Investing in Lifetimes: Using Our History to Enhance Our Impact

David Anderson, Ph.D.
Professor Emeritus of Education and Human Development
George Mason University

Higher Education Center for Alcohol and Drug Misuse Prevention and Recovery

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The audio is by default through your computer’s speakers. If you would like to call in, click “view audio options.”

Q&A: Your questions will be submitted to the staff and answered at the end of the webinar. Any questions we do not address during the webinar will be shared via email along with a recording of the webinar.
# HECAOD Annual Membership Benefits

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>CAMPUS MEMBERSHIP (Institution)</th>
<th>SCREENJU MEMBERSHIP (Institution)</th>
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- $2,500
- $1,000
- $150
- FREE

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Learning Outcomes

- To understand the historical context of campus efforts addressing drug and alcohol abuse, including policies, programs, support services, prevention and education, evaluation, resources, and strategies.
- To learn about areas of progress and gaps within the context of a comprehensive campus strategy.
- To identify specific short- and longer-term approaches for implementation by campus leaders and groups, including tools, resources and strategies.

Outline

- Introduction and Overview
- Campus Drug/Alcohol Problems Over Time
- Policies, Programs, Services, and Efforts
- Obstacles and Resources
- Conclusions and Recommendations
Campus Drug/Alcohol Problems Over Time
THE COLLEGE ALCOHOL SURVEY: The national longitudinal survey on alcohol, tobacco, other drug and violence issues at institutions of higher education 1979 - 2018

1979-2012
David S. Anderson, Ph.D.
George Mason University
and
Angelo F. Gadaleto, Ph.D.
West Chester University

2015-2018
David S. Anderson, Ph.D.
George Mason University
and
Glenn-Milo Santos, Ph.D.
University of California – San Francisco

Sample of 4-year colleges and universities
No external funding
Conducted every 3 years since 1979; 14 survey administrations to date
Respondents are chief student affairs officers or designees
Response rate from 50% – 71%
Results available at www.caph.gmu.edu
Alcohol's Involvement in Personal Behaviors: 2015

Mean Percentages

- Health Center Contacts: 19%
- Risk of Suicide: 32%
- Emotional Difficulty: 35%
- Physical Injury: 35%
- Unsafe Sexual Practices: 51%
- Acquaintance Rape: 72%

Alcohol's Involvement with Academic Issues: 2015

Mean Percentages

- Student Attrition: 23%
- Lack of Academic Success: 30%
- Diminished Performance on Test or Project: 28%
- Missed Classes: 32%
Alcohol’s Involvement with Academic Problems

Policies, Programs, Services and Efforts
## Elements of a Comprehensive Campus Effort

<table>
<thead>
<tr>
<th>Element</th>
<th>2012 Mean Score</th>
<th>2015 Mean Score</th>
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<td>Support Services</td>
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<td>Planning and Collaboration</td>
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## Comprehensive Campus Efforts 2012 vs. 2015

- **2012 Mean Score = 58.0**
- **2015 Mean Score = 52.5**
POLICIES and ENFORCEMENT

2015 Mean Score: 52.7

Alcohol Allowed on Campus

Percentage of Affirmative Responses
Alternative Beverage Required When Alcohol is Served

Food Required When Alcohol is Served
Event May Advertise Availability of Alcohol

Campus Alcohol Purchasing and Service

- Location to Purchase a Drink
- Server Training Required
Alcohol Policy Issues - 2015

- Campus Informs Parents of Drug/Alcohol Infractions for Students Under 21
- Policy Prohibits Low Price/Free Drinks/Drink Specials
- Campus Schedules Core Classes on Friday Mornings
- Campus Schedules Core Classes on Friday Mornings with the Intention of Reducing Drinking

Campus Policies on Alcohol Advertising in School Newspaper

- Newspaper Advertising Permitted
- Brand Preference Ads Prohibited
- Price Special Ads Prohibited
- Happy Hours Prohibited
Campus Policies on Alcohol Industry Sponsorship

- Prohibits Advertising
- Prohibits Promotions
- Prohibits Official Sponsorship

Amnesty Policy 2012 - 2018

Percentage of Affirmative Responses

- Policy Present
- Prohibits Advertising
- Prohibits Promotions
- Prohibits Official Sponsorship

Amnesty policy to promote reporting dangerous drinking behavior

- 2012
- 2015
- 2018 Preliminary
- 2018 Preliminary for Illicit Drug Use
Good Samaritan Policy/Procedures
2018 Preliminary

Students Face Campus Judicial Charges for Alcohol/Illlicit Drug-Related Behavior That Has Occurred Off-Campus
2018 Preliminary
Campus Has Input into the Licensing Process Associated With Off-Campus Outlets That Sell and/or Serve. . . .

2018 Preliminary
Focus Period of Time on Alcohol Education and Prevention

Focus Period Of Time For Drug Education/Prevention
Special attention is paid to the special needs of subpopulation of students.

- Freshmen Students
- Student-Athletes
- Fraternity/Sorority
- Women

- People of Color
- Gays/Lesbians/Bisexuals
- Commuters
- Disability
Special attention is paid to the special needs of subpopulation of students:

- Students turning 21
- Graduate Students
- Men
- Veterans

Campus Approaches Dealing With Substance Misuse:

- Orientation program for students
- Orientation program for parents
- Student programming/Peer group
Programmatic Approaches Within Campus Efforts: 2015

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</table>

2015 Mean Score: 43.6

Curriculum and Training

1 = Not at All
4 = Very Much

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

Assistance for Faculty on Alcohol and Substance Misuse Issues: 2009 - 2015

SUPPORT SERVICES

2015 Mean Score: 56.6
Extent to which a student with a drinking problem can receive counseling assistance

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

Group Counseling Experience For Problem Drinkers

Percentage of Affirmative Responses

Campus Offers Group Counseling Experience
2018 Preliminary

- 49% Problem Drinkers
- 41% Problems with Use of Marijuana
- 37% Problems with Use of Other Drugs

Support Group For Those Negatively Affected By A Person with an Alcohol Use Disorder

- Percentage of Affirmative Responses
Campus Offers Support Group
2018 Preliminary

- Students Whose Lives are being Negatively Affected by an Alcoholic
- Students Whose Lives are being Negatively Affected by Someone who is Marijuana/Other Drug Dependent

Employee Assistance Program for Those with Drinking Problem

Percentage of Affirmative Responses
Paraprofessional Staff Receives Training to Deal with Students with Drinking Problems

Source of Referrals for Students Screened by a Health Professional for Problems with Drugs or Alcohol

- Self-Referral: 11%
- Peer: 5%
- Professional Staff: 12%
- Campus Health Professional: 7%
- Faculty: 4%
- Undergraduate Staff: 8%
- Judicial Violation: 41%
- Other: 12%
EVALUATION

2015 Mean Score: 43.1

Campus Survey Done On Alcohol Use

- Student drinking behavior
- Student knowledge of drinking
- Student attitudes about drinking
- Student perceptions of alcohol
Survey Conducted on Student Health and Safety Topics: 2012 and 2015

- Abstinence from alcohol
  - 2012: 80%
  - 2015: 80%

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

- Attitudes/beliefs about initiating interventions with others
  - 2012: 63%
  - 2015: 60%

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

- Awareness of violence prevention on campus
  - 2012: 62%
  - 2015: 72%

Graphs showing percentages of affirmative responses over time for various topics.
Campus Survey Done on Faculty Engagement

Conducted Assessment of Drug and Alcohol Policies Related to Legal Liability

- Faculty infusion of drug, alcohol, or tobacco in courses
- Faculty knowledge of drug, alcohol, or tobacco policies and services
Conducted a formal assessment on the effectiveness of its drug and alcohol misuse prevention programs

Strategies for Measuring Campus Efforts: 2015

- Student Use/Abuse Survey
- Quantitative: Standardized Tools
- Compare Findings Externally
- Quantitative: Internal Instrument
- Campus Environmental Scan
- Qualitative: Focus groups, Interviews
- Comparing Results to External...
- External evaluator
- Use of Control Groups
PLANNING and COLLABORATION

2015 Mean Score: 59.2

Annual Funding For Alcohol/Substance Misuse
In 2015 = 49.8% of Wellness Funding

Wellness Funding = $76,670
Funding for Drug/Alcohol/Wellness Programs (per capita)

- Overall: $4.10
- Small: $4.48
- Intermediate: $4.92
- Large: $3.04

Designated Alcohol/Substance Misuse Educator or Specialist

Percentage of Affirmative Responses:

- 1979: 14
- 1982: 36
- 1985: 48
- 1988: 60
- 1991: 67
- 1994: 73
- 1997: 75
- 2000: 74
- 2003: 74
- 2006: 86
- 2009: 92
- 2012: 91
- 2015: 90
Specialist Time Allocations
Based on Role/Responsibility - 2015

- Assessment: 11%
- Counseling: 19%
- Education: 27%
- Administrative: 11%
- Task Force: 9%
- Research: 6%
- Training: 8%
- Other: 9%

Specialist Time Allocations
Based on Topic / Issue - 2015

- Alcohol: 37%
- Violence: 26%
- Wellness: 20%
- Tobacco: 7%
- Drugs: 10%
Specialist Time Allocation Within Drugs Area - 2015

- Marijuana: 49%
- Synthetic Drugs: 20%
- Prescription Drugs: 19%
- Over the Counter Medicines: 7%
- Heroin: 5%
- Cocaine: 6%
- Other Substances: 6%

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

Percentage of Affirmative Responses


- 1988: 31%
- 1991: 46%
- 1994: 66%
- 1997: 72%
- 2000: 61%
- 2003: 65%
- 2006: 59%
- 2009: 55%
- 2012: 63%
- 2015: 55%
Campus utilizes peers
Educational workshops
Health awareness
Alcohol-free events
Policy review/ task member
Guest lectures in academic classes
Initial intervention/ referral to counseling
Other

Collaboration Between Coordinator and Campus Groups: 2012 - 2015

- Campus Police
- Greek Affairs
- Student Organizations
- Athletics
- Student Government
- Local Police
- Faculty
- Community Residents
- Local Government
- Local Businesses

Peers With Primary Focus on Alcohol and Substance Abuse – 2015

- None
- A Lot
President / Chancellor Support - 2015

Mean Score: 3.75 where 1 = not at all and 5 = very much

- Very Much: 33.5%
- Pretty Much: 25%
- Somewhat: 28.7%
- A Little: 8.5%
- Not at All: 4.3%

Percentage of Affirmative Responses

Strategic plan for addressing alcohol and substance misuse issues

- Campus has formalized plan: 52% in 2015, 52% in 2012
- If so, plan has measurable outcomes: 73% in 2015, 57% in 2012
- If so, plan includes a timeline and has designated roles and responsibilities: 75% in 2015, 55% in 2012

Percentage of Affirmative Responses

2015 & 2012
Other published indices of best practices

Sexual Assault Prevention and Alcohol Misuse Prevention 2018 Preliminary

Extent to which the recent focus on sexual assault prevention has resulted in increased attention to alcohol abuse prevention

1 = Not at All; 5 = Very Much
Key Observations: College Alcohol Survey

- Campus efforts have stagnated over the past two decades, and appear to be on a decline now.
- Campus personnel working on drug/alcohol efforts are expected to manage a variety of different tasks.
- Data collection has increased over many years.
- Attention to unique needs of various groups has not changed over time.
- Many campuses do not engage in substantive strategic planning.
- The resource of faculty is not used widely.
- Self-appraisals are lacking.
- Student engagement is limited.
- While top leadership support is identified, this does not appear to translate into resource allocation or prioritization as an issue.
- Many opportunities for action, collaboration, and initiatives are not addressed.
Obstacles for Campus Initiatives on Drug/Alcohol Issues

<table>
<thead>
<tr>
<th>Obstacles</th>
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<tbody>
<tr>
<td>Attitudes</td>
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<td>Students</td>
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<tr>
<td>Faculty and Staff</td>
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<td>Support and Recovery</td>
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<td>Resources</td>
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<td>Administrative and Managerial</td>
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<td>Institution-wide</td>
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<td>Obstacles for Campus Initiatives on Drug/Alcohol Issues</td>
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<tr>
<td>--------------------------------------------------------</td>
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<tr>
<td><strong>Attitudes</strong></td>
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<td>Hopelessness</td>
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<td>Loss of momentum</td>
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<td>Tradition</td>
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<td>Lack of balance between changes and resistors</td>
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<td>Resistance to change</td>
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<td>Hypocrisy</td>
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<tr>
<td><strong>Students</strong></td>
</tr>
<tr>
<td>Belief that alcohol is needed to be social</td>
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<tr>
<td>Lack of communication</td>
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<tr>
<td>Limited alternative activities</td>
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<tr>
<td>Students feel invincible</td>
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<td>Different expectations of various student groups</td>
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<td>Don’t know needs of minority/non-traditional students</td>
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<td>Difficulty reaching the commuter student</td>
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<tr>
<td>Students more interested in professional development</td>
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<tr>
<td><strong>Faculty and Staff</strong></td>
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<tr>
<td>Priorities are different</td>
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<tr>
<td>Lack of time</td>
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<tr>
<td>Belief that students need alcohol to be social</td>
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<tr>
<td>Lack of education identifying a problem</td>
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<td>Limited time with students</td>
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<td>Turf issues</td>
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<tr>
<td>Limited curricular content</td>
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<td><strong>Support and Recovery</strong></td>
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<tr>
<td>Lack of referrals</td>
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<tr>
<td>Few community resources</td>
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<tr>
<td>Variety of problems uncovered that are related to alcohol</td>
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<tr>
<td>Lack of treatment resources</td>
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<td>Lack of knowledge and skills to confront</td>
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<td>Ambiguity about how to help</td>
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<tr>
<td>Role conflict – counseling vs. discipline</td>
</tr>
<tr>
<td>Confidentiality – rights and privacy act</td>
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</table>
### Obstacles for Campus Initiatives on Drug/Alcohol Issues

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

#### Administrative and Managerial
- Lack policies and procedures
- Poor organizational setup
- Program lacks visibility
- Reactive versus proactive stance
- Politics of campus
- Monitoring is difficult
- Difficulty in showing longitudinal behavioral change
- Campus committee has limited knowledge base
- Hard to get police/security involved
- Lack of results to sustain a long-term program
- No easily observed results

### Institution-wide
- Student services have a lower priority than academics
- Media concerns
- Campus supporting external publications with alcohol ads
- Federal priorities
- Need policies to get resources developed
- Alumni
- Lack of vision
Obstacles for Campus Initiatives on Drug/Alcohol Issues
From Policies And Programs for the 1990s Workshops
Conducted in 23 Locations Nationwide 1989-1992

- Attitudes
- Students
- Faculty and Staff
- Support and Recovery
- Resources
- Administrative and Managerial
- Institution-wide

Assessment by Professionals
Perceived Extent of the Problem or Concern

Stress Management
Mental Health
Emotional Health
Maintaining School-Work-Life...
Alcohol Abuse
Relationships
Illicit Drug Abuse
Body Image
Nutrition
Eating Disorders
Physical Exercise
Prescription Drug Abuse
Disability Awareness

1 = not at all                      5 = very much

Wellness Assessment for Higher Education Preparation Programs (2013)
Mark Kretovics and David Anderson
To what extent did each of the following sources provide you with substantive grounding to deal with each of the clusters of wellness issues?

Scale: 1 = not at all and 5 = very much

<table>
<thead>
<tr>
<th>Source</th>
<th>Psychological</th>
<th>Interpersonal</th>
<th>Substance Abuse</th>
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Wellness Issues with New Student Affairs Professionals (2014) Todd Rose, Alex Williams and David Anderson
Campus Substance Abuse Strategy Self-Assessment

The Campus Substance Abuse Strategy Self-Assessment is designed to assist campus leaders of substance abuse efforts to assess their efforts from various points of view:

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

This Self-Assessment is based on questions used with the College Alcohol Survey, the national longitudinal survey on alcohol, tobacco, other drug and violence issues at institutions of higher education, conducted annually since 1995. Organized within 6 clusters, the Self-Assessment provides campus scores for each cluster, as well as overall. Comparisons with the national rate of institutions are based on survey responses received from respondents to the 2022 College Alcohol Survey.

Noteworthy for each comparison score are weighted and unweighted responses. The weighted responses are based on responses from national student leaders (JLA of the NSL Network leaders); these leaders weighted each of the 4 components, as well as the items in each component. The unweighted scores treat equally each of the 4 components as well as the items in each component.

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

Directions:
- This file is the master data file. If the survey is only filled out by a single respondent, no one can directly enter responses in the first column to the right of the vertical bar at the middle of this file. In the following worksheets, respondents will be asked either yes/no or to rate your campus on a number of strategies addressing substance abuse. For yes/no questions, please type in “Y” for a yes answer or “N” for a no answer. Some questions will ask you to rate your campus’ strategy on a scale of 1 to 4.

www.caph.gmu.edu
## Support and Intervention Services

**Question No.**

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<th>Question</th>
<th>Response</th>
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<td><strong>1</strong> Please rate the degree to which your campus include the following in its alcohol and/or other substance abuse education and prevention efforts.</td>
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<tr>
<td>a. Services for recovering students</td>
<td>(0/1/0)</td>
</tr>
<tr>
<td>b. Individual motivational interviews</td>
<td>(0/1/0)</td>
</tr>
<tr>
<td>c. Substance abuse identification and referral</td>
<td>(0/1/0)</td>
</tr>
<tr>
<td>d. Street drug and alcohol testing sites (e.g., BACIS)</td>
<td>(0/1/0)</td>
</tr>
<tr>
<td><strong>2</strong> Please rate the degree to which a student with a drinking problem can receive counseling assistance at each of the following:</td>
<td></td>
</tr>
<tr>
<td>a. Counseling center</td>
<td>(0/1/0)</td>
</tr>
<tr>
<td>b. Health center</td>
<td>(0/1/0)</td>
</tr>
<tr>
<td>c. Alcohol/substance abuse education provider</td>
<td>(0/1/0)</td>
</tr>
<tr>
<td>d. Residence hall staff</td>
<td>(0/1/0)</td>
</tr>
<tr>
<td>e. Campus ministry</td>
<td>(0/1/0)</td>
</tr>
<tr>
<td>f. Off-campus counseling/treatment agency</td>
<td>(0/1/0)</td>
</tr>
</tbody>
</table>

---

### Scores using national comparisons

<table>
<thead>
<tr>
<th>Category</th>
<th>Average Score</th>
<th>Your Institution's Score</th>
<th>Your Institution's rank (Percentile)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy &amp; Enforcement</td>
<td>12.7</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Support &amp; Intervention Services</td>
<td>56.6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Prevention &amp; Education</td>
<td>66.8</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Curriculum &amp; Training</td>
<td>43.6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Evaluation</td>
<td>43.1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Planning &amp; Collaboration</td>
<td>99.2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Overall Comprehensive Score</td>
<td>52.3</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**The average scores are based on data collected from 178 respondents from the 2015 College Assessment Survey. Your institution’s score in each individual category is based on your responses within that category. The overall comprehensive score is a composite created from your institution’s scores for the six categories. Your institution’s rank is an approximation based on how it falls within the distribution of respondents from the 2015 College Assessment Survey.**
Wellness Issues for Higher Education:
A Guide for Student Affairs and Higher Education Professionals

<table>
<thead>
<tr>
<th>FOUNDATIONAL</th>
<th>Overview and Today's College Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMOTIONAL</td>
<td>Stress Management</td>
</tr>
<tr>
<td></td>
<td>Mental Health</td>
</tr>
<tr>
<td></td>
<td>Technology</td>
</tr>
<tr>
<td>SOCIAL</td>
<td>Relationship Health</td>
</tr>
<tr>
<td></td>
<td>Sexual Decision-Making</td>
</tr>
<tr>
<td></td>
<td>Alcohol</td>
</tr>
<tr>
<td></td>
<td>Prescription and Illicit Drug Abuse</td>
</tr>
<tr>
<td>INTELLECTUAL / MENTAL</td>
<td>Study and Writing Skills</td>
</tr>
<tr>
<td>PHYSICAL</td>
<td>Sleep</td>
</tr>
<tr>
<td></td>
<td>Nutrition</td>
</tr>
<tr>
<td></td>
<td>Exercise</td>
</tr>
<tr>
<td>SPIRITUAL</td>
<td>Spiritual Development</td>
</tr>
</tbody>
</table>

Wellness Issues for Higher Education:
How to Promote Student Health During and After College

<table>
<thead>
<tr>
<th>FOUNDATIONAL</th>
<th>Wellness for the Future</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMOTIONAL</td>
<td>Body Image</td>
</tr>
<tr>
<td>SOCIAL</td>
<td>Disability Awareness</td>
</tr>
<tr>
<td></td>
<td>Sexual Violence</td>
</tr>
<tr>
<td>INTELLECTUAL / MENTAL</td>
<td>Time Management</td>
</tr>
<tr>
<td></td>
<td>Financial Health</td>
</tr>
<tr>
<td>PHYSICAL</td>
<td>Dependence and Recovery Issues</td>
</tr>
<tr>
<td></td>
<td>Eating Disorders</td>
</tr>
<tr>
<td></td>
<td>Tobacco</td>
</tr>
<tr>
<td>OCCUPATIONAL</td>
<td>Career Planning</td>
</tr>
<tr>
<td></td>
<td>Civic Engagement</td>
</tr>
<tr>
<td>SPECIAL TOPIC</td>
<td>Organizing Wellness Issues, Building Bridges</td>
</tr>
</tbody>
</table>

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Health and Safety Communication: A Practical Guide Forward

Table of Contents

**HEALTH AND SAFETY COMMUNICATIONS MODEL**
- Health and Safety Communications
- The Audience
- Aims and Goals
- Know-Feel-Do Strategies
- Approaches
- Review, Revise and Refine

**HEALTH AND SAFETY COMMUNICATIONS APPROACHES**
- Campaigns
- Printed Materials
- Working with the Media
- A Public Presence
- Workshops
- Social Media
- Pulling it Together

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GMU CAPH Website Resources

www.caph.gmu.edu
### Reflections – What I Think

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>College and Universities have made a lot of progress over 40 years. More efforts exist within the context of comprehensiveness, and beyond policies and awareness.</td>
</tr>
<tr>
<td>2.</td>
<td>Progress does exist. However, it is very modest and slow.</td>
</tr>
<tr>
<td>3.</td>
<td>Drug and alcohol issues, as a priority, are quite low. While top level administrators cite this as an area of concern, attention to this is generally perfunctory.</td>
</tr>
<tr>
<td>4.</td>
<td>Funding and resource allocation is very limited.</td>
</tr>
<tr>
<td>5.</td>
<td>Staff members are genuinely committed; however their responsibilities are varied and overwhelming.</td>
</tr>
<tr>
<td>6.</td>
<td>Expertise in and understanding of substance misuse issues is limited. The skills and knowledge held by professional staff are not widely held among other groups.</td>
</tr>
<tr>
<td>7.</td>
<td>Evaluation efforts, while present, are limited regarding proximate outcomes and consequential data utilization.</td>
</tr>
<tr>
<td>8.</td>
<td>Skills for advocacy and persuasion are limited.</td>
</tr>
<tr>
<td>9.</td>
<td>Strategic planning is limited, and is generally not done within the “big picture” of changing the culture, wellness, changing the conversation and engaging students.</td>
</tr>
<tr>
<td>10.</td>
<td>This limited attention and prioritization is symptomatic of the larger society.</td>
</tr>
<tr>
<td>11.</td>
<td>The larger “voice” of calls to action and leadership are limited.</td>
</tr>
</tbody>
</table>

### Reflections – What I Feel

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Hopeful</td>
</tr>
<tr>
<td>• Emboldened</td>
</tr>
<tr>
<td>• Inspired</td>
</tr>
<tr>
<td>• Frustrated</td>
</tr>
<tr>
<td>• Challenged to persevere</td>
</tr>
</tbody>
</table>
# Recommendations for Campus Personnel

<table>
<thead>
<tr>
<th>Consider your moral responsibility.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be research-based. See NIAAA’s College AIM.</td>
</tr>
<tr>
<td>Use available resources (national, state, local). See DEA’s new website.</td>
</tr>
<tr>
<td>Engage campus resources (e.g., faculty).</td>
</tr>
<tr>
<td>Acknowledge your knowledge and commitment.</td>
</tr>
<tr>
<td>Be strategic. Ground with the institution’s mission statement, departmental goals, professional standards, state/local priorities.</td>
</tr>
<tr>
<td>Gather local information and needs. Use quantitative and qualitative.</td>
</tr>
<tr>
<td>Conduct an audit of needs, perceptions, issues, resources (student, faculty/staff, institutional). Consider the Campus Substance Abuse Strategy Self-Assessment.</td>
</tr>
<tr>
<td>Use data to anchor decisions and planning.</td>
</tr>
<tr>
<td>Be heartfelt and inspiring.</td>
</tr>
<tr>
<td>Persevere.</td>
</tr>
</tbody>
</table>

## Wrap-Up
Learning Outcomes

- To understand the historical context of campus efforts addressing drug and alcohol abuse, including policies, programs, support services, prevention and education, evaluation, resources, and strategies.
- To learn about areas of progress and gaps within the context of a comprehensive campus strategy.
- To identify specific short- and longer-term approaches for implementation by campus leaders and groups, including tools, resources and strategies.

Outline

- Introduction and Overview
- Campus Drug/Alcohol Problems Over Time
- Policies, Programs, Services, and Efforts
- Obstacles and Resources
- Conclusions and Recommendations
<table>
<thead>
<tr>
<th>David S. Anderson, Ph.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor Emeritus of Education and Human Development</td>
</tr>
<tr>
<td>George Mason University</td>
</tr>
<tr>
<td>Fairfax, VA</td>
</tr>
<tr>
<td><a href="mailto:danderso@gmu.edu">danderso@gmu.edu</a></td>
</tr>
<tr>
<td>571-296-2521</td>
</tr>
<tr>
<td><a href="http://www.caph.gmu.edu">www.caph.gmu.edu</a></td>
</tr>
<tr>
<td>308 Reeves Street    Celebration, FL  34747</td>
</tr>
</tbody>
</table>
Next Webinar:

Engaging Residence Life in Prevention Efforts
July 12 at 2:00 p.m. EST

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