

Virginia Institutions of Higher Education Substance Use Advisory Committee

2020 Annual Report

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Virginia Alcoholic Beverage Control Authority
 Chief Executive Officer
 Travis G. Hill



Chair
 Maria J. K. Everett

Vice Chair
 Beth G. Hungate-Noland

Board of Directors
 William D. Euille
 Gregory F. Holland
 Mark E. Rubin

December 1, 2020

General Assembly of Virginia
 Capitol Square
 Richmond, Virginia

Dear Members of the General Assembly:

The Virginia Higher Education Substance Use Advisory Committee (VHESUAC) is pleased to provide this report in accordance with §4.1-103.02, *Code of Virginia*. Consistent with its statutory responsibilities, VHESUAC provides common goals, resources, and capacity building to advance Virginia's higher education substance misuse prevention infrastructure and to advocate for program and policy efforts that are strategic, science-based, and collaborative.

This report details efforts and coordination since the filing of the 2019 VHESUAC Annual Report on December 1, 2019 to the end of the 2020 fiscal year on June 30, 2020.

VHESUAC looks forward to providing continued leadership and coordination of Virginia's higher education substance misuse prevention efforts. We would like to thank all of the VHESUAC partners who have agreed to support the work of the Committee and in particular those who serve on its Executive Council and Workgroup.

Thank you also for your support, and please contact us if you would like additional information about VHESUAC.

Sincerely,

Maria J.K. Everett, Chair
 Virginia Alcoholic Beverage Control Authority



EXECUTIVE INFORMATION

The Commonwealth of Virginia



Governor *Ralph S. Northam*

Secretariats represented in VHESUAC

Secretary of Public Safety and Homeland Security *Brian Moran*

Secretary of Education *Atif Qarni*

Secretary of Health and Human Resources *Dr. Daniel Carey*

Virginia Alcoholic Beverage Control Authority Leadership



Chair

Maria J. K. Everett



Vice Chair

*Beth G.
Hungate-Noland*



William D. Euille



Gregory F. Holland



Mark E. Rubin

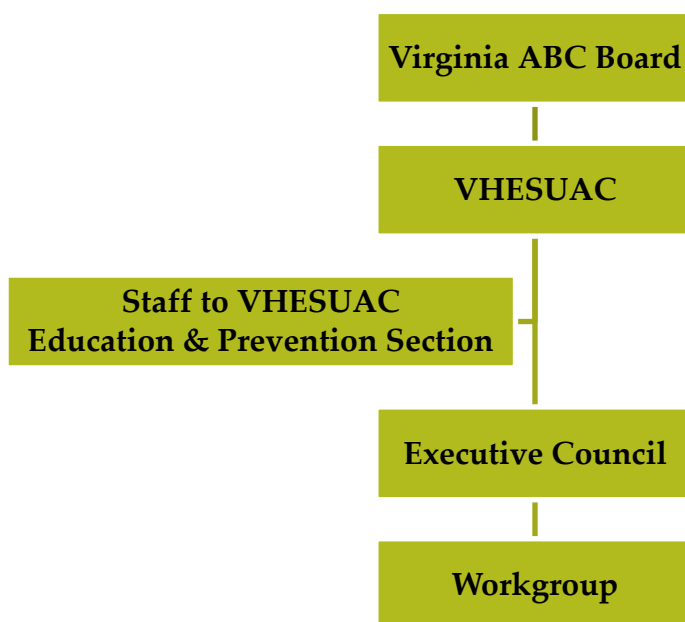
Chief Executive Officer *Travis G. Hill*

Executive Summary

The Virginia Higher Education Substance Use Advisory Committee (VHESUAC) is pleased to report on coordination of college alcohol and other drug prevention programming in the Commonwealth of Virginia. VHESUAC partners include public and private institutions of higher education, student leaders, state agencies, and statewide organizations committed to reducing student substance misuse and promoting effective policies and practices.

VHESUAC aims to create an environment and culture that values student health and safety and supports prevention and intervention efforts on campuses across the state. VHESUAC hopes to accomplish this by promoting a collaborative and coordinated effort among Virginia's colleges and universities to advocate for prevention programming and treatment services, implement research-based approaches, and facilitate a network for information sharing and action planning.

Virginia ABC's Education and Prevention Section coordinates VHESUAC and the structure includes two tiers: the Executive Council and Workgroup.



During this reporting period, Executive Council and Workgroup members met to learn more about environmental management and collegiate recovery programs from presentations by college professionals. They also completed a strategic plan development activity and discussed implications for future creation of reporting guidelines on campus strategic plans. In addition, VHESUAC conducted the statewide campus assessment project to assist with identification of gaps and themes in substance use prevention and intervention at Virginia schools. The data collected informed the goals and strategies for the VHESUAC Strategic Plan. This report intends to detail these meetings and outcomes of the research project, as well as explain the formation of VHESUAC, its current structure, and its vision moving forward.

Statutory Authority

Pursuant to SB 120 and HB 852 of 2018 and Chapters 210 and 211 of the Acts of Assembly, an Act to amend and reenact § 4.1-103.02 of the Code of Virginia, relating to alcoholic beverage control; substance abuse prevention; Virginia Institutions of Higher Education Substance Use Advisory Committee established:

“The [Virginia ABC] Board shall also establish and appoint members to the Virginia Institutions of Higher Education Substance Use Advisory Committee (Advisory Committee). The goal of the Advisory Committee shall be to develop and update a statewide strategic plan for substance use education, prevention, and intervention at Virginia's public and private institutions of higher education. The strategic plan shall (a) incorporate the use of best practices, which may include, but not be limited to, student-led peer-to-peer education and college or other institution of higher education recovery programs; (b) provide for the collection of statewide data from all institutions of higher education on student alcohol and substance use; (c) assist institutions of higher education in developing their individual strategic plans by providing networking and training resources and materials; and (d) develop and maintain reporting guidelines for use by institutions of higher education in their individual strategic plans. The Advisory Committee shall consist of representatives from Virginia's public and private institutions of higher education, including students and directors of student health, and such other members as the Board may deem appropriate. The Advisory Committee's membership shall be broadly representative of individuals from both public and private institutions of higher education. The Advisory Committee shall submit an annual report on its activities to the Governor and the General Assembly on or before December 1 each year.”

VHESUAC FORMATION

Virginia ABC's Education and Prevention Section seeks to eliminate underage and high-risk drinking by building the capacity for communities to educate individuals and prevent alcohol misuse. In 2015, the Education and Prevention Section set out to improve the quality of its programming by collecting needs assessment data from four-year institutions of higher education (IHEs) in Virginia and compiling campus policies and programs on alcohol and other drugs to identify current gaps and resources. These efforts continued in 2017 with a second needs assessment for four-year IHEs, a needs assessment for community colleges, and a survey of the Virginia College Alcohol Leadership Council.

Commission on Youth Study

In line with its mission to study and provide recommendations on health matters related to youth and families, the [Commission on Youth](#) (COY) took a particular interest in Virginia ABC's efforts. During the 2016 and 2017 General Assembly sessions, budget amendments requesting that work be done to identify current substance misuse prevention and intervention programs at IHEs were proposed by COY but not adopted. Instead, COY moved forward with a study plan to collaborate with Virginia ABC and compile a list of best practices for Virginia's IHEs to consider implementing. Based on study findings, discussions with other state agencies, and public comment, COY approved a final recommendation prior to the 2018 General Assembly session. This recommendation became SB 120/HB 852 with sponsorship from COY Chair Senator Barbara Favola and Delegate Christopher Peace and was later signed by Governor Ralph Northam in March 2018.

Operation

VHESUAC is comprised of public and private IHEs, student leaders, state agencies, and statewide organizations who collaborate to reduce college substance misuse and advocate for research-based policies and practices. VHESUAC is led by an Executive Council and Workgroup and staffed by Virginia ABC. The Virginia ABC Adult Education and Prevention Coordinator serves as the VHESUAC coordinator while also managing other college and adult prevention programs. The Executive Council is the governing body and is responsible for setting overall direction and providing input on Workgroup activities and deliverables. In order to recruit members for the Executive Council, an open application invitation was sent to college and university presidents, vice presidents of student affairs, directors of student health, and student leaders at all 66 of Virginia's institutions of higher education. State agencies involved in substance misuse prevention or college student well-being were identified and recruited for the Executive Council as well. These members are working to address alcohol and other drug-related problems among college students statewide. Executive Council meetings are held biannually. The Executive Council of VHESUAC is comprised of:



Virginia Alcoholic Beverage Control Authority (Virginia ABC)

Travis Hill – Chief Executive Officer



Commission on Youth (COY)

Deirdre Goldsmith – Member



State Council of Higher Education for Virginia (SCHEV)

Ashley Lockhart – Coordinator for Academic Initiatives



Virginia Community College System (VCCS)

Van Wilson – Associate Vice Chancellor for Student Experiences and Strategic Initiatives



Averett University

Lesley Villarose – Dean of Students



Sweet Briar College

Marcia Thom-Kaley – Dean of Students



Liberty University (LU)

Keith Anderson – Executive Director, Student Health Center and Wellness Initiatives



University of Mary Washington (UMW)
Alexander Lee – Undergraduate Student Leader



Virginia Commonwealth University (VCU)
Charles Klink – Senior Vice Provost for Student Affairs



Hampden-Sydney College (H-SC)
Shawn White – Assistant Dean of Students



Patrick Henry Community College (PHCC)
Greg Hodges – Vice President of Academic and Student Success Services



Dabney S. Lancaster Community College (DSLCC)
Matt McGraw – Associate Vice President for Institutional Effectiveness and Academic Services



University of Virginia (UVA)
Christopher Holstege – Executive Director, Student Health Center



Regent University
Adam Williams – Assistant Vice President for Student Life

The Workgroup provides support and recommendations to the Executive Council. Members of the Workgroup share pertinent research and programming to help inform planning and decision-making during meetings. The Workgroup includes community, state, and campus leaders who were identified and recruited due to their work in preventing college substance misuse and related problems. Workgroup meetings are held quarterly. The Workgroup of VHESUAC is comprised of:



Virginia Alcoholic Beverage Control Authority (Virginia ABC)

Colleen Howarth (VHESUAC Coordinator) – Adult Education and Prevention Coordinator, Education and Prevention Section

Tom Kirby – Chief, Bureau of Law Enforcement



Virginia Department of Behavioral Health and Developmental Services (DBHDS)

Malcolm King – Child and Adolescent Family Program Specialist



Virginia Department of Criminal Justice Services (DCJS)

Marc Dawkins – Campus Safety and Violence Prevention Coordinator, Division of Law Enforcement



Virginia Department of Education (VDOE)

Maribel Saimre – Director, Student Services



Foundation for Advancing Alcohol Responsibility

Helen Gaynor – Director, Educational Programs



Virginia Association of Chiefs of Police and Foundation (VACP) and Virginia Association of Campus Law Enforcement Administrators (VACLEA)

Dana Schrad – Executive Director



Virginia College Collaborative (VCC)

Linda Hancock – Retired from Virginia Commonwealth University

Robert Chapman – Retired from Drexel University



Ashland Police Department (Ashland PD)

Doug Goodman – Chief of Police



Longwood University

Sasha Johnson – Title IX Coordinator



Christopher Newport University (CNU)

Jill Russett – Social Work Associate Professor and Field Instruction Coordinator



Virginia Commonwealth University (VCU)

Danielle Dick – Director, College Behavioral Health and Emotional Institute (COBE)

Melodie Fearnow-Kenney – Senior Research Associate, Center for School-Community Collaboration

Kat Scott – Intern, Rams in Recovery



John Tyler Community College (JTCC)

Christine Diggs – Human Services Associate Professor

Mark Miller – Professional Counselor, Disability Support Services



University of Mary Washington (UMW)

Raymond Tuttle – Director, Student Conduct and Responsibility



University of Virginia (UVA)

Susie Bruce – Director, Gordie Center



Norfolk State University (NSU)

Cynthia Burwell – Director, NSU Center of Excellence in Minority Health Disparities



Virginia Polytechnic Institute and State University (VT)

Kelsey O'Hara-Marasigan – Assistant Director, Student Wellness



Virginia Military Institute (VMI)

Sarah Jones – Director, Center for Cadet Counseling



University of Richmond (UoR)

Slade Gormus – RN Health Promotion and Peer Education, URWell



James Madison University (JMU)

Mindy Koon – Assistant Director, Alcohol and Other Drug Prevention



Randolph-Macon College (RMC)

Keith Cartwright – Coordinator, Alcohol and Other Drug Prevention; Behavioral Health Wellness Consultant for DBHDS



Germauna Community College Police Department

Craig Branch – Chief of Police

VHESUAC CAMPUS ASSESMENT PROJECT

To inform the VHESUAC Strategic Plan, the Executive Council and Workgroup embarked on a statewide campus assessment project, which involved conducting interviews with a representative sample of IHEs in Virginia. It gathered information regarding student substance misuse on the following eight topics:

- Education and prevention programs
- Screening and intervention services
- Policy and enforcement
- Parent involvement
- Faculty/staff curriculum and training
- Planning and collaboration
- Evaluation of efforts
- Problems on campus

The decision for this project came after VHESUAC members reviewed the environmental scan of IHEs in Virginia and identified several information gaps that needed to be addressed before moving forward with the creation of a statewide strategic plan.

Logistics and Findings

The main objective of the statewide campus assessment project was to conduct needs assessments with campus administration and staff from a representative sample of IHEs in Virginia. It was modeled after work completed by the Maryland Collaborative to Reduce College Drinking and Related Problems and described in [*College Drinking in Maryland: A Status Report*](#). In addition, meetings with the VHESUAC Workgroup and Executive Council influenced decisions about the process and the content of the assessment. Funding for this project was provided by a supplementary education award from the [National Alcohol Beverage Control Association](#) (NABCA), which was obtained by Virginia ABC through an application process which was reviewed and awarded by NABCA's Board.

A total of 30 schools were selected for inclusion in the assessment and 29 of those schools participated. These schools came from five geographical regions in Virginia and represented a range of institution types and sizes. The Vice President of Student Affairs, Dean of Students, or equivalent at each school was asked to assemble an interview team if possible of other staff who are involved in student substance use prevention and intervention on their campus. Interview teams included staff from various sectors of campus including Student Health or Counseling, Student Conduct, Campus Police or Security, Residence Life, Greek Life, and individuals tasked with coordinating alcohol and other drug-related programs. Formal interviews were conducted by Brand Planning, LLC with 29 schools between April and June 2020. Interviews were originally scheduled to be conducted in-person but due to concerns related to COVID-19, were later changed to virtual interviews.

Data collected from the statewide campus assessment revealed that most campuses are utilizing at least one evidence-based strategy in their student substance use efforts, and a combination of strategies is the norm. There are several barriers however when trying to implement such strategies,

including lack of available funding and limited resources. In addition, numerous opportunities exist in Virginia for campuses to improve current prevention and intervention programming. This may look like pursuing environmental strategies, involving students in planning and implementation, and gaining more administrative support. For a full report on the statewide campus assessment and its findings, please refer to [Appendix A](#).

VHESUAC STRATEGIC PLAN

The VHESUAC Strategic Plan describes overarching principles, goals, and a set of strategies that Virginia can adopt over the next five years to address student substance use on campuses. It lays out a framework to ensure that efforts complement one another while working towards the same purpose and details a statewide implementation plan for consideration. From 2018 to 2020, both the Executive Council and Workgroup conducted several activities to inform the direction and content of this strategic plan (see figure below for all activities).

This work is unprecedented in Virginia and VHESUAC is excited to share its vision for the future. The Executive Council and Workgroup believe that the VHESUAC Strategic Plan is vital for addressing substance-related issues on campuses and for achieving both systemic and student behavioral change. It will be disseminated to IHEs across the state and next steps for implementation will be communicated with campus stakeholders. Please refer to [Appendix B](#) for the final VHESUAC Strategic Plan document.



VHESUAC MEETINGS

The VHESUAC Executive Council met once during the reporting period in January 2020. The VHESUAC Workgroup met in September 2019 and January 2020. At the September meeting, the VHESUAC Coordinator reviewed environmental-level prevention and its importance for addressing alcohol and other drug use on campuses. Members also heard presentations from three college prevention professionals that described examples of environmental strategies. At the January meetings, the Coordinator facilitated a brainstorming activity to inform the VHESUAC Strategic Plan and discussed future creation of reporting guidelines on campus strategic plans. Members learned more about collegiate recovery programs from an expert in the field as well. The primary outcomes of each of these meetings are described below. Full meeting minutes for VHESUAC can be accessed online on the Commonwealth Calendar: <https://commonwealthcalendar.virginia.gov>

Executive Council

January 10, 2020 Meeting Minutes

Strategic Plan Development

- Executive Council members participated in a group activity in which they reviewed the following five statewide strategic plans: Connecticut Statewide Healthy Campus Initiative, Maryland Collaborative to Reduce College Drinking and Related Problems, Pennsylvania State System of Higher Education Alcohol and Other Drugs Coalition, Missouri Partners in Prevention and West Virginia Collegiate Initiative to Address High-Risk Alcohol Use.
- Members then identified key strategies and themes in each plan and the itemized list below was created. Each item on the list was compared to the requirements set forth in Code of Virginia §4.1-103.02 and previously created SWOT analysis and gap analysis in order to identify any strategies that needed to be added to the list.
 - Create written Good Samaritan and Medical Amnesty policies and distribute to students.
 - Implement social norms marketing/campaigns for students to correct misperceptions about peer alcohol or other drug use.
 - Develop a campus strategic plan that assesses data and tracks progress to evaluate and improve substance misuse prevention and treatment efforts over time.
 - Ensure departments are able to easily share data and communicate findings
 - Establish a statewide system for data collection on student substance use and utilize this for updating the statewide strategic plan and creating campus strategic plans.
 - Generate an appropriate key message on student substance use that is communicated across campus and infused into all departments and courses.
 - University-wide initiative that trains all faculty and staff

- Form campus-community coalitions/task forces/working groups on student substance use that involve parents and community stakeholders.
- Provide substance-free and recovery housing options for students on campus.
- Establish funding streams that will support substance misuse prevention and treatment efforts, especially for hiring additional staff.
- Offer several alcohol-free events and student engagement opportunities such as those with community service, research, security, career preparation, etc.
- Share effective strategies and best practices on substance misuse prevention and treatment statewide; develop opportunities for collaboration across the state.
- Actively encourage parent involvement and establish communication network for parents to share knowledge and advocate for substance misuse prevention and treatment.
- Utilize best practices for student substance use screening and intervention services.
 - Train faculty/staff in identification and referral to treatment
 - Train faculty/staff in BASICS
- Consistently enforce alcohol and other drug policies on campus and increase police efforts.
 - Increase enforcement/monitoring of events involving alcohol during high-risk times.
- Provide bystander intervention training on campus that references student substance use.
- Implement a harm reduction approach and establish a peer health education group on campus.

VHESUAC Action Plan

- Executive Council members reviewed the Clemson University Strategic Plan and Partners in Prevention Quarterly Report Process and discussed implications for future development of reporting guidelines on campus strategic plans.
 - The reporting guidelines should meet requirements for Drug Free Schools and Communities Act (DFSCA) Biennial Reviews to avoid duplicating efforts and assist campuses with being in compliance.
 - Keep in mind that campuses vary in which departments or individuals oversee completion of DFSCA Biennial Reviews and in how it is created.
 - Campuses will require guidance on how to successfully obtain all relevant data; systems must be put in place to facilitate data sharing among departments and organizations.
 - There should be two sets of reporting guidelines, one for 4-year schools and 2-year schools.
 - The reporting guidelines must include plans for evaluation and improvement, and focus on goals and objectives over the next two years.

- Keep in mind that developing a time-based work plan and logic model may not be feasible for all campuses.
- It is important to explore how the reporting guidelines can be institutionalized on campuses and used in a meaningful way.
- The campus strategic plans created can be used to identify effective strategies and best practices for the state and develop benchmark data points that campuses can use to advocate for more resources and funding.

Workgroup

September 26, 2019 Meeting Minutes

Environmental Strategies

- Coordinator presented a background and overview of best practices on environmental strategies.
 - Environmental-level prevention focuses on population or community change and the social, political and economic context of alcohol and other drug-related problems. It is a long-term approach that often centers on policy development and views the individual as an advocate.
 - College campuses often invest a lot of their limited budgets and resources in individual strategies, which have to reach all students in order to be effective in reducing alcohol and other drug use among each student. Environmental strategies allow campuses to make these changes in a broad way that will impact everyone. However, campuses must have a comprehensive approach that includes both individual and environmental strategies.
 - There are five main strategies for environmental management on college campuses: 1) Creating a healthy, normative environment; 2) Offering alcohol and drug-free social, extracurricular and public service options; 3) Restricting the marketing and promotion of alcoholic beverages both on and off campus; 4) Limiting alcohol availability and access; and 5) Increasing enforcement of laws and policies.
 - The National Institute on Alcohol Abuse and Alcoholism (NIAAA) released the College Alcohol intervention Matrix last year to provide campuses with evidence-based information. Here, environmental strategies are typically ranked as lower or mid-range cost and several are high in effectiveness. This includes conducting responsible beverage service training and prohibiting alcohol use/sales at campus sporting events.
 - There are many keys to success when implementing strategies for environmental management, such as strategic planning, student involvement, strong presidential leadership, and evaluation.
 - Teamwork makes the dream work when it comes to environmental management; it is important that campuses engage community partners like local law enforcement and business owners.

- Tia Mann presented on University of Virginia's Advisory Committee on Alcohol and Substance Misuse.
 - It is important to involve faculty in prevention efforts on campus. Some may see their role as strictly being teaching or research, but alcohol and other drug use has an impact on academic success.
 - The Committee has been successful thus far due to its collaborative nature and focus on environmental level prevention and policy development. They are placing emphasis on evidence-based efforts and current research trends.
 - A significant number of the members are students, and there is at least one representative from all major departments on campus. Campus administration is supporting this initiative and playing a direct role in guiding it.
 - The Committee started by breaking into smaller work groups that focus on different areas, including medical amnesty, enforcement, and parent involvement. The work groups have identified themes in campus-specific data and gaps in current programming in order to provide recommendations and action steps in those areas.

- Danielle Dick presented on Virginia Commonwealth University's Spit for Science project and initiatives from the College Behavioral and Emotional Health Institute (COBE).
 - Spit for Science helps to start a dialogue with students about behavioral and mental health issues and shows them that generating research is an important part of institutions of higher education. Students receive monetary incentives to participate in a survey and provide a DNA sample, and are educated on the role of genetics. Each semester, undergraduate research courses explore different segments of the data collected.
 - COBE has recently received a grant from NIAAA to use findings from Spit for Science to develop tailored programs and interventions for college students based on genetic predispositions and the environment. The grant will allow COBE to build out an online initiative for campuses that teach students about their genetics and connect them with specific resources.

- Robert Chapman presented on previous environmental strategies implemented at La Salle University.
 - The "Cover for a Prof" program aimed to promote faculty involvement in prevention efforts by providing a class on alcohol and other drugs to students that ties into the course when a faculty member is absent. The faculty member would also receive supplemental readings and assignments to use in future classes of that course.
 - The Alternate Sanctions program aimed to increase the likelihood that Resident Assistants would enforce policies related to alcohol and other drug use on campus. It allowed Resident Assistants to give students options for consequences when policy violations occurred. For example, having the student select either a fine, alcohol

education and screening or parental notification. The program was successful and students often chose alcohol education and screening as their consequence.

January 23, 2020 Meeting Minutes

Strategic Plan Development

- The Executive Council met on January 10 and participated in a group activity in which they reviewed five statewide strategic plans and identified key strategies and themes in each plan to create an itemized list. Each item on the list was compared to the requirements set forth in Code of Virginia §4.1-103.02 and previously created SWOT analysis and gap analysis in order to identify any strategies that needed to be added to the list.
- Workgroup members reviewed the final list from the Executive Council and engaged in a group discussion about the importance of each item.
 - This list and the forthcoming statewide strategic plan need to have organization by categories or themes. It could follow the College AIM approach and organize strategies by effectiveness and effort required, or follow the Healthy Campus 2030 approach and differentiate ranking levels for campuses to strive for over time.
 - A centralized repository of effective approaches and best practices is needed for the state and should engage campus stakeholders in sharing of strategies.
 - It is the most difficult to gain support for environmental strategies even though these are cost-effective and can have a larger impact; having benchmarks for the state to strive for could help with advocating for such strategies.
 - Alcohol and other drug treatments are costly and hard to implement with limited resources; offering recovery support services on campus is a promising alternative that requires less effort yet has similar results. Recovery support services should be specifically addressed in the statewide strategic plan.
 - Bystander intervention has great potential for impact on campuses as a non-invasive approach to encourage students to seek help and can be integrated into peer health education groups that focus on alcohol and other drugs.
 - It is key to have substance misuse prevention be a university-wide initiative that involves training all faculty and staff in best practices on screening, brief intervention, and referral to treatment.
 - Campuses should work towards forming campus-community coalitions on student substance use to advocate for efforts and facilitate strategic planning among key stakeholders.
 - Campuses should create written Good Samaritan and Medical Amnesty policies and distribute these to students as part of health promotion campaigns and other prevention efforts.

Collegiate Recovery Programs

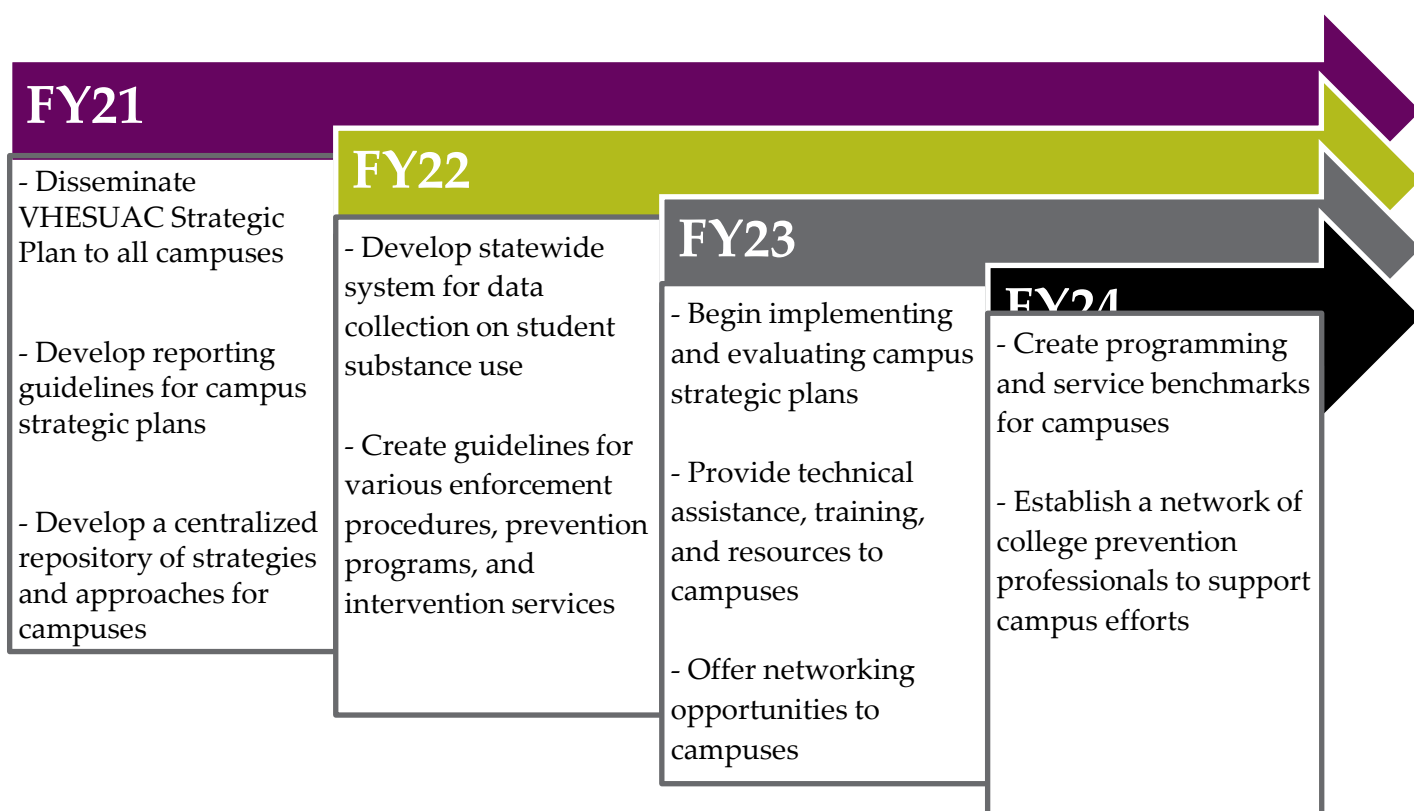
- Tom Bannard, Program Coordinator for Rams in Recovery at VCU, presented on expanding collegiate recovery across Virginia. Discussion of how university faculty are an untapped resource in regards to substance use education and prevention. It would be beneficial to directly involve faculty in efforts such as curriculum infusion.
 - Collegiate recovery is important because students should not have to choose between their recovery and their education. The college environment can be hostile and there is a need to expand the continuum of care and provide support to marginalized groups.
 - Nationally, students in Collegiate Recovery Programs experience low recurrence of alcohol or other drug use, have higher GPAs than their peers, and are retained at higher rates.
 - The Virginia Department of Behavioral Health and Developmental Services has awarded a \$50,000 collegiate recovery expansion grant to each of the following eight schools in Virginia: Longwood University, University of Mary Washington, Radford University, University of Richmond, University of Virginia, Washington and Lee University, Virginia Tech and Virginia Union University. This involves intensive technical assistance that will be facilitated by VCU in the form of twice-yearly site visits, monthly group and individual calls, and twice-yearly drive-in events.
 - Recovery supports at VCU include a clubhouse, coaching, housing, scholarships and seminars, recovery-focused coursework, trips and gatherings, and Recovery Ally and aloxone Trainings.

FUTURE OF VHESUAC

Based on the requirements set forth by SB 120 and HB 852 of 2018 (Chapters 210 and 211 of the Acts of Assembly), VHESUAC will continue to focus on reporting and strategic planning, networking and resources, and training and technical assistance. Deliverables may include facilitating assessment and evaluation efforts, measuring the effectiveness of policy changes and program implementation, developing common statewide goals and action steps, creating a communication network among campuses, enhancing networking opportunities, providing resources to support campus prevention efforts, and providing on-going support for individual strategic plans and specialized trainings to identified groups. These activities will rely on a collaborative and coordinated effort among Virginia's IHEs.

As mentioned above, the Executive Council and Workgroup conducted a statewide campus assessment project and finalized the VHESUAC Strategic Plan. This plan details current prevention and intervention programming, existing barriers and capacity to address student substance misuse, planning and evaluation efforts, methods to measure student alcohol and other drug use, and general impressions of problems on campus among schools in Virginia. Most importantly, the plan establishes a set of evidence-based strategies and an implementation plan for both schools and VHESUAC to follow over the next five years.

The VHESUAC Strategic Plan will be shared with campuses and other stakeholders across the state. Work will continue on the development of reporting guidelines for use in campus strategic plans that align with both the strategic plan and DFSCA Biennial Review requirements. These guidelines will then be distributed, and IHEs will be encouraged to partner with VHESUAC in order to develop campus specific strategic plans. Those IHEs that engage in this collaboration will receive guidance and support through training opportunities, educational materials, technical assistance, and networking events. VHESUAC will also work on the development of a centralized repository of effective approaches, evidence-based strategies, best practices, and model programs to assist campuses with implementation of efforts (see figure on next page for timeline of activities).



VHESUAC Contact Information

Virginia Alcoholic Beverage Control Authority
Education and Prevention
Attn: VHESUAC
2901 Hermitage Road
Richmond, Virginia 23220

Phone: (804) 977-7440

Email: Education@virginiaabc.com

Website: www.virginiaabc.com/vhesuac

APPENDIX

Appendix A – Statewide Campus Assessment Final Report



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

Topline Report

July 7, 2020

Prepared by



 **Brand Planning** LLC

www.BrandPlanning.com

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

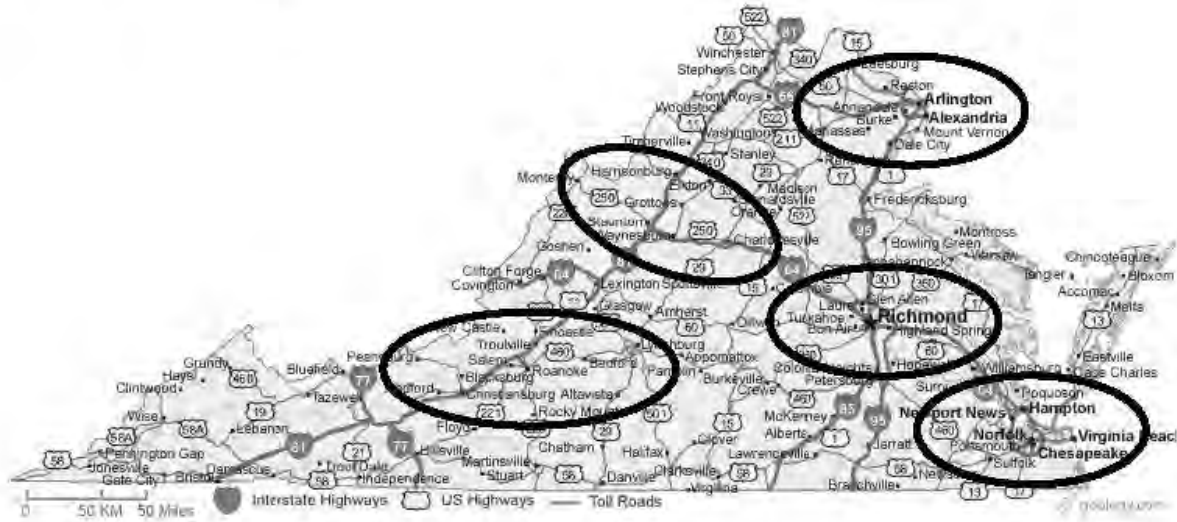
Data collection was through video conference group interviews with representatives from each participating school. This methodology was used to ensure a high response and completion rate for the desired data/information. Each of these interviews lasted 2-2.5 hours, and the assessment tool (questionnaire)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

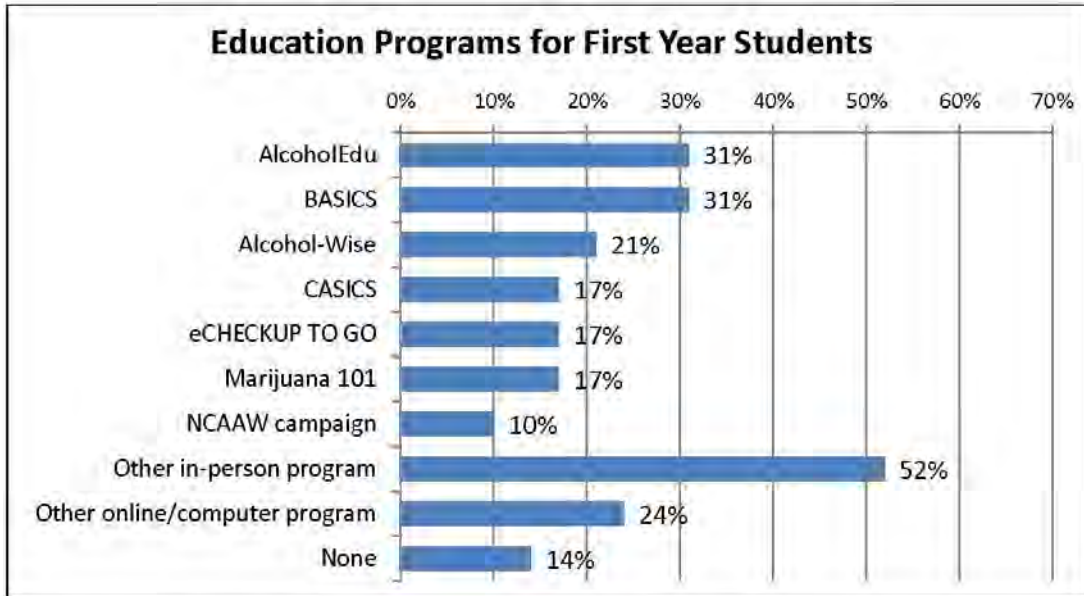
EDUCATION & PREVENTION PROGRAMS

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

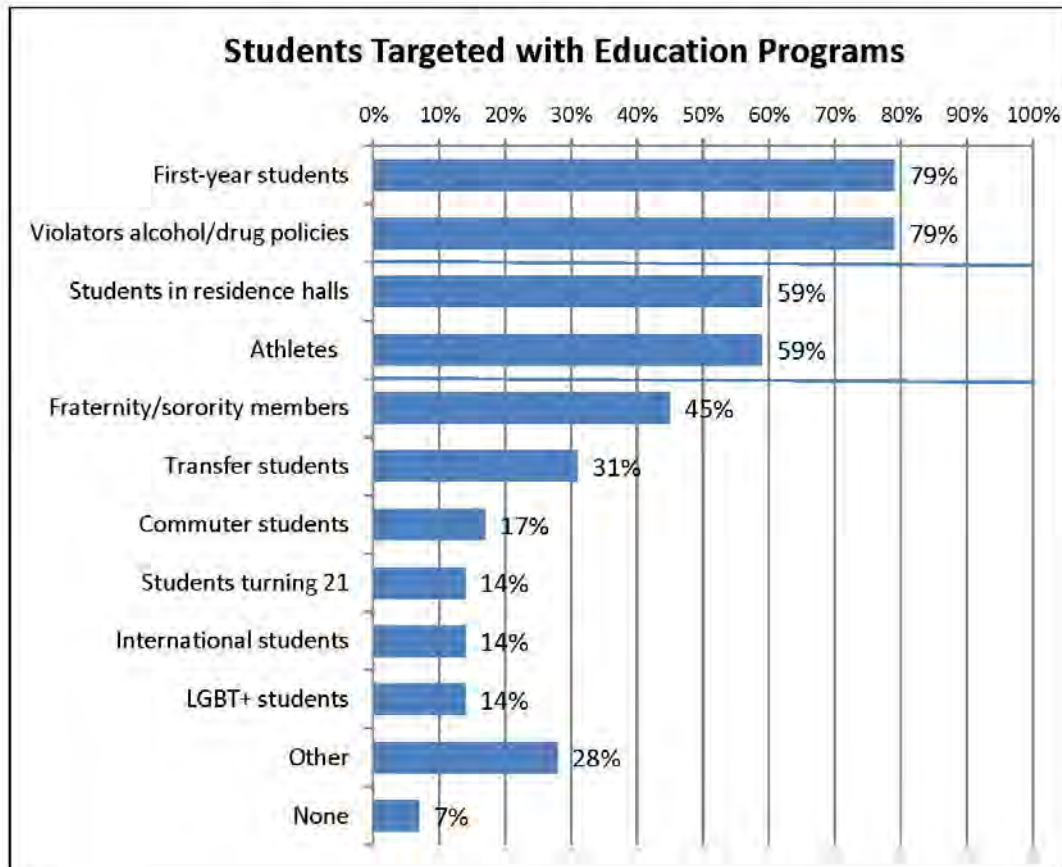
Penalties: For those schools that offer a drug/alcohol education program, over three-fourths have penalties for not completing it (84%). The most common penalty is a registration block (see table below).

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

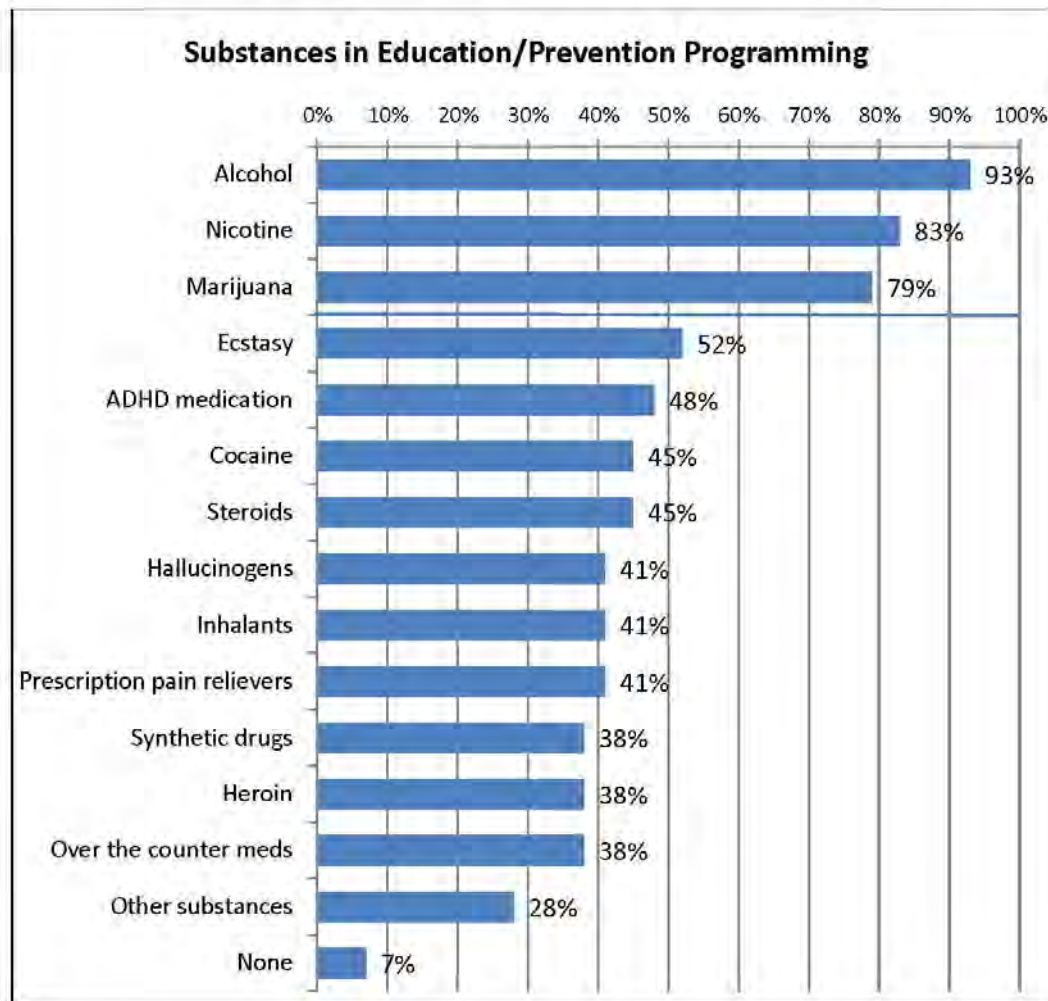
52%	Registration blocks
24%	Disciplinary probation
44%	Other
16%	No penalties

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

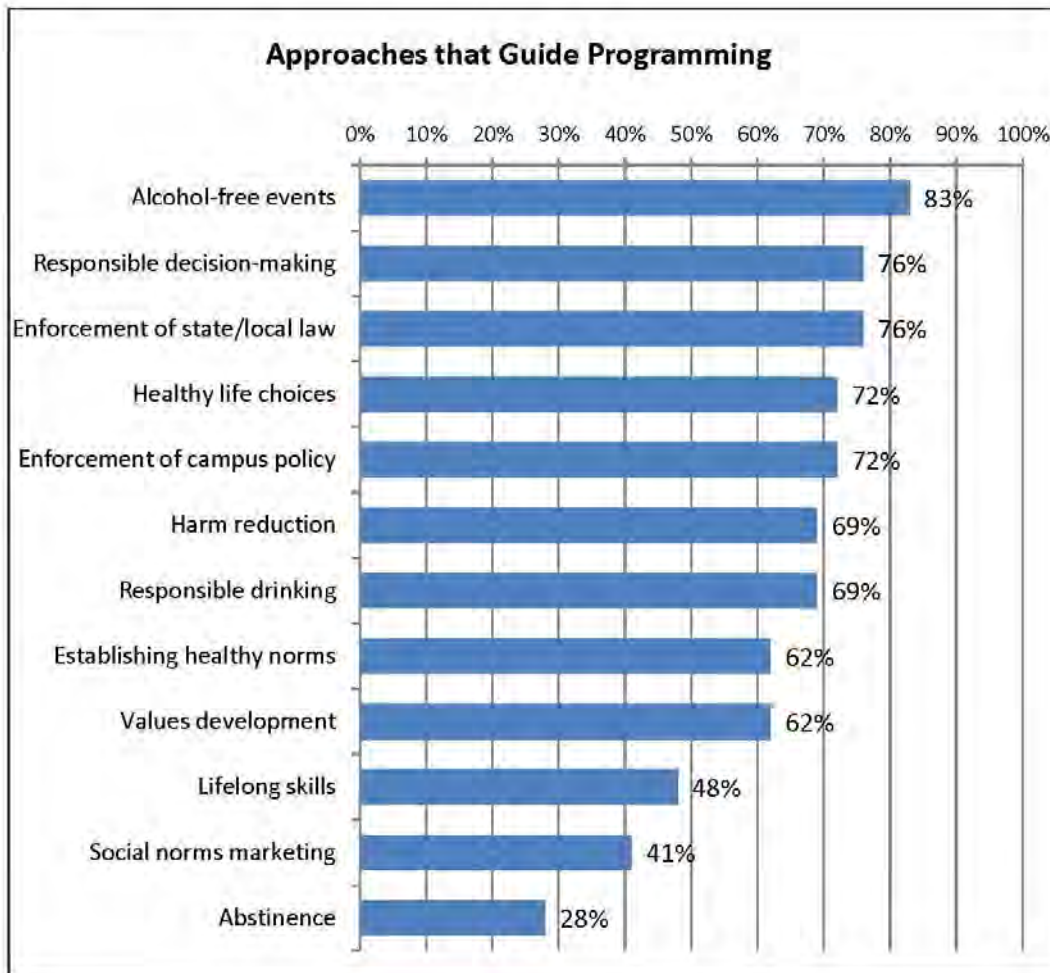
- About two-thirds of the schools that have conducted a Social Norms campaign have evaluated the effectiveness of the campaign (64%).

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%).

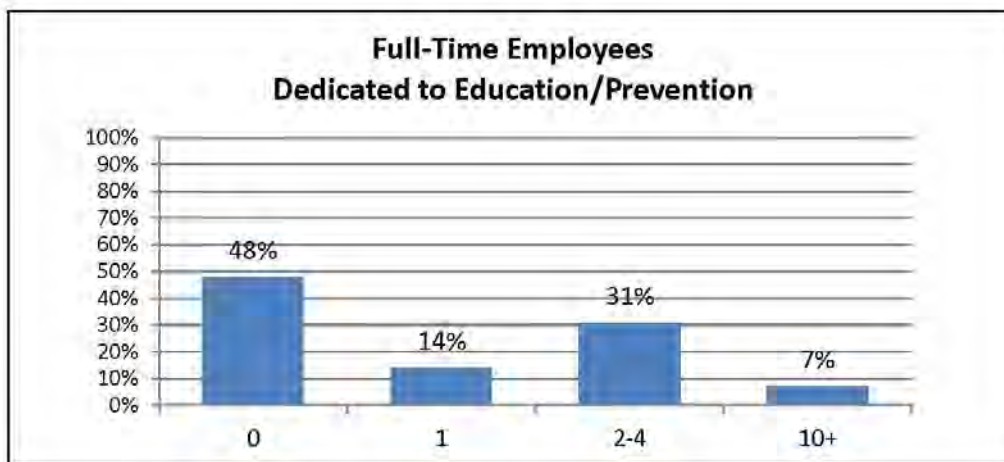
Barriers to Offering Education/Prevention Programming
(Among All Schools)

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

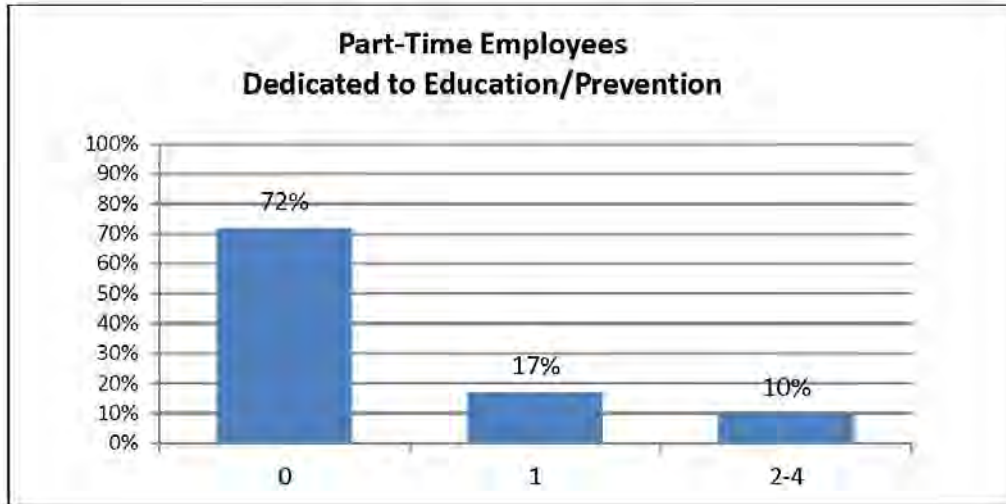
Number of Employees

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).



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:

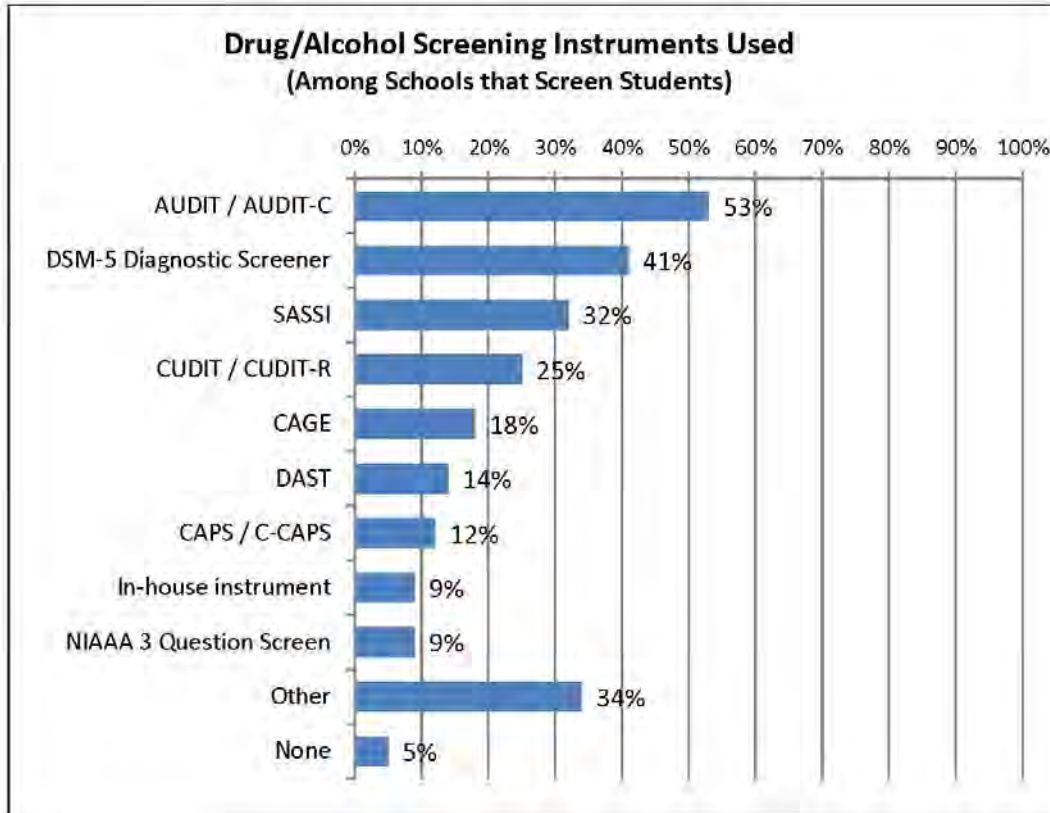
- During a visit to student health services for an alcohol or other drug-related complaint
- During a regular visit to student health services for a physical health complaint
- At the time of an alcohol or other drug-related violation/referral to a student judiciary board

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

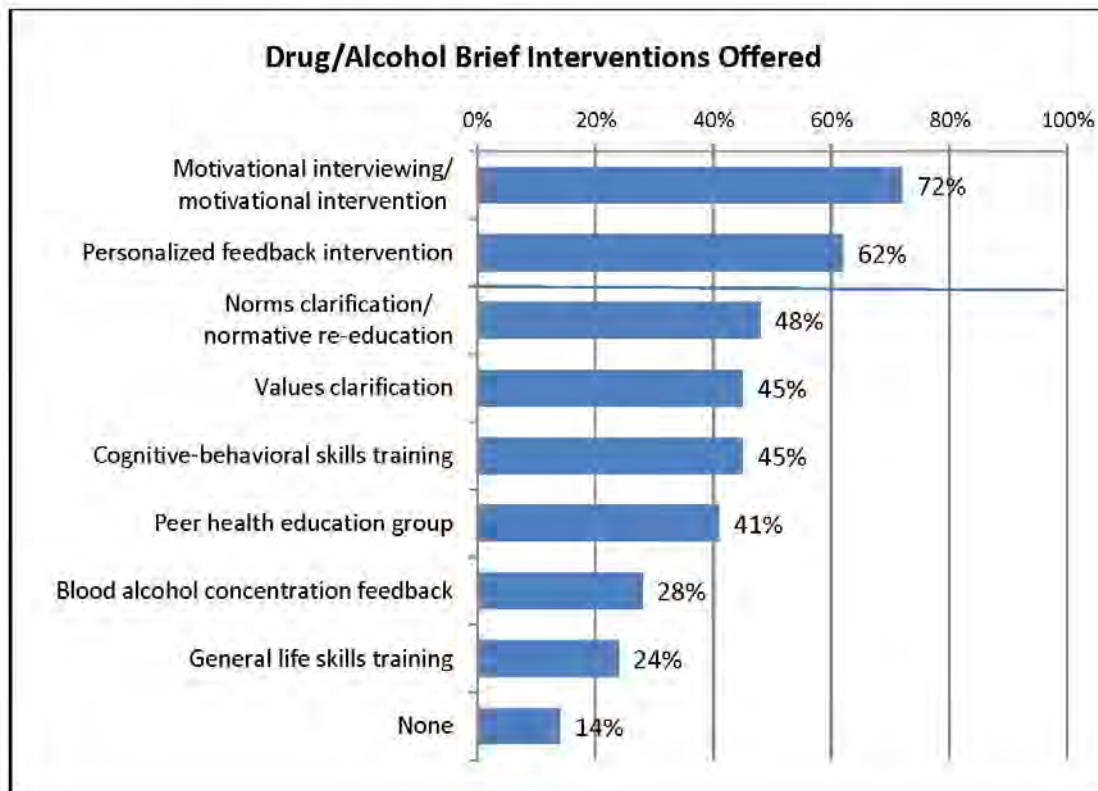
Barriers: As the table below shows, the biggest barrier to on-campus screening of students for drug/alcohol problems is cost or lack of funding – cited by half of all schools (52%).

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

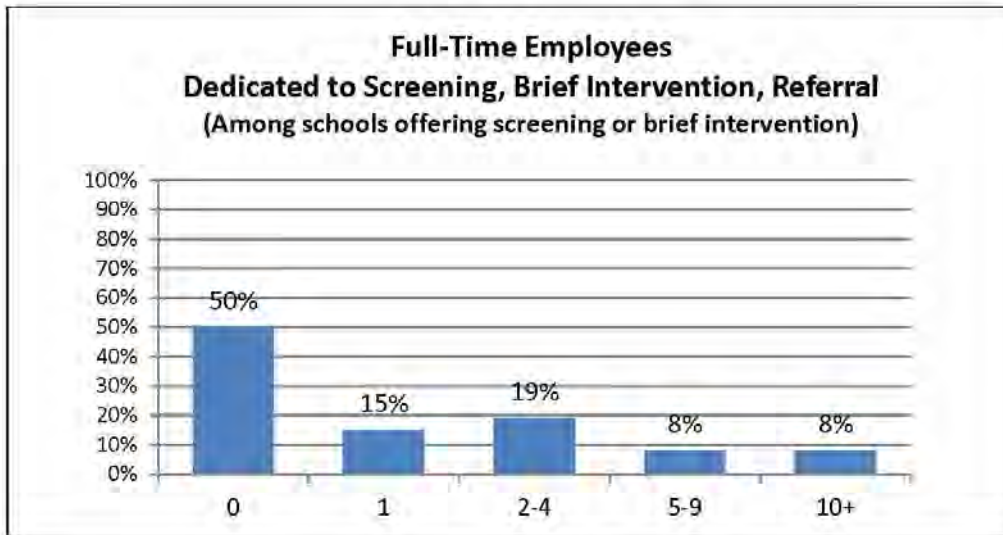
At most schools that offer screening for drug/alcohol problems or brief intervention on campus, the trained staff members for these duties received prior clinical training and/or outside professional development training (81% for each type of training – see table below).

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

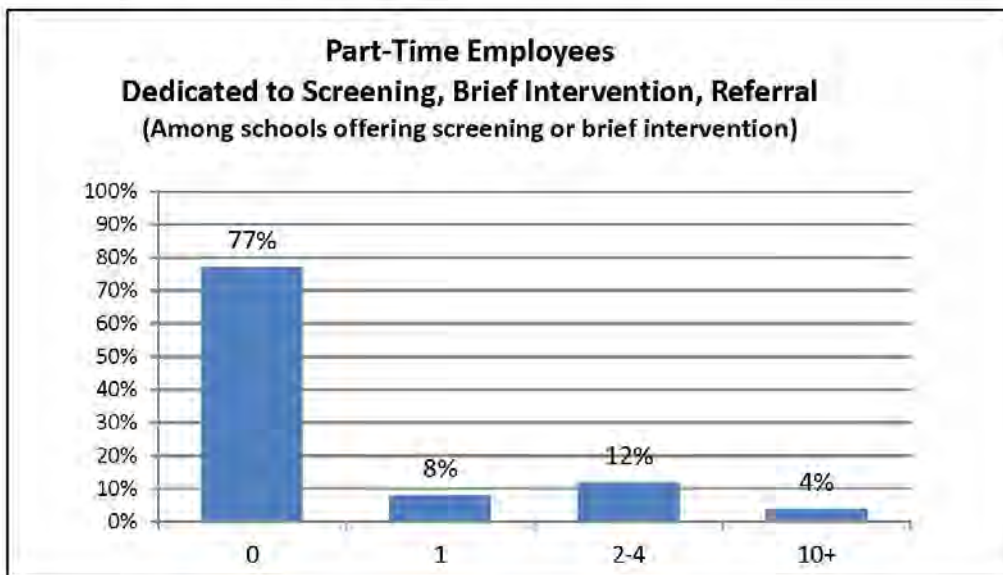
81%	Prior clinical training
81%	Outside professional development training
62%	Seminars or workshops
46%	National conferences
42%	Campus-specific training
38%	On-campus professional development training
27%	In-service learning program

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

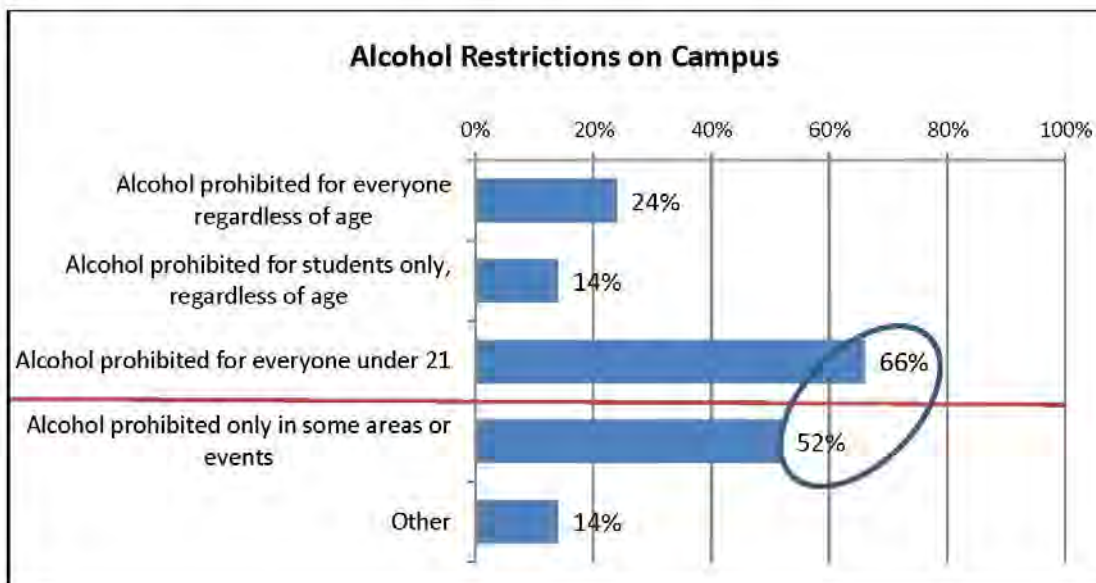
The chart below shows the level of alcohol restrictions on campus for the schools included in this survey, presented in the order in which they appeared on the questionnaire. While respondents could mark multiple categories, many schools gravitated toward the one statement that best reflects the level 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).

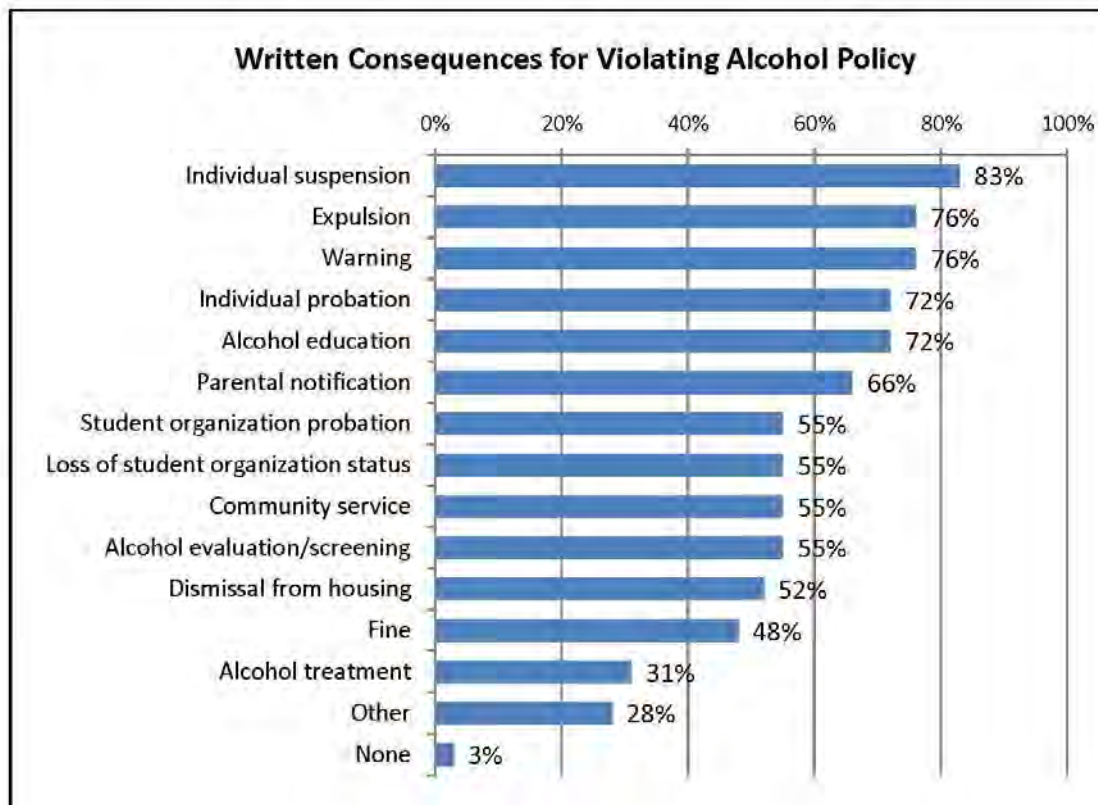


Students are primarily informed about a school’s drug/alcohol policies through the student handbook and on the website (both cited by 90% of schools). Other common sources include orientation sessions (83%), via email (72%), and in college catalogues (38%).

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

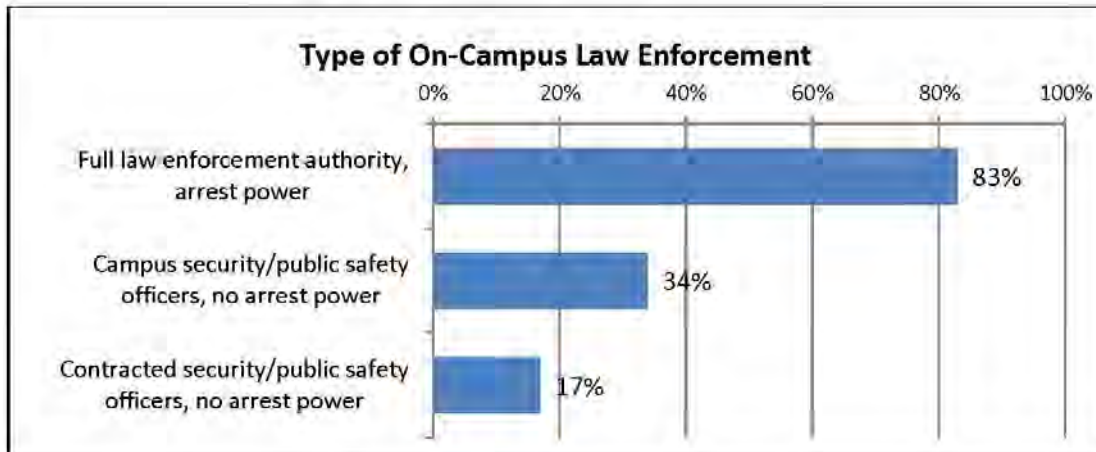
74%	Efforts are made to prevent underage drinking (e.g., wristbands or stamps)
53%	Responsible Beverage Service training
53%	Security presence at events serving alcohol
53%	No self-service

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 manufacturers 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%).

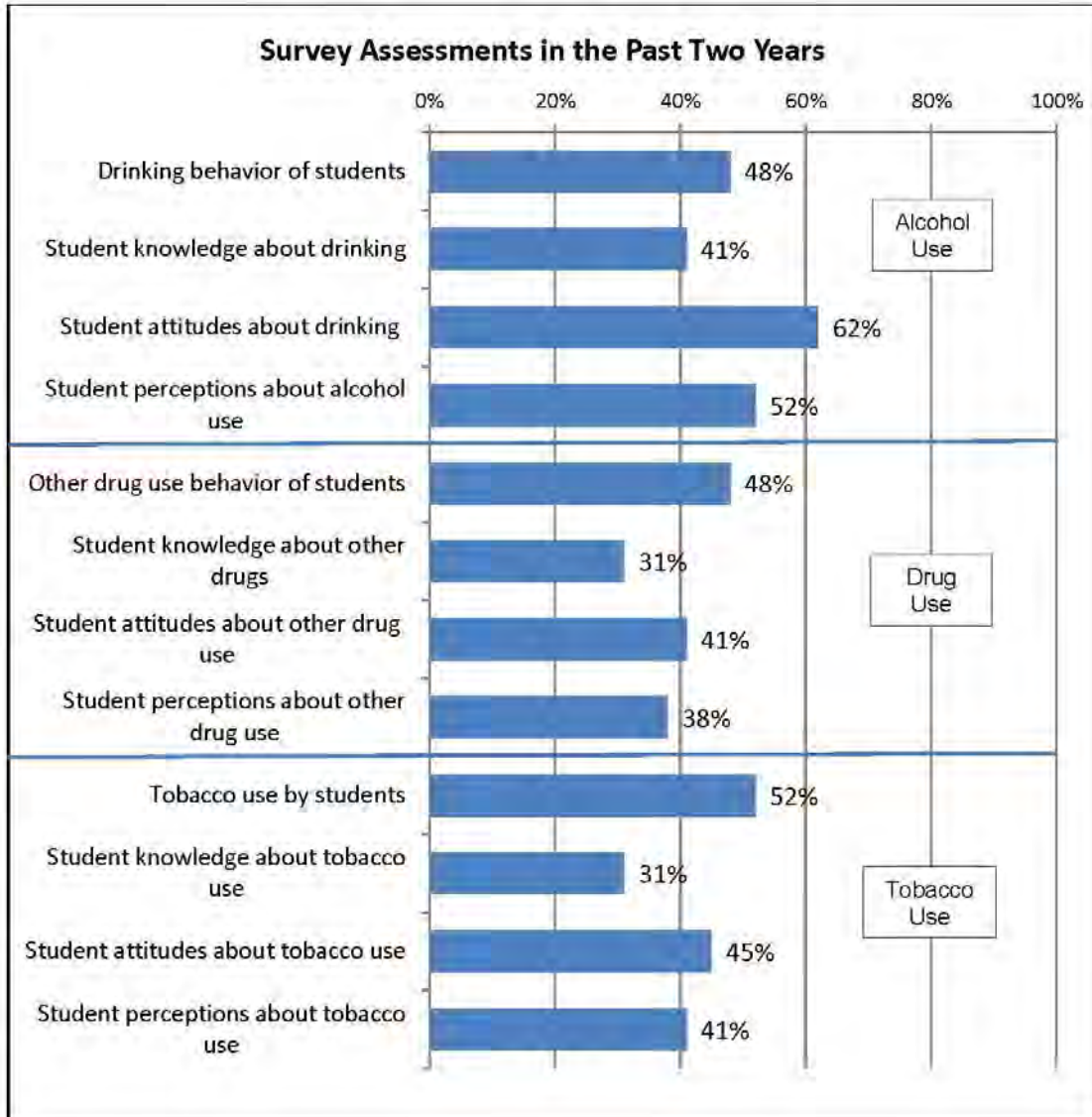
- Of those schools, three quarters have used student use/misuse surveys and quantitative assessments using standardized externally-developed instrumentation to assess their drug/alcohol education and prevention programming (73% for both – see table below).

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/#/>).

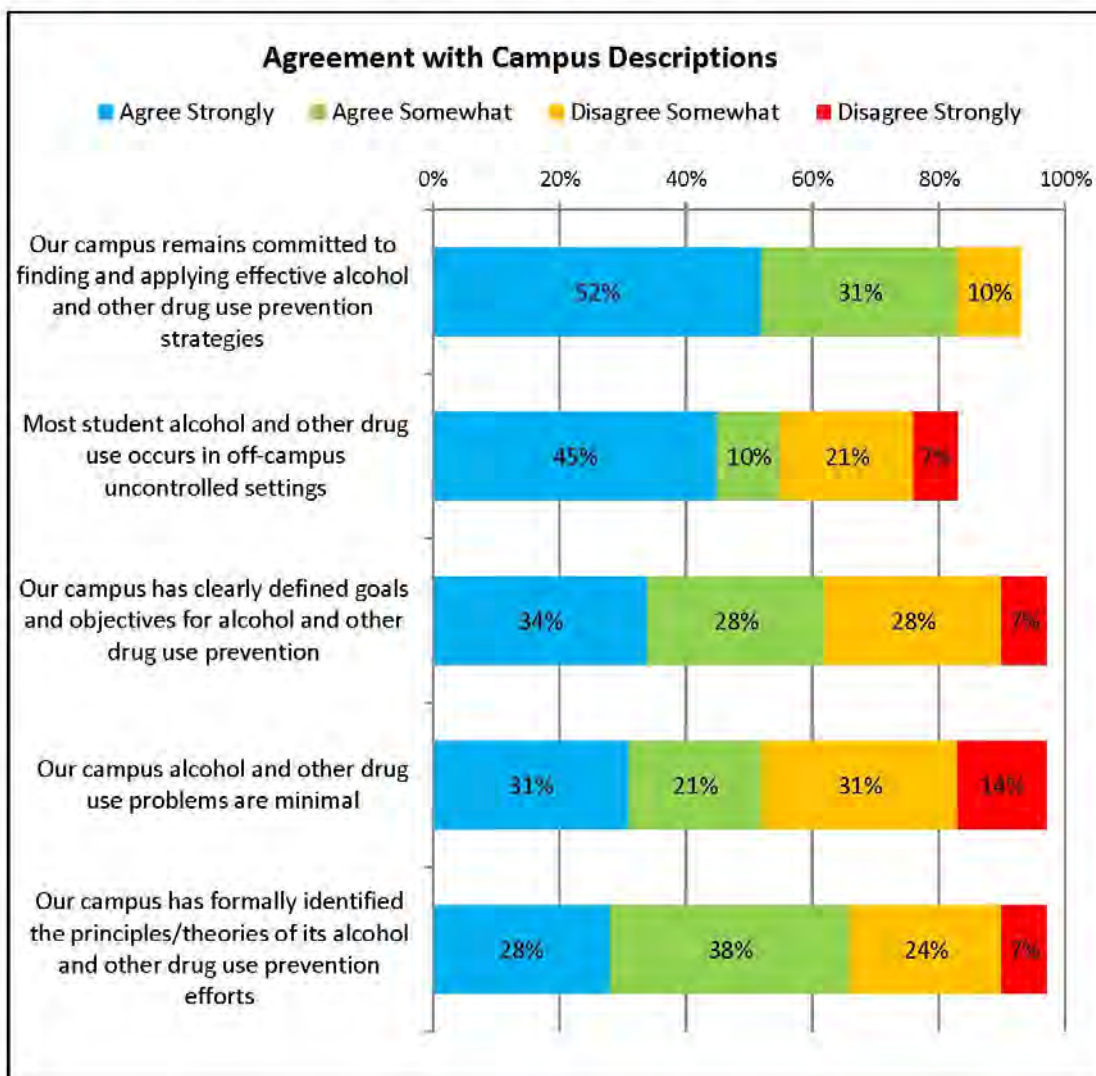
	Yes	Don't have it	Don't know	Refused
Ambulance transports	21%	28%	38%	14%
Arrests	52%	7%	28%	14%
Citations/violations	52%	7%	28%	14%
Alcohol poisonings/overdoses	28%	24%	34%	14%
Deaths	34%	14%	38%	14%
Driving under the influence/drunken driving	38%	17%	31%	14%
Emergency department admissions	24%	28%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

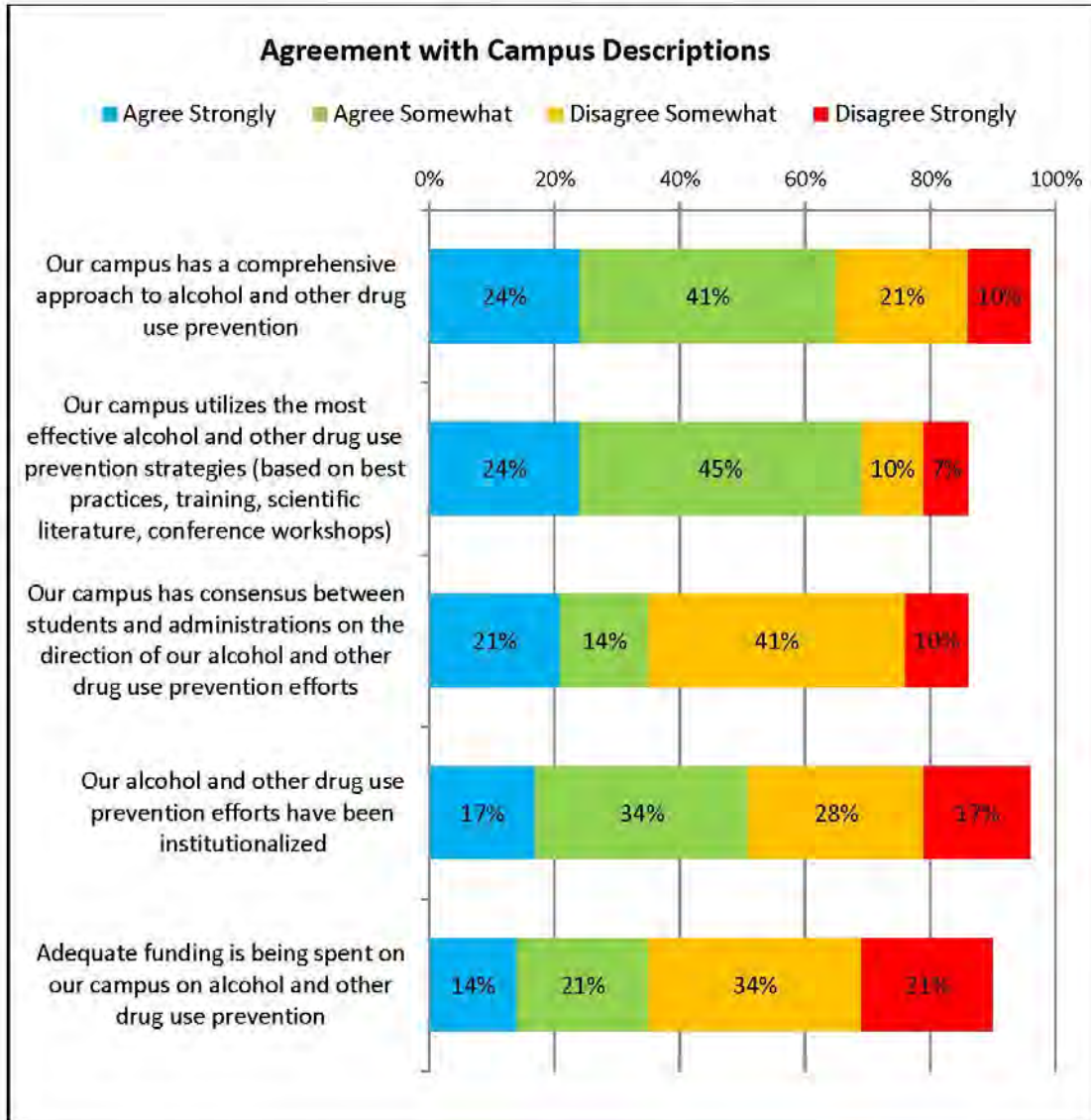
LEVEL OF CAMPUS PROBLEMS

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%).





Appendix B – VHESUAC Strategic Plan

Virginia Higher Education Substance Use Prevention Strategic Plan

2021 – 2026

Virginia Higher Education
Substance Use Advisory Committee

Virginia Alcoholic Beverage Control Authority



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Executive Summary

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

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

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

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

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

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



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

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

Figure 1. Current Executive Council members of VHESUAC

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

Figure 2. Current Workgroup members of VHESUAC

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



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

Strategic Plan Purpose

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

Strategic Planning Process

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

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

Strategic Areas and Initiatives Summary

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

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

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

Implementation Overview

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



Current Status Report

Environmental Scan

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

Institutions of Higher Education in Virginia

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

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



College Student Substance Use

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

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

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

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

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

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

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

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

Statewide Campus Assessment

Process

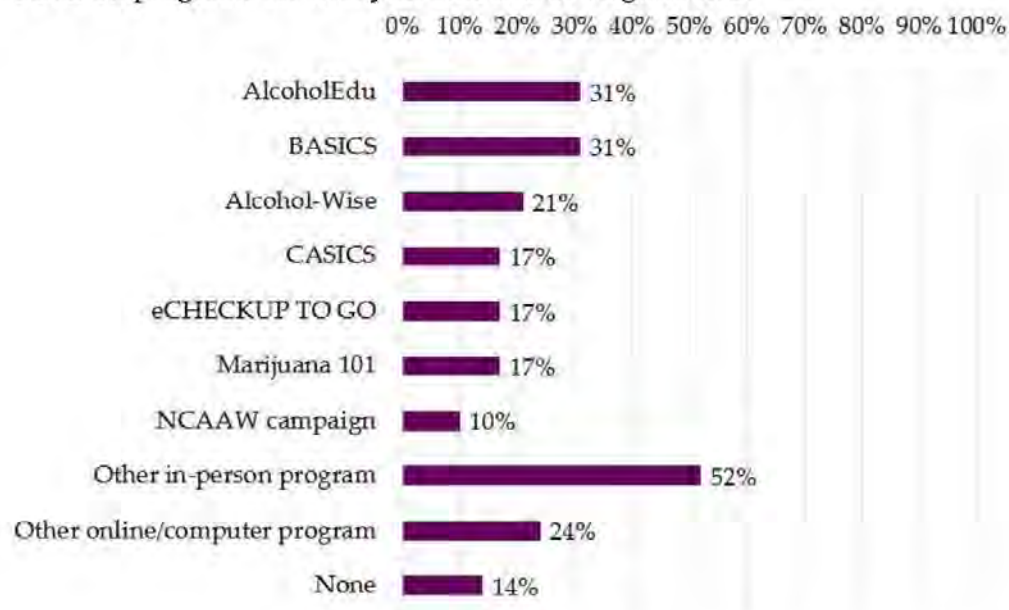
The Statewide Campus Assessment Project was developed by VHESUAC and implemented using an alcohol education award from the National Alcohol Beverage Control Association (NABCA). The assessment was modeled after the work of the Maryland Collaborative (2013). Sixty-six IHEs were initially considered for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

Findings

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

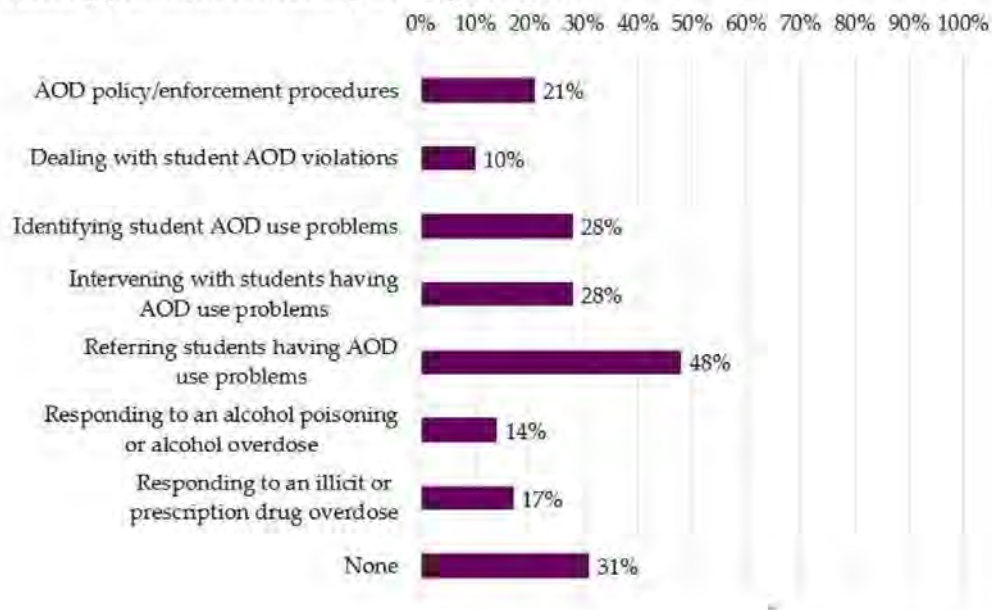
in Virginia offer universal screening (27%), well over half (68%) of these institutions screen students when they show a particular need. Only one two-year school screens its students; this screening is either during a visit to the academic assistance center, following a drop in grades or academic probation,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

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



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

Figure 5. Training provided for faculty at Virginia IHEs



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

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

Conclusions and Future Actions

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

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

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

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

Strategic Planning Process

Strategic Plan Development

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

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

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

Stakeholder Analysis

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

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

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

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

Vision Setting and Gap Analysis

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

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

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

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

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

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

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

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

SWOT Analysis

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

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

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

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

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

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

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

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

Overarching Principles and Goals

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

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

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

Principles

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

Goals

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

Strategic Areas and Initiatives

Strategic Areas

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

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



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

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

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

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

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

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

Strategic Initiatives

Foundation and Leadership

Campus-wide Initiatives

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

Statewide Initiatives

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

Planning and Assessment

Campus-wide Initiatives

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

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

Statewide Initiatives

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

Policy and Enforcement

Campus-wide Initiatives

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

Statewide Initiatives

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

Programming and Services

Campus-wide Initiatives

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

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

Statewide Initiatives

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

Collaboration and Communication

Campus-wide Initiatives

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

Statewide Initiatives

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

Implementation Plan

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

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

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

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

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

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

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

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

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

Figure 11. Implementation plan for statewide initiatives by VHESUAC

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

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