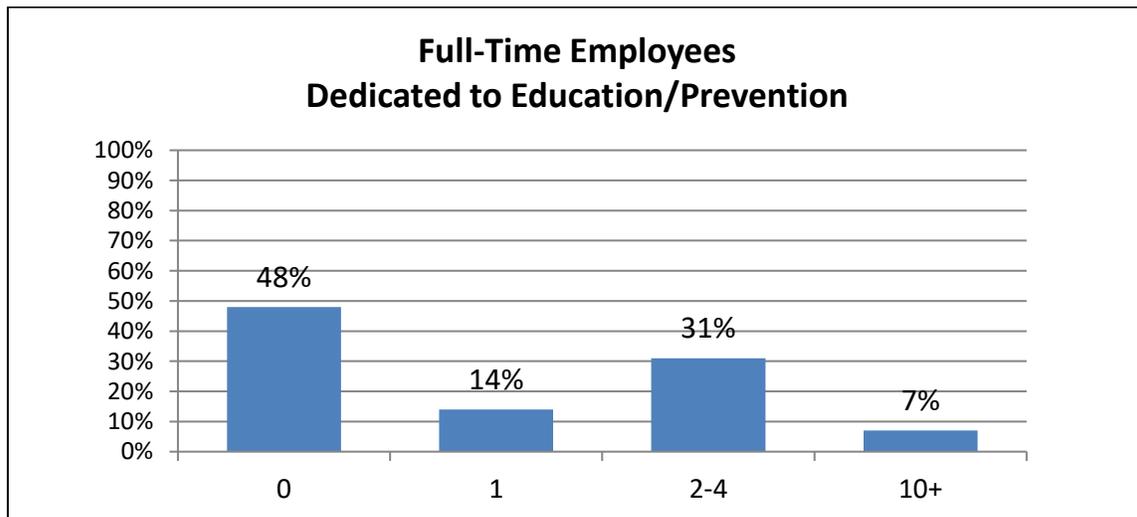
Barriers to Offering Education/Prevention Programming
(Among All Schools)

| | |
|------------|--|
| 76% | Cost or lack of funding |
| 41% | Lack of trained staff and/or adequate resources |
| 17% | Opposition from students |
| 14% | Lack of support from administration |
| 7% | Not enough of our students have a problem to make education and prevention programs cost-effective |
| 7% | No barriers, we have adequate education and prevention programs for students |
| 41% | Other |

Number of Employees

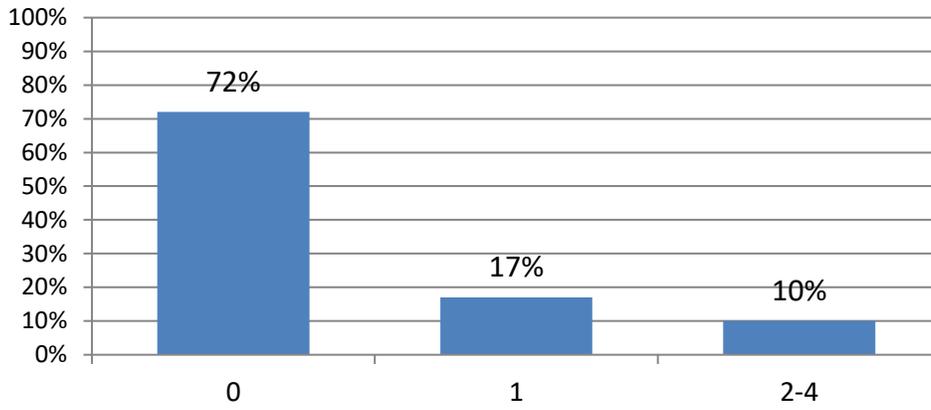
Half of the schools included in this survey do not have any full-time employees on campus dedicated specifically to administering alcohol and other drug education and prevention programs (48% – see chart below).

- Two schools claim to have ten or more full-time employees dedicated to education and prevention programming, but it is questionable that close to 100% of their duties are assigned to this effort (despite communicating that criteria to the schools).



In addition, three-fourths of the schools included in this survey do not have any part-time employees on campus dedicated specifically to administering alcohol and other drug education and prevention programs (72% – see chart below).

Part-Time Employees Dedicated to Education/Prevention



SCREENING & INTERVENTION SERVICES

Screening Services

Roughly half of the schools included in this survey only screen students on campus for possible drug/alcohol problems when they show a particular need (55%). About a fourth have universal screening (21%) and another fourth do not screen students (24%).

Among the schools that screen students, three-fourths do so under the following circumstances:

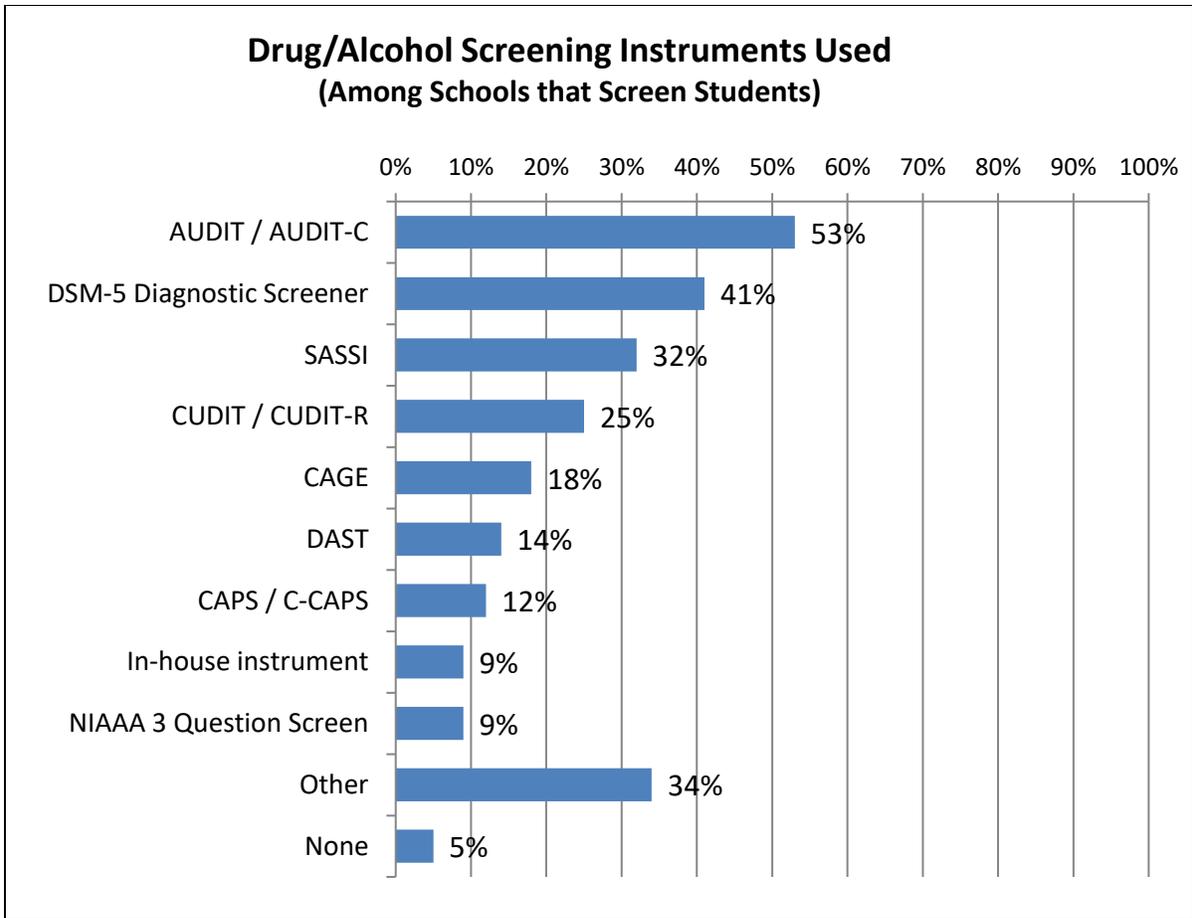
- During a visit to student health services for an alcohol or other drug-related complaint
- During a regular visit to student health services for a physical health complaint
- At the time of an alcohol or other drug-related violation/referral to a student judiciary board

The table below shows the range of circumstances under which these schools screen students on campus for possible drug/alcohol problems.

Student Screening Situations (Among Schools that Screen Students)

| | |
|------------|--|
| 77% | During a visit to student health services for an alcohol or other drug-related complaint |
| 73% | During a regular visit to student health services for a physical health complaint |
| 73% | At the time of an alcohol or other drug-related violation/referral to a student judiciary board |
| 68% | During a regular visit to student health services for a mental health complaint |
| 64% | Following an alcohol or other drug-related hospital emergency department visit |
| 41% | In conjunction with a physical exam for qualification for participation in athletics |
| 32% | During a visit to the academic assistance center (following a drop in grades or academic probation) |
| 14% | At the time of enrollment (for first year students) |
| 45% | Other |

That chart below shows the drug/alcohol screening instruments that are used by schools that screen their students. As can be seen, roughly half use the AUDIT or AUDIT-C screening instrument (53%).



At most schools that screen their students for drug/alcohol problems, the counseling center provides the screening (86%), followed by the medical clinic or health center (59% – see table below).

On-Campus Provider of Drug/Alcohol Screening
(Among Schools that Screen Students)

- 86%** Counseling center
- 59%** Medical clinic/health center
- 41% Alcohol and other drug program/center
- 18% Wellness center
- 36% Other

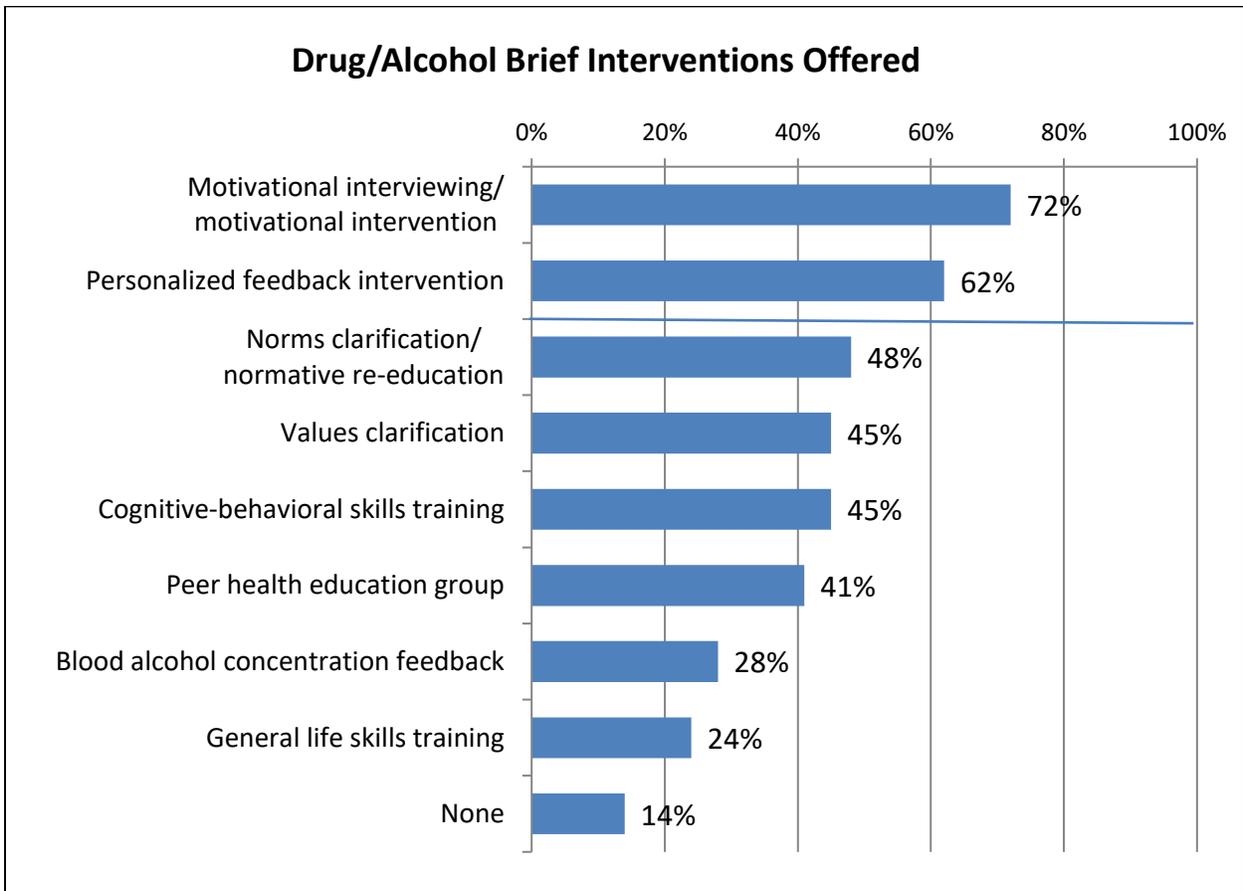
Barriers: As the table below shows, the biggest barrier to on-campus screening of students for drug/alcohol problems is cost or lack of funding – cited by half of all schools (52%).

Barriers to Offering Drug/Alcohol Problem Screening
(Among All Schools)

- 52%** **Cost or lack of funding**
- 31% Lack of trained staff and/or adequate resources
- 17% Opposition from students
- 17% Lack of support from administration
- 10% Lack of information about effective screening strategies
- 7% Not enough of our students have a problem to make screening cost-effective
- 14% No barriers, we have adequate screening for students
- 38% Other

Brief Interventions

As the chart below shows, over three-fourths of schools offer drug/alcohol brief interventions on campus for students (86%), and almost all of these schools offer motivational interviewing/ motivational intervention (72% of all schools). Just under two-thirds of all schools offer personalized feedback intervention (62%).



Among schools that offer drug/alcohol brief intervention on campus, over three-fourths provide it through their counseling center (80%), and just under two-thirds provide it through their medical clinic or health center (60% – see table below).

On-Campus Provider of Drug/Alcohol Screening

(Among Schools Offering Brief Intervention)

| | |
|------------|---------------------------------------|
| 80% | Counseling center |
| 60% | Medical clinic/health center |
| 40% | Alcohol and other drug program/center |
| 28% | Wellness center |
| 48% | Other |

Barriers: As the table below shows, the biggest barrier to on-campus offering of drug/alcohol brief interventions for students is cost or lack of funding and a lack of trained staff or adequate resources – both cited by half of all schools (52%).

Barriers to Offering Drug/Alcohol Brief Intervention

(Among All Schools)

| | |
|------------|---|
| 52% | Cost or lack of funding |
| 52% | Lack of trained staff and/or adequate resources |
| 14% | Opposition from students |
| 7% | Lack of support from administration |
| 7% | Not enough of our students have a problem to make brief intervention cost-effective |
| 14% | No barriers, we have adequate brief intervention for students |
| 38% | Other |

Referrals

Among schools that offer screening for drug/alcohol problems or brief intervention on campus, virtually all will refer students with a problem to off-campus services for further evaluation and treatment (92% – see table below).

Where Student is Referred for Evaluation & Treatment

(Among Schools Offering Screening or Brief Intervention)

| | |
|------------|---|
| 92% | Referral for evaluation/treatment elsewhere (off-campus services) |
| 42% | More intensive evaluation/treatment through on-campus student health services |
| 27% | Other on-campus services |

Once a student is referred for further evaluation and treatment, just over half of these schools “always” follow up with the student about the referral (58%). Just over a third “sometimes” follow up with the student (38%), and 4% “rarely” follow up.

Trained Staff

The mental health counselors are trained to conduct drug/alcohol screening, brief intervention and referral to treatment for students at three-fourths the schools that offer these services (77%). The non-physician staff at a medical clinic or health center are similarly trained at two-thirds of these schools (62% – see table below).

Trained to Conduct Screening, Brief Intervention, Referral **(Among Schools Offering Screening or Brief Intervention)**

| | |
|------------|---|
| 77% | Mental health counselors |
| 62% | Medical clinic/ health center staff (non-physicians) |
| 54% | Physicians at the medical clinic/health center |
| 19% | Residence hall counselors |
| 69% | Other |

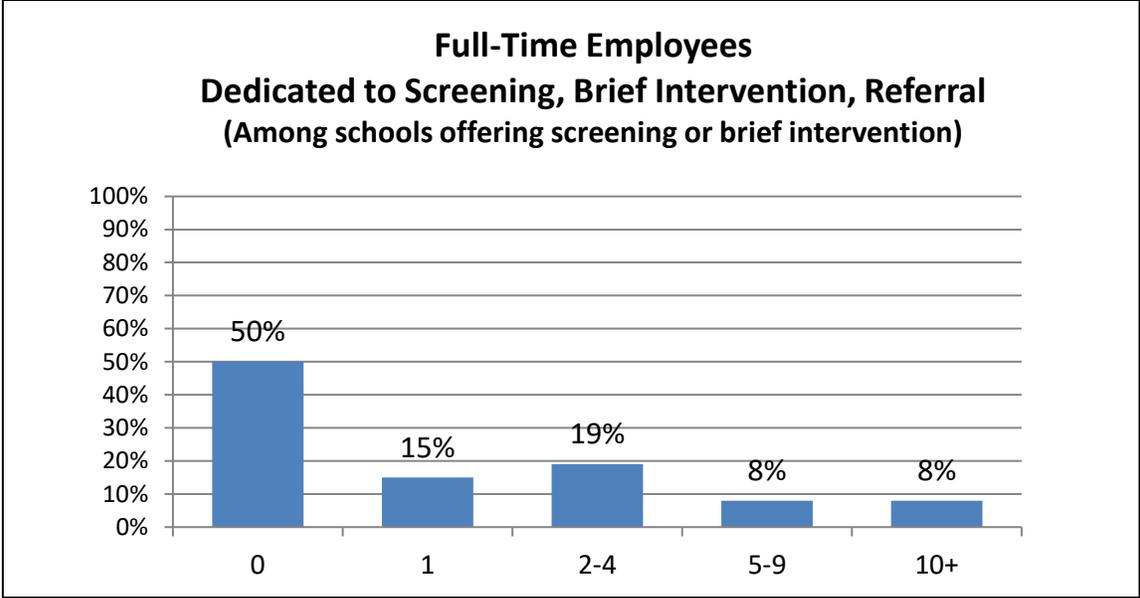
At most schools that offer screening for drug/alcohol problems or brief intervention on campus, the trained staff members for these duties received prior clinical training and/or outside professional development training (81% for each type of training – see table below).

Types of Training for Screening, Brief Intervention, Referral **(Among Schools Offering Screening or Brief Intervention)**

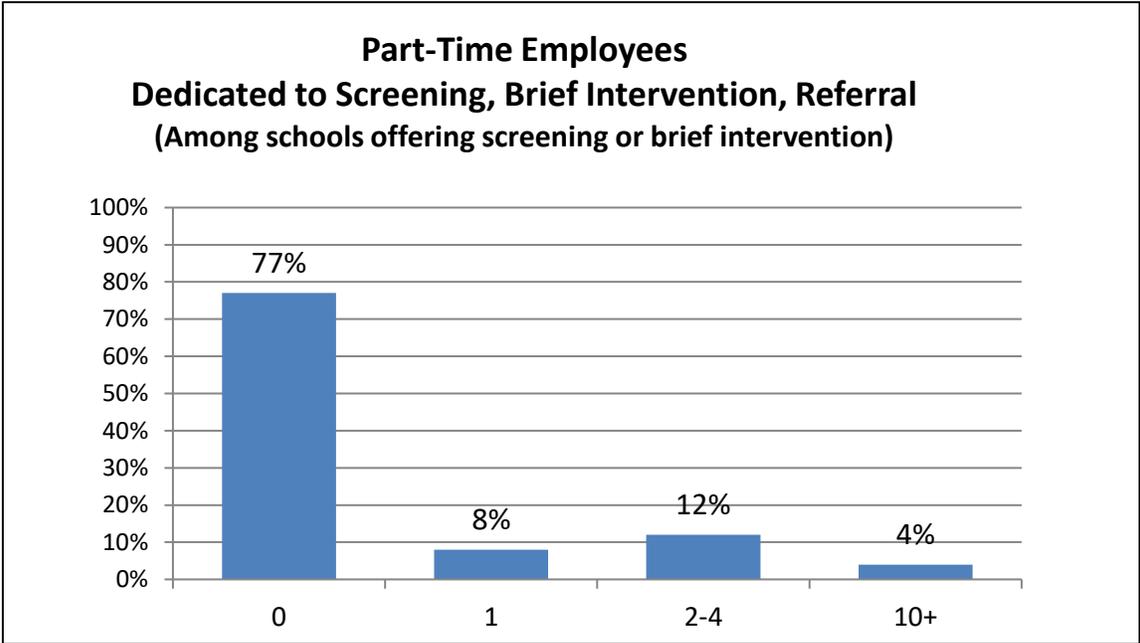
| | |
|------------|--|
| 81% | Prior clinical training |
| 81% | Outside professional development training |
| 62% | Seminars or workshops |
| 46% | National conferences |
| 42% | Campus-specific training |
| 38% | On-campus professional development training |
| 27% | In-service learning program |

Number of Employees

Half of the schools that offer screening for drug/alcohol problems or brief intervention on campus do not have any full-time employees on campus dedicated specifically to these duties (50% – see chart below).



In addition, three-fourths of the schools that offer screening for drug/alcohol problems or brief intervention on campus do not have any part-time employees on campus dedicated specifically to these duties (77% – see chart below).



Substance Abuse Treatment Services

A third of the schools in this survey (31%, or 9 schools) provide formal substance abuse treatment services (not including brief interventions) for students with alcohol and other drug problems (e.g., counseling, case management, medications). Virtually all of the remaining schools refer off campus for these services (66%), although one school does not even refer off campus.

Among schools that **refer students off-campus** for substance abuse treatment services, almost all refer to mental health professionals/clinics (89% – see table below).

Referrals for Off-Campus Treatment Services **(Among Schools that Refer Off Campus)**

| | |
|------------|---|
| 89% | Mental health professional/clinic |
| 63% | Chemical dependency counselor/drug treatment program |
| 47% | Self-help group |
| 26% | Medical clinic |
| 26% | Free clinic |

Among schools that provide **on-campus** substance abuse treatment services, over three-fourths offer these services through their counseling center (78% – see table below).

Location of On-Campus Treatment Services **(Among Schools that Offer On-Campus Treatment)**

| | |
|------------|---------------------------------------|
| 78% | Counseling center |
| 33% | Medical clinic/health center |
| 33% | Alcohol and other drug program/center |
| 22% | Other |

Among schools that provide **on-campus** substance abuse treatment services, all offer individual counseling and over three-fourths offer group counseling and case management and referral services (78% for both – see table below).

Types of On-Campus Treatment Services **(Among Schools that Offer On-Campus Treatment)**

| | |
|-------------|--|
| 100% | Individual counseling |
| 78% | Group counseling |
| 78% | Case management and referral services |
| 56% | 24-hour crisis coverage |
| 44% | Outpatient treatment |
| 22% | Family counseling |
| 11% | Couples counseling |
| 11% | Pharmacotherapy (FDA-approved medications for alcohol or other drug treatment) |
| 33% | Other |

Among schools that provide **on-campus** substance abuse treatment services, all offer general coping or life skills, all offer a strengths-based approach, and all programs are based on principles of the cognitive-behavioral treatment model (see table below).

**Descriptions of On-Campus Treatment Services
(Among Schools that Offer On-Campus Treatment)**

| | |
|-------------|---|
| 100% | Provides general coping or life skills |
| 100% | Provides a strengths-based approach |
| 100% | Based on principles of the cognitive-behavioral treatment model |
| 89% | Based on principles of the social ecological/bio-psycho-social model |
| 89% | Based on principles of harm reduction |
| 56% | Immediately available or readily accessible |
| 44% | Has walk-in appointments |
| 44% | Helps students stay integrated in school |
| 44% | Based on principles of the 12-steps model |
| 33% | Offers continuing care |

- Among the nine schools that provide on-campus substance abuse treatment services for students, three have one full-time employee dedicated specifically to this (33%), three have between 2 and 4 employees, one has between 5 and 9 employees, one has 10 or more employees, and one has no full-time employees dedicated to this.
- Among these nine schools, five have no part-time employees dedicated specifically to on-campus substance abuse treatment services (56%), three have 1 part-time employee, and one has between 2 and 4 part-time employees dedicated to this.
- Two of these schools can accommodate up to 99 students for on-campus substance abuse treatment services each year, two can accommodate up to 199 students, and four can accommodate up to 299 students (one of the nine schools is unsure of the count).
- Each year, up to 99 students request substance abuse treatment services at six of these schools (67%), and between 200-299 request it at one school (two of the nine school are unsure of the count).
- At seven of these schools (78%), up to 99 students are referred to on-campus substance abuse treatment services each year, whether or not they or someone else requests it. One school states that this happens for somewhere between 100-199 students each year, and another school states that this happens for between 200-299 students each year.
- During the past academic year, up to 99 students received on-campus substance abuse treatment services at six of these schools (67%), and 100-199 received it at three schools.
- None of these schools are aware of any students who try to access on-campus substance abuse treatment services each year but are unable to get them.

Recovery Support Services

Among the schools included in this survey, just under half (41%) provide organized recovery support services for students with alcohol and other drug problems (i.e., collegiate recovery program or community).

Among the schools that offer organized recovery support services, the most common are recovery support groups or AA/NA meetings (offered by 83%), and having designated staff (offered by 75% – see table below).

Types of On-Campus Recovery Support Services **(Among Schools that Offer Recovery Support Services)**

| | |
|------------|--|
| 83% | Recovery support groups or AA/NA meetings |
| 75% | Designated staff |
| 58% | Funding |
| 58% | Social events |
| 50% | Dedicated physical space |
| 50% | Abstinence-based recovery |
| 42% | Advising or coaching |
| 33% | Case management |
| 33% | Student lead/organized meetings |

Other Program Aspects

Long Term Plans: Just over a third of schools in this survey are planning to increase their capacity to address and respond to students with possible alcohol and other drug problems (38%). Another third see no need to change their service capacity (31%), and a fifth have insufficient services but are unable to change what they are currently providing (21%).

Promotion: Virtually all schools promote the availability of screening, brief intervention, treatment or recovery services (97%), and virtually all do so through referrals (90%). A university website is used by three-fourths of schools (76% – see table below).

Promotion of Screening, Brief Intervention, Treatment, or Recovery Services

| | |
|------------|---|
| 90% | Through referrals |
| 76% | University website |
| 66% | Materials provided at the medical clinic/health center or counseling center |
| 48% | At student orientation |
| 48% | Through their alcohol and other drug programs |
| 3% | Don't promote these services |

Enablers: Just under half of all schools indicate that their student health fee or tuition has enabled them to offer screening, brief intervention, treatment or recovery services for their students (41%). Just over a third indicate that strong support from campus administrators has enabled them to do so (38%). Other common enablers are seen in the table below

Enablers of Screening, Brief Intervention, Treatment, or Recovery Services

- 41%** **Student health fee/tuition**
- 38%** **Strong support from campus administrators**
- 31%** **Federal grants**
- 24% Private subsidies/donations
- 24% Local health organizations/departments
- 21% State funding
- 21% Sufficient staffing
- 14% Active AA/NA chapter
- 45% Other

Health Insurance & Fees: A third of the schools in this survey offer student health insurance plans (34%), and just under half have a mandatory health fee (48%). Among all schools, the most common substance abuse treatment services currently covered by their campus's student health insurance plan or mandatory health fee are the following:

Covered Treatment Services

- 55%** **Individual counseling**
- 31% Group counseling
- 31% Case management and referral services
- 24% Outpatient treatment
- 24% Pharmacotherapy (FDA-approved medications for alcohol or other drug treatment)

POLICY & ENFORCEMENT

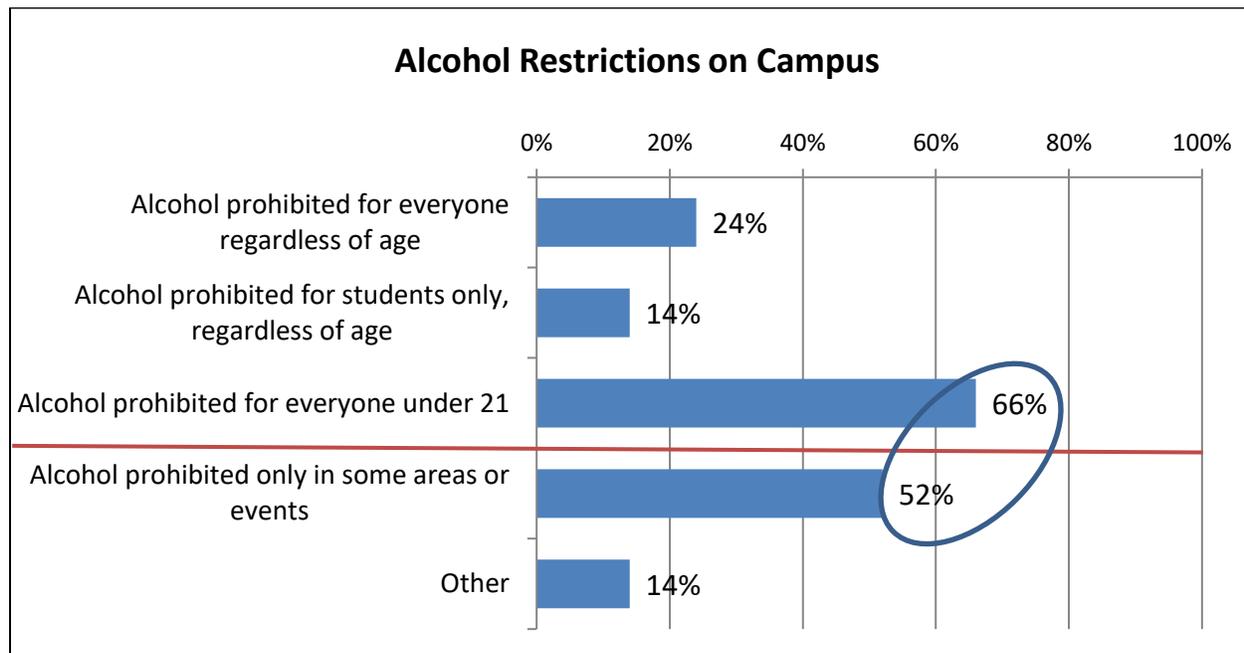
The chart below shows the level of alcohol restrictions on campus for the schools included in this survey, presented in the order in which they appeared on the questionnaire. While respondents could mark multiple categories, many schools gravitated toward the one statement that best reflects the level of restrictions on their campuses – that is, the most restrictive statement to which their campus conforms. Otherwise, all schools would have marked the response, “alcohol prohibited for everyone under 21.”

In terms of who may consume alcohol on campus (above the red line in the chart below), two-thirds of these schools merely follow the national drinking age law (66%), a fourth prohibit alcohol consumption by anyone (24%), and 14% prohibit alcohol consumption by all students.

- While a fourth of schools state that alcohol is prohibited for everyone on campus, a number of these schools state that the off-campus, independent housing for fraternities/sororities serve alcohol.

Half of schools restrict the location or events in which alcohol can be consumed (52%). Specific venues/events where alcohol may be consumed at some campuses are covered later in this report.

In summary, most schools allow students age 21+ to drink in specific locations or events (see blue circle in the chart below).

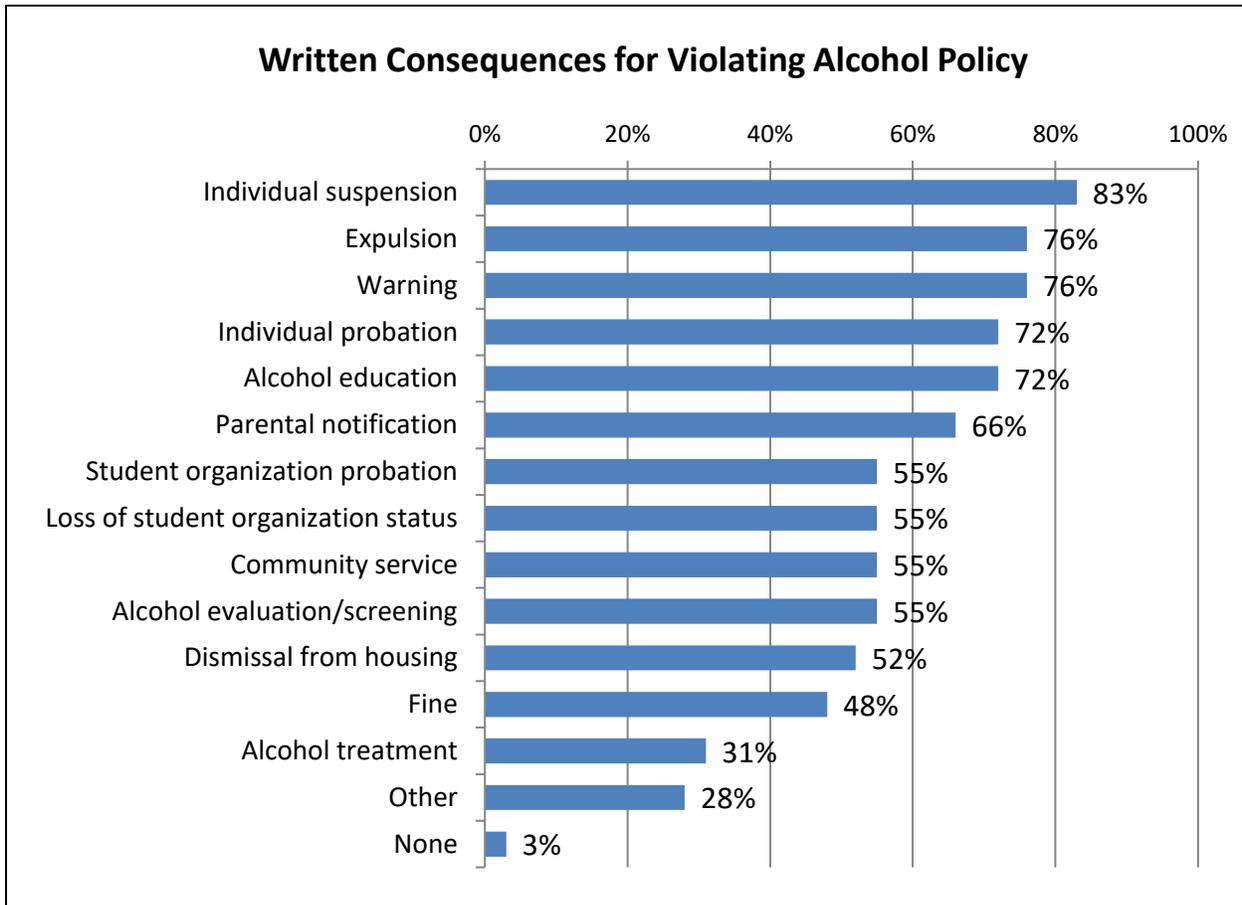


Students are primarily informed about a school’s drug/alcohol policies through the student handbook and on the website (both cited by 90% of schools). Other common sources include orientation sessions (83%), via email (72%), and in college catalogues (38%).

Just over half of schools have a written **Medical Amnesty** statement which protects from liability those who seek medical attention for something like alcohol poisoning (59%).

Just under half have a written **Good Samaritan** statement which protects from liability students who assist an individual who is intoxicated or under the influence of drugs in procuring medical assistance (45% of schools).

Sanctions: At least three-fourths of schools have individual suspension (83%), expulsion (76%), and warnings (76%) as consequences or sanctions written in their campus alcohol policy. As the chart below shows, most schools have a number of sanctions for violation of their alcohol policies.



Responses to Drug/Alcohol Incidences

Survey participants were asked how their campus administration would most likely handle students in the following situations:

- Student brings alcohol to area or event where prohibited
- 21+ year-old student buys or provides alcohol for underage youth
- Student becomes drunk and disorderly at a campus event or party
- Student becomes drunk and disorderly at an on-campus athletic event

- Student hosts an on-campus party at which others become drunk and disorderly
- Student is cited for an alcohol violation off-campus
- Student is cited for a drug violation off-campus
- Student is arrested for an alcohol violation off-campus
- Student is arrested for a drug violation off-campus
- Student commits sexual assault while intoxicated/ under the influence
- Student commits physical assault while intoxicated/ under the influence
- Underage student drinks alcohol on campus
- Underage student possesses alcohol on campus
- Student uses illicit drugs on campus
- Student possesses illicit drugs on campus

The questionnaire was set up such that schools could make one selection from the following actions:

1. Refer to educational/counseling program
2. Take disciplinary action
3. Speak with the student
4. Contact parent/guardian
5. Notify law enforcement
6. Other
7. No action taken

All schools in the survey stated that they would always take more than one action in all of these scenarios. In addition, **virtually all of these scenarios would usually result in some type of disciplinary action by each school (preceded by a hearing to determine the action) plus speaking to the student by someone in Administration (typically the Dean of Students)**. A common thread in these discussions was that the way in which each scenario is handled would depend to a large extent on the severity of the situation and the past behavior of the student.

For the more serious offenses that involved the commitment of a crime (such as assault) or in situations in which physical force is needed to address the situation, on-campus law enforcement will be notified. On-campus law enforcement also is more likely to be notified in situations involving illegal drugs. In addition, crimes of sexual assault would involve Title IX personnel.

More detailed information on the specific actions taken for each scenario, including the multiple actions that would always be taken, can be found in the open-ended responses to this question in the data file.

Residence Hall Policies

Virtually all schools with residence halls have written procedures for dealing with alcohol and other drug-related violations in them (95%).

The Resident Hall Directors and Resident Assistants at most schools with residence halls receive training for all of the scenarios depicted in the table below (82%-100%). The area for which Resident Hall Directors and Resident Assistants are least likely to receive training is “Intervening with students having alcohol or other drug use problems.”

| Receive Training in Following Areas | Residence Hall Director | Resident Assistants | Building Security | None |
|---|--------------------------------|----------------------------|--------------------------|-------------|
| Alcohol and other drug policy/enforcement procedures | 100% | 95% | 36% | 0% |
| Dealing with student alcohol and other drug violations | 100% | 95% | 32% | 0% |
| Identifying student alcohol and other drug use problems | 86% | 82% | 27% | 9% |
| Intervening with students having alcohol or other drug use problems | 82% | 82% | 32% | 14% |
| Referring students having alcohol or other drug use problems | 95% | 91% | 27% | 5% |
| Responding to an alcohol poisoning or alcohol overdose | 100% | 95% | 36% | 0% |
| Responding to an illicit or prescription drug overdose | 100% | 95% | 36% | 0% |

Training: As the table below shows, residence hall staff members receive campus-specific training at all schools with residence halls. They also receive in-service learning programs at three-fourths of the schools with residence halls (77%).

Residence Hall Staff Training

- 100% Campus-specific training
- 77% In-service learning program
- 68% Seminars or workshops
- 55% Outside professional development training
- 50% On-campus professional development training
- 50% National conferences

Only 14% of the schools with residence halls have residence halls for students in recovery for drug/alcohol problems. However, three-fourths of schools with residence halls have housing options that are specifically designated as substance-free (77%).

- Alcohol use is prohibited in **residence hall rooms** for under-age residents at all schools, and is prohibited for legal-age residents at a third of schools (32%).
- Alcohol use is prohibited at **residence hall events** for under-age residents at all schools, and is prohibited for legal-age residents at almost all schools (91%).
- Alcohol use in residence halls is **monitored** by staff members for under-age residents at almost all schools (91%), and for legal-age residents at three-fourths of schools (77%).

Over three-fourths of schools with residence halls have **written policies** that prohibit alcohol at all residence hall events (86%). Another 14% prohibit kegs. Campus law enforcement at over three-fourths of schools with residence halls ensure that these policies are being enforced (86%).

Sorority Policies

A third of schools with sororities **do not** prohibit alcohol at sorority houses or events (33%), another third prohibit alcohol at sorority houses but not events (33%), and a fourth prohibit it at all houses and events (27%).

Among the few schools in this survey that allow alcohol at either sorority houses or events (11 schools), the majority have written policies that require the following at events involving alcohol:

Requirements of Sorority Events with Alcohol

| | |
|------------|--|
| 82% | Registering events |
| 64% | Holding the sorority responsible for violations/problems |
| 55% | Checking IDs to verify age |
| 55% | Having sobriety monitors present |
| 55% | Having guest lists and enforcing them |
| 55% | Limiting the amount of alcohol available |
| 55% | Prohibiting kegs |
| 55% | Requiring food to be available |

Campus law enforcement ensures that these policies are being enforced at just under half of these schools (40%).

Fraternity Policies

Two-thirds of schools with fraternities **do not** prohibit alcohol at fraternity houses or events (63%), while a fifth prohibit it at all houses and events (19%).

Among the schools that allow alcohol at either fraternity houses or events, the majority have written policies that require the following at events involving alcohol:

Requirements of Fraternity Events with Alcohol

| | |
|------------|--|
| 77% | Registering events |
| 69% | Checking IDs to verify age |
| 69% | Limiting the number of people admitted |
| 69% | Prohibiting kegs |
| 69% | Prohibiting drinking games |
| 69% | Holding the fraternity responsible for violations/problems |
| 62% | Having sobriety monitors present |
| 62% | Having guest lists and enforcing them |
| 62% | Limiting the amount of alcohol available |

- 62% Limiting the type of alcohol available (e.g., beer only)
- 62% Restricting entry points so that all guests can be monitored
- 62% Requiring non-alcoholic beverages to be available
- 62% Requiring food to be available
- 54% Requiring training for servers
- 54% Using wristbands or stamps to mark those 21+

Campus law enforcement ensures that these policies are being enforced at half of these schools (50%).

On-Campus Event Policies

Just under half of the schools in this survey allow the **sale** of alcohol on campus (45%). Among the schools that do (13 in this survey), a third have the following pricing restrictions to discourage excessive drinking (31% for each):

- Restrictions on free samples or free tastings
- Restrictions on happy hour specials
- Restrictions on all-you-can-drink specials
- Restrictions on 2-for-1/buy one, get one free specials
- Restrictions on population-specific specials (e.g., ladies night)

Three-fourths of the schools in this survey allow the **consumption** of alcohol on campus (76%). Among those that do, the consumption of alcohol is most likely to be prohibited at intramural sports events (95% of these schools “always” prohibit alcohol at those events). On the other hand, alcohol is least likely to be prohibited at tailgate and pre/post game parties (see table below).

| | Always Prohibited | Sometimes Prohibited | Never Prohibited | Not Applicable |
|---|-------------------|----------------------|------------------|----------------|
| On campus banquets and receptions | 5% | 91% | 5% | % |
| On campus intercollegiate sporting events | 36% | 50% | 5% | 9% |
| Other on campus events such as dances, concerts, etc. | 41% | 55% | 5% | % |
| Homecoming celebrations | 9% | 59% | 9% | 18% |
| Tailgate, pre- and post-game parties | 0% | 55% | 23% | 23% |
| Intramural sports events | 95% | % | % | 5% |
| Fine arts or theater events | 18% | 73% | 5% | 5% |

- Among schools that allow the consumption of alcohol on campus, at least half have written policies that require the following items for on-campus events involving alcohol (not including residence hall and fraternity/sorority events):

Policies for On-Campus Events with Alcohol

- 77% **Checking IDs to verify age**
- 68% Registering events
- 68% Having security present
- 59% Restricting entry points so that all guests can be monitored
- 59% Prohibiting drinking games
- 59% Using wristbands or stamps to mark those 21+
- 50% Limiting the number of hours that alcohol can be served
- 50% Holding the event’s host responsible for violations/problems

- Campus law enforcement ensures that these policies are being enforced at almost all of these schools that allow the consumption of alcohol on campus (84%).
- To ensure alcohol is served responsibly on campus, the majority of schools that allow consumption on campus have the following policies or practices in place:

Policies for Responsible Serving of Alcohol

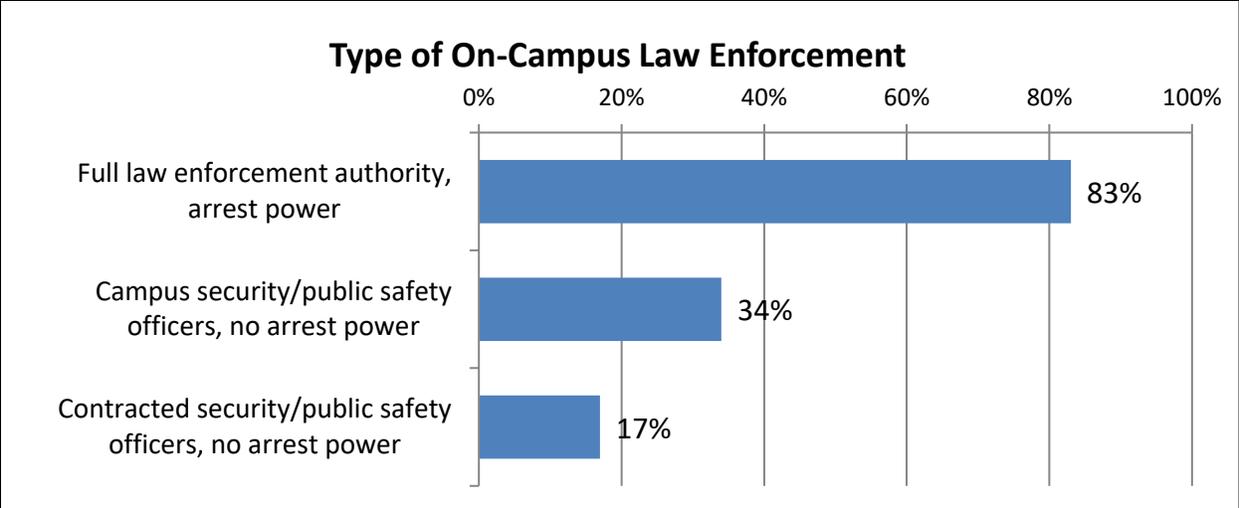
- 74% **Efforts are made to prevent underage drinking (e.g., wristbands or stamps)**
- 53% Responsible Beverage Service training
- 53% Security presence at events serving alcohol
- 53% No self-service

Alcohol Advertising: Just under half of the schools in this survey have policies in place prohibiting the media (i.e., college newspaper, campus radio station, campus electronic message boards, or campus website) from accepting alcohol advertisements or promoting on-campus or off-campus events featuring alcohol (48%).

- Over a third of the schools in this survey have policies in place prohibiting the sponsorship of campus events/promotions by alcohol manufactures or alcohol outlets (38%).

Enforcement

The on-campus law enforcement at over three-fourths of the schools in this survey have full law enforcement authority with arrest power (83% – see chart below).



- The on-campus law enforcement for virtually all schools does not have a dedicated alcohol and other drug enforcement unit or officer (93%).
- Just under two-thirds have arrest jurisdiction that extends beyond campus boundaries (62%).
- Half have patrol jurisdiction that extends beyond campus boundaries (52%).

On-campus law enforcement at virtually all schools meets regularly with campus administrators to discuss alcohol/drug-related problems (90%). Over three-fourths meet with other law enforcement agencies (79% – see table below).

Groups On-Campus Law Enforcement Meets with Regularly

| | |
|-----|---------------------------------|
| 90% | Campus administrators/officials |
| 79% | Other law enforcement agencies |
| 66% | Student organizations |
| 59% | Student housing groups |
| 52% | Student government |
| 41% | Greek life groups |
| 34% | Prevention groups |
| 34% | Neighborhood associations |
| 31% | Local public officials |
| 24% | Advocacy groups |

As the table below shows, on-campus law enforcement at most schools engages in a wide variety of **community policing activities**. Three-fourths incorporate community elements into campus security policy and actively encourage officers to engage in problem-solving projects.

Community Policing Activities by On-Campus Law Enforcement

| | |
|-----|--|
| 76% | Incorporate community elements into campus security policy |
| 76% | Actively encourage officers to engage in problem-solving projects |
| 66% | Has a formal, written community policing plan |
| 62% | Give officers responsibility for geographic areas |
| 62% | Conduct joint patrols with local law enforcement |
| 62% | Conduct environmental analysis to assess precursors to crime |
| 59% | Upgrade technology to support analysis of campus problems |
| 55% | Conduct a ride-along program |
| 55% | Include collaborative problem-solving projects in officer evaluations |
| 52% | Conduct intelligence-led policing |
| 45% | Partner with citizen groups and use feedback to develop strategies |

On-campus law enforcement at most schools also engages in a wide variety of **efforts to address drug/alcohol problems**. The list is topped by a mass notification system (97%), 24-hour patrols (90%), and walking safety escorts (86% – see table below).

Efforts to Address Drug/Alcohol Problems by On-Campus Law Enforcement

| | |
|-----|--|
| 97% | Mass notification system that uses email, text messages, or other methods to alert students in emergency situations |
| 90% | 24-hour patrol coverage at all times |
| 86% | Walking safety escort services |
| 79% | Collaboration with local law enforcement to receive names of students cited or arrested off campus |
| 79% | Memorandum of understanding or other formal written agreement with outside law enforcement agency |
| 76% | Outreach to student groups and organizations |
| 72% | Vehicle safety escort services |
| 69% | Student orientation programming |
| 62% | Residence hall training |
| 48% | Educational displays |
| 38% | Bystander intervention training |
| 38% | Party patrols on campus |
| 21% | Party patrols off campus |
| 21% | Contact with local landlords |

On-campus law enforcement at the majority of schools receive **training** in a variety of drug/alcohol-related topics, with virtually all receiving training in enforcement procedures, dealing with violations, and responding to overdoses – see table below.

Topics of On-Campus Law Enforcement Training

| | |
|------|---|
| 100% | Alcohol and other drug policy/enforcement procedures |
| 97% | Dealing with student alcohol and other drug violations |
| 97% | Responding to an alcohol poisoning or alcohol overdose |
| 93% | Responding to an illicit or prescription drug overdose |
| 79% | Identifying student alcohol and other drug use problems |
| 79% | Intervening with students having alcohol or other drug use problems |
| 72% | Referring students having alcohol or other drug use problems |

On-campus law enforcement at the majority of schools receive a variety of **types of training**, with virtually all receiving campus-specific training, outside professional development, in-service learning, seminars or workshops, and prior law enforcement training (all at least 90% – see table below).

Types of On-Campus Law Enforcement Training

| | |
|-----|---|
| 97% | Campus-specific training |
| 93% | Outside professional development training |
| 93% | In-service learning program |
| 93% | Seminars or workshops |
| 90% | Prior law enforcement training |
| 79% | On-campus professional development training |
| 76% | National conferences |

Local law enforcement has jurisdiction to enforce alcohol and other drug laws on-campus at virtually all schools (93%).

Over three-fourths of schools do not utilize **student security workers or aides** (other than residence hall staff) to assist with reporting alcohol and other drug violations (83%).

- At schools that do use student security workers (only five in this survey), they usually perform special event security, auxiliary patrols, safety escort, and residence hall security.

Three-fourths of schools have methods to **measure blood alcohol concentration** (BAC) in their enforcement of alcohol policies (72%).

Three-fourths of schools do not work with local law enforcement to conduct **compliance checks** of retail alcohol outlets in their communities to monitor alcohol sales to underage patrons (76%).

In addition, over three-fourths of schools do not engage in the following efforts:

- **86%** do not work with advocacy groups or local or state authorities to place restrictions on the number of retail alcohol outlets or liquor licenses available in their local communities (e.g., increasing the price of a license, increasing operating restrictions for renewal, reduce through attrition).
- **97%** do not work with advocacy groups or local or state authorities to increase the price of alcohol in their communities, through increasing excise or sales taxes or eliminating the practice of drink specials.

- **79%** do not work with community organizations, local or state authorities, or retail alcohol outlets to conduct responsible beverage service training for servers and managers in their local communities.

Mandatory Drug Testing: Two-thirds of schools have written policies that allow for mandatory drug testing of athletes (69%), and a fifth have such policies for students under reasonable suspicion (21%). A fourth of schools have no mandatory drug testing policies (24%).

Policy Barriers: While just under half of schools have no barriers to effective alcohol/drug policies (45%), a third cite opposition from students (31%) and just under a third cite a lack of funding (28% – see table below).

Barriers to Effective Drug/Alcohol Policies

| | |
|------------|---|
| 31% | Opposition from students |
| 28% | Lack of funding |
| 21% | Opposition from alumni |
| 21% | Lack of trained staff and/or adequate resources |
| 45% | No barriers |

PARENT INVOLVEMENT

Three-fourths of schools provide information to parents or guardians about strategies to decrease alcohol and other drug use among students at their schools (76%). The most common method for providing this information is through orientation sessions lasting one hour or less (used by almost two-thirds of schools – see table below).

Communication with Parents Regarding Drug/Alcohol Efforts

| | |
|-----|--|
| 62% | Orientation session for parents lasting one hour or less |
| 31% | Communication from campus leadership (President, Dean of Students, etc.) |
| 45% | Educational brochures, handouts, newsletters, etc. |
| 45% | Personnel available to speak with parents about strategies |
| 24% | None |

Education: Just under three-fourths of schools provide drug/alcohol education for parents of incoming first-year students (72%). This is most commonly delivered via a staff-led program (at 59% of schools). However, this education is not required of parents (at 95% of schools), and no school verifies if parents complete it.

Parental Notification: Parents are most commonly notified that their child has been involved in an alcohol or other drug-related incident following an emergency transport (at 72% of schools). Just under half of schools notify parents after one on-campus alcohol or other drug-related citation (45%). Less than a third do so following a DUI or one off-campus citation (both at 28%), and a fourth do so following an alcohol or other drug-related arrest (24%).

FACULTY/STAFF CURRICULUM & TRAINING

Just over two-thirds of schools have written policies or procedures for the way faculty/staff should deal with alcohol and other drug-related violations (69% – NOT including residence life, health services staff or others that might have specific responsibilities regarding alcohol and other drug-related problems).

Curriculum: Two-thirds of schools provide faculty/staff with assistance on drug/alcohol education for their students (66%). Half provide it in the form of guest lecturers (48%), and a fifth provide curricular content support on alcohol and other drug issues (21%).

Training: The most common training that schools provide to their faculty/staff related to alcohol and drug use by students is training on referring students with alcohol or other drug use problems – provided by half of schools (48% – see table below).

Faculty/Staff Training

| | |
|------------|---|
| 48% | Referring students having alcohol or other drug use problems |
| 28% | Identifying student alcohol and other drug use problems |
| 28% | Intervening with students having alcohol or other drug use problems |
| 21% | Alcohol and other drug policy/enforcement procedures |

- This training is typically in the form of campus-specific training (cited by 75% of schools offering training to their faculty/staff), or in-service training (cited by 40%). A fourth of these schools offer on-campus professional development training to their faculty/staff (25%).

PLANNING & COLLABORATION

Half of schools have a drug/alcohol coordinator or specialist (52%), and half have a task force, working group, or coalition on campus whose purpose is to address alcohol and other drug-related problems (52%).

- For most of these schools that have a task force, working group or coalition, this group is lead at a Vice President of Student Affairs level (60%). It is lead at the level of a campus alcohol/drug program for a fifth of these schools (20%).
- Among these schools with a task force, working group or coalition for addressing drug/alcohol problems, almost all include peer health educators in that group (93%), followed by Greek life staff (87%).

Participants in Task Force/ Working Group

| | |
|-----|--|
| 93% | Peer health educators |
| 87% | Greek life staff |
| 80% | Wellness center staff |
| 67% | Housing and residence life staff |
| 60% | On-campus law enforcement |
| 60% | Student life staff |
| 60% | Community representatives: |
| 60% | Fire department |
| 20% | Administrator/superintendent of local school board |
| 20% | On- and off-campus retail outlet owners |
| 13% | Hospital/emergency medical services |
| 53% | Medical clinic/health center staff |
| 53% | Athletics staff |
| 47% | Parents |
| 47% | Student conduct staff |
| 40% | Alcohol and other drug program staff |
| 40% | Counseling center staff |
| 33% | Undergraduate students |
| 33% | Graduate students |

Half of schools have **student organizations** that are actively involved in reducing alcohol and other drug-related problems on campus (52%).

Just over a third of schools use **peers** whose primary focus is in the area of alcohol and other drugs (38%).

- The role of these peers is primarily health awareness promotion (at 91% of schools that use peers), and conducting educational workshops (64% – see table below).

Role of Peers at Schools That Use Them

| | |
|------------|--|
| 91% | Health awareness promotion |
| 64% | Conduct educational workshops |
| 55% | Plan alcohol and other drug prevention strategies |
| 55% | Implement alcohol and other drug prevention strategies |
| 36% | Guest lectures in academic classes |

Over three-fourths of schools do not have a **formalized strategic action plan** (not including DFSCA Biennial Reviews) for addressing alcohol and other drug-related problems (83%)

- Among the five schools in this survey that do have a formalized strategic action plan, all have measurable outcomes in their plans, and all but one include a timeline with designated roles and responsibilities in their plans.

DFSCA Biennial Review: Just over half of schools have a designated office or department that has primary oversight for conducting the Drug Free Schools and Communities Act (DFSCA) Biennial Reviews (55%).

- A wide range of personnel are involved in completing Drug Free Schools and Communities Act (DFSCA) Biennial Reviews, primarily consisting of student conduct staff and senior administration (see table below). Interestingly four schools stated that they do not conduct these reviews (14%).

Groups Involved in DFSCA Biennial Reviews

| | |
|------------|---|
| 52% | Student conduct staff |
| 48% | Senior administration/leadership |
| 41% | On-campus law enforcement |
| 41% | Counseling center staff |
| 41% | Alcohol and other drug program staff |
| 38% | Student life staff |
| 34% | Housing and residence life staff |
| 34% | Athletics staff |
| 28% | Wellness center staff |
| 24% | Medical clinic/health center staff |

- **Annual Notification:** Students and faculty/staff are notified annually about the DFSCA Biennial Reviews primarily through email (48% of schools) and through the school website (45% of schools). Interestingly, a third of schools do not notify their students or faculty/staff annually about the reviews (31%).
- Just over half of schools have a specific **format or template** that was developed in order to complete the DFSCA Biennial Reviews (59%).

Annual funding from all sources for campus wellness education and prevention efforts during the current academic year (excluding personnel costs) ranges from \$200 to \$100,000 among schools that could provide an estimate, with a median value of \$15,000.

- Of this amount, the percentage exclusively for drug/alcohol programming ranges from 0-100%, with a median value of 33%.

Leadership: For half of schools, the counseling center and the Dean of Students Office provide leadership with their campus alcohol and other drug education and prevention programming (each cited by 48%), followed by on-campus law enforcement (45% – see table below).

Provide Leadership in Drug/Alcohol Programming

| | |
|------------|-----------------------------------|
| 48% | Counseling center |
| 48% | Dean of Students Office |
| 45% | On-campus law enforcement |
| 34% | Alcohol and other drug program |
| 34% | Student Conduct Office |
| 31% | Wellness center |
| 31% | Housing and Residence Life Office |
| 28% | Medical clinic/health center |
| 28% | Student Life Office |
| 24% | Athletics Department |

EVALUATION EFFORTS

Just over a third of schools have conducted a formal assessment of their drug/alcohol **education and prevention programming** in the past two years (38%).

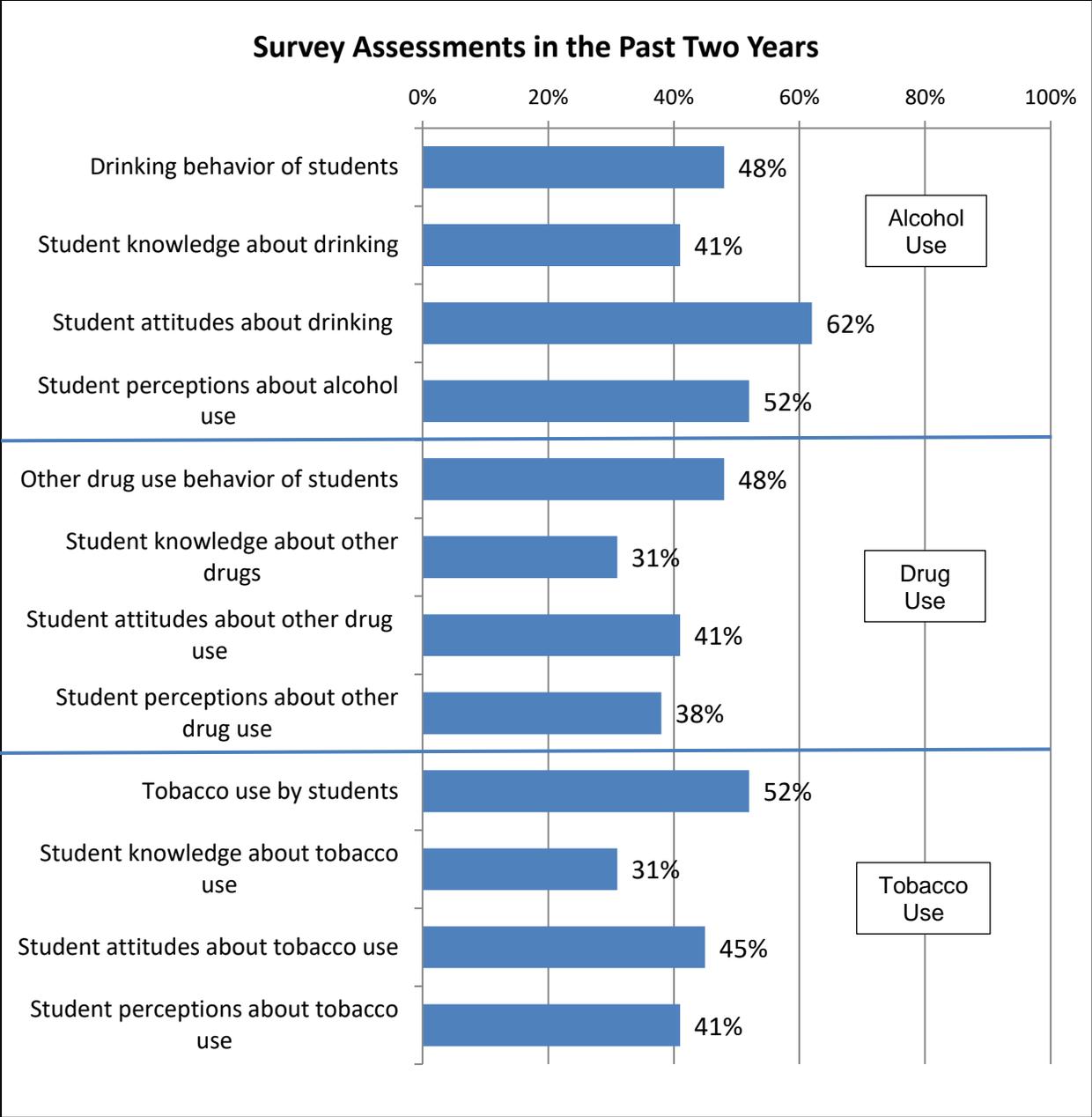
- Of those schools, three quarters have used student use/misuse surveys and quantitative assessments using standardized externally-developed instrumentation to assess their drug/alcohol education and prevention programming (73% for both – see table below).

Instruments Used for Formal Assessment of Drug/Alcohol Programming

| | |
|-----|---|
| 73% | Student use/misuse survey |
| 73% | Quantitative assessment using standardized externally-developed instrumentation |
| 55% | Quantitative assessment using internally-developed instrumentation |
| 55% | Council for the Advancement of Standards in Higher Education (CAS) alcohol and other drug program standards |
| 36% | Qualitative assessment using focus groups, interviews, discussions |
| 36% | Campus environmental scan |
| 36% | Comparing campus research results as they relate to research findings from external organizations |
| 27% | Comparing overall programmatic efforts with the criteria from an outside agency |

Just over half of schools have conducted a formal assessment of their drug/alcohol-related **policies and procedures** in the past two years (55%).

Survey Assessments: In the past two years, at least half of schools have conducted surveys focusing on student attitudes toward drinking (62%), student perceptions about alcohol use (52%), and tobacco use by students (52% – see chart below).



Measurement Methods: Virtually all schools use judicial, disciplinary, incident statistics to measure student drug/alcohol use and related problems on their campuses (97% – see table below).

Methods Used to Measure Drug/Alcohol Use & Problems

- 97% Judicial, disciplinary, incident statistics
- 38% Student health services statistics
- 31% In-house survey
- 28% National College Health Assessment (NCHA)
- 28% Healthy Minds Survey

Sharing of Information

Half of schools are willing to assist VHESUAC in accessing student alcohol and other drug use data in a “de-identified or anonymous” form (52%), another 14% don’t have the information, and 35% are either undecided or do not want to share this information.

- The “Yes” column in the table below shows the percentage of schools that have the requested data and are open to discussions on sharing it (depending on how difficult it is for them to extract it). Four schools do not wish to share any of this information (14%).
 - A number of schools state that much of this information is available through the Clery Act, specifically through the US Department of Education’s Campus Safety and Security website (<https://ope.ed.gov/campussafety/#/>).

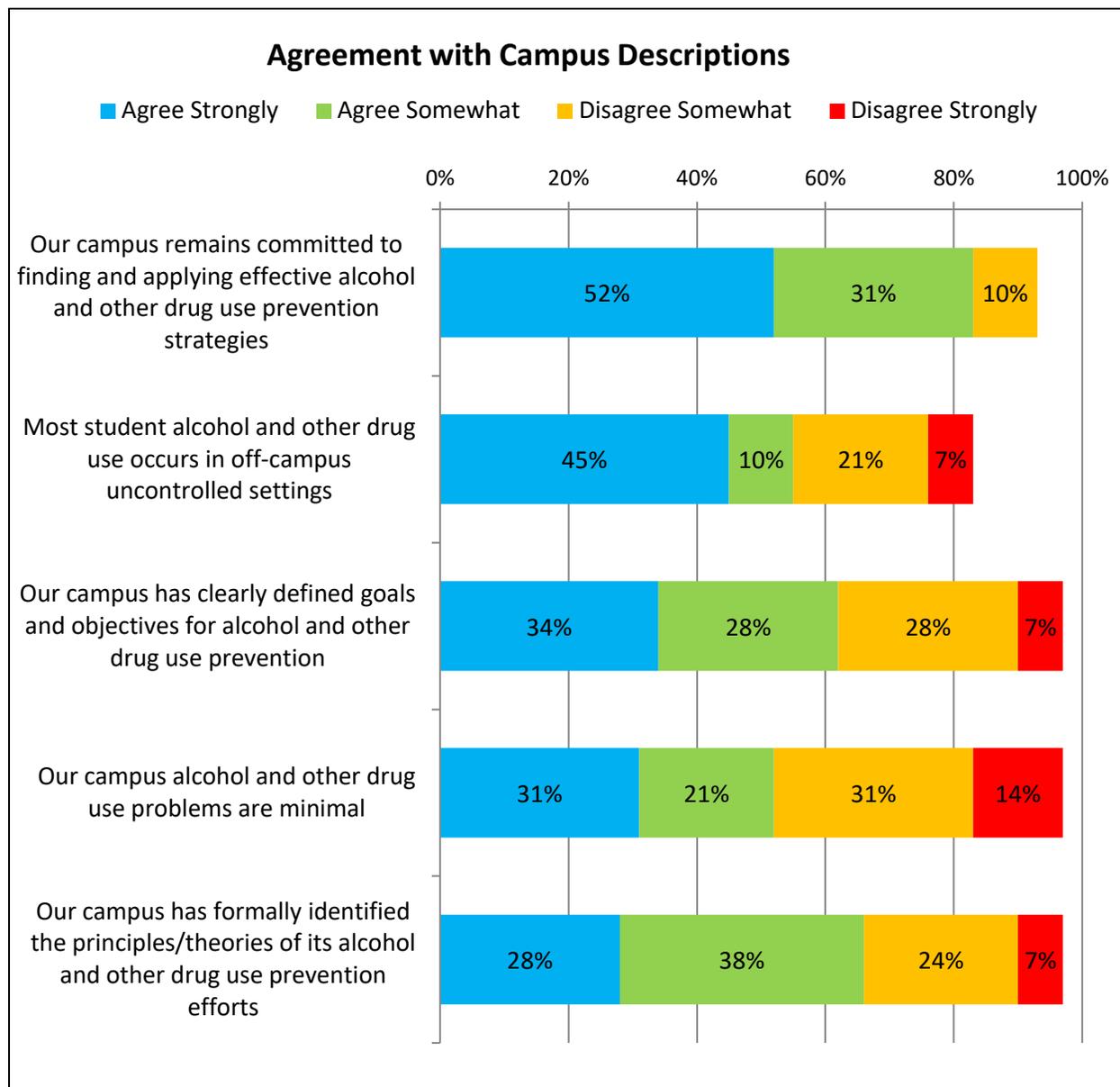
| | Yes | Don’t have it | Don’t know | Refused |
|---|-----|---------------|------------|---------|
| Ambulance transports | 21% | 28% | 38% | 14% |
| Arrests | 52% | 7% | 28% | 14% |
| Citations/violations | 52% | 7% | 28% | 14% |
| Alcohol poisonings/overdoses | 28% | 24% | 34% | 14% |
| Deaths | 34% | 14% | 38% | 14% |
| Driving under the influence/drunken driving | 38% | 17% | 31% | 14% |
| Emergency department admissions | 24% | 28% | 34% | 14% |
| Assaults | 38% | 14% | 34% | 14% |
| Residence hall complaints | 21% | 34% | 31% | 14% |
| Disciplinary actions | 55% | 3% | 28% | 14% |

LEVEL OF CAMPUS PROBLEMS

The following two charts show the level of agreement and disagreement with statements regarding drug/alcohol issues on each school's campus.

As can be seen, the highest level of strong agreement is found with the statement that schools are committed to finding and applying effective drug/alcohol use prevention strategies (52%).

On the other hand, the highest level of strong disagreement is found with the statement that adequate funding is being spent by schools on drug/alcohol use prevention (21%).



Agreement with Campus Descriptions

■ Agree Strongly
 ■ Agree Somewhat
 ■ Disagree Somewhat
 ■ Disagree Strongly

