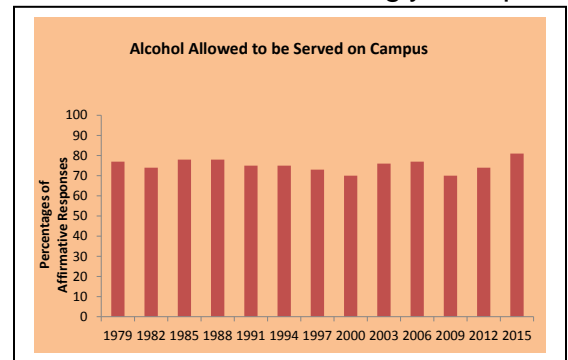


Strategies for Addressing Collegiate Substance Abuse: New Data Reveals Compelling Findings

The **College Alcohol Survey** is the national longitudinal survey on alcohol, tobacco, other drug, and violence issues at institutions of higher education. Conducted since 1979, this triennial survey gathers information and insights from chief student affairs officers or their designees regarding substance abuse prevention and education, policies and procedures, support services, data collection and evaluation, strategic planning, and personal perspectives. The 2015 survey was sent to stratified sample of 324 four-year public and private institutions, and reports 178 (54.9%) complete responses. This document provides highlights from the 2015 survey with selected comparisons over time. Full data are provided, with comparisons with responses from 2012, the 1994 midpoint, and the baseline year, upon request or online at www.caph.gmu.edu. Also available are slides for a range of survey items for 2015 and longitudinal data over the 13 surveys, beginning in 1979 or the question's baseline year.

CAMPUS POLICIES AND PROCEDURES

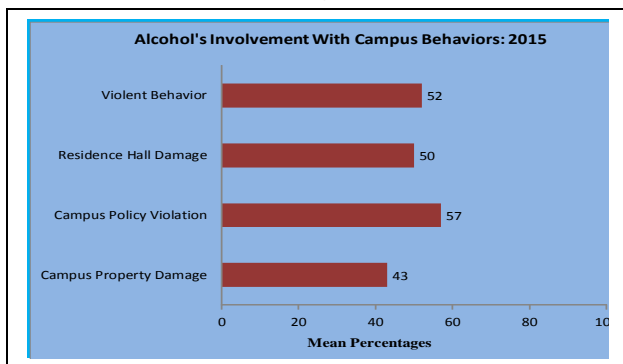
Four of five (81%) of colleges and universities allow alcohol; this had not changed notably over the past 30 years, until this year's increase from 74% in 2012. The circumstances under which alcohol is allowed continue to improve, with 88% requiring training for those serving alcohol, and 88% also requiring non-alcoholic beverages when alcohol is served. Increasingly, campus media allows alcohol advertising at lower levels (50% permit advertising in the campus newspaper); campuses adopt policies regarding alcoholic beverage industry sponsorship of campus events (55% have a policy; of these 83% prohibit alcohol industry advertising). Over half of campuses (57%) have a policy that prohibits serving low-price / free drinks or drink specials at on-campus locations.



Currently, nearly three-fourths (74%) of campuses have an “amnesty” policy on reporting dangerous drinking behavior, a significant increase over the 51% in 2012. Mandatory drug testing of student-athletes is found on 81% of campuses, up from 71% in 2012 and 51% in 1991. Over four in five (81%) of campuses inform parents of drug/alcohol infractions for students under age 21, with 50% doing so after the first infraction and 24% after the second infraction.

DATA COLLECTION AND EVALUATION

When looking at alcohol's involvement with a range of student behaviors, health and academic performance, while slight reductions are found over the last three decades, these are minimal.

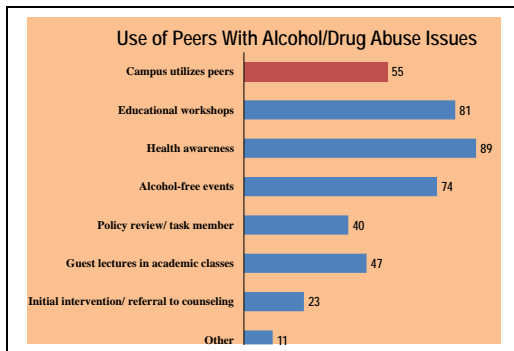


With student behaviors, alcohol is involved with 57% of violation of campus policies, 52% of violent behavior, and 50% of residence hall damage. Alcohol is involved with 72% of acquaintance rapes, 71% of sexual assault, 51% of unsafe sex, and 35% of physical injury. Academically, alcohol is found to be involved in 30% of lack of academic success and 23% of student attrition.

Positive findings are found with campuses conducting surveys on alcohol and drug use, knowledge, attitudes and perceptions. The vast majority report conducting surveys, within the past two years, of students' knowledge, behavior, attitudes, and perceptions about alcohol, drugs, and tobacco; rates range from 61% to 91%. The items most used include drinking behavior (97%), drug usage behavior (44%), and perceptions about alcohol use (41%). However, less than half of campuses (46%) collect and report data on health center contacts resulting from alcohol consumption and/or injury. Further, slightly more than one-half (54%) have recently done a formal assessment of the effectiveness of their drug/alcohol program.

PREVENTION AND EDUCATION

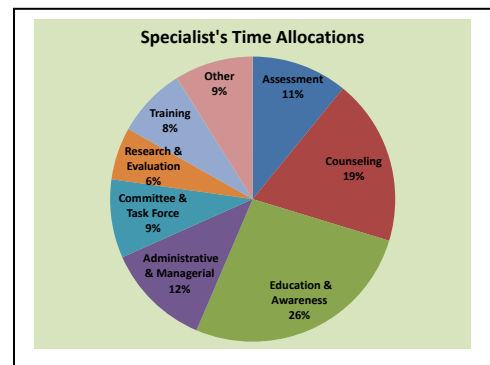
From a prevention perspective, a range of approaches are found, from awareness periods on alcohol (71%) or drugs (49%), safe rides programs (55%), and orientation programs (91%). Peers with a primary focus on substance issues are found on over half (55%) of campuses, with varying roles and responsibilities. The extent to which special attention is paid to the



unique needs of sub-populations of students has been monitored for over 20 years, with minimal changes over this time period. The highest attention is provided to freshmen, fraternity/sorority members, women, and student-athletes; minimal attention is provided to the needs of people of color, gays/lesbians/bisexuals, graduate students, commuters, or veterans. Resources allocated for all wellness prevention/education efforts (excluding personnel) average \$76,670 annually, with nearly 50% for alcohol/substance abuse efforts.

ORGANIZATION AND STAFFING

To manage campus efforts, 91% have a designated alcohol/substance abuse educator or specialist; their professional responsibilities include education and awareness (26% of their time), counseling (17%), administrative/managerial (12%), assessment (12%), task force work (9%), training (8%), and research/evaluation (6%). Their time is primarily on alcohol (40%), followed by drugs (27%), wellness (18%), violence (9%) and tobacco (6%). Within the drug area alone, marijuana constitutes over one-half (58%) of their time, followed by prescription drugs (22%), heroin and synthetic drugs (4% each), and a range of other illicit and over the counter substances. Attention is provided in the survey to the extent of collaboration between the coordinator and various campus groups; the greatest is found with campus police, Greek Affairs, and student organizations. A task force is reported on 64% of campuses, and with local communities on 64% of campuses. Over half (52%) report a formalized strategic plan. Over four of five campuses (83%) report having an individual whose responsibilities include violence prevention education.

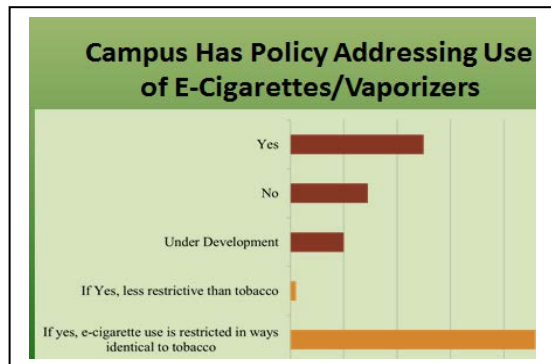


TREATMENT AND REFERRAL SERVICES

Students with drinking problems can receive assistance primarily from the campus counseling center. Group counseling for problem drinkers is found on slightly more than half (51%) of campuses, and support groups for those negatively affected by an alcoholic are found on over one-third (39%) of campuses. Organized recovery services are available on over one-third (36%) of campuses, with the majority of these having sober housing options, faculty involvement and funding. Of students screened by a health professional for problems with

drugs or alcohol, the greatest source is referral based on judicial violation (41%), followed by referral by professional staff (12%) and self-referral (11%).

TOBACCO AND E-CIGARETTE CAMPUS ISSUES



With tobacco issues, one quarter of campuses report a complete campus ban of all tobacco products, over one-half (52%) report a policy of no smoking with a specified distance of buildings, and 20% report smoking only within designated areas. One half of campuses reported a policy that addresses the use of e-cigarettes/vaporizers, and another 20% reported that a policy is under development. For those with a policy, 89% report that the use of e-cigarettes is restricted in ways identical to cigarettes.

PROFESSIONALS' PERSPECTIVES

Survey respondents were asked a series of questions about how they assessed the campus problems, the relative effectiveness of various approaches, and the extent of resources for these strategies. Of 26 strategies identified, the most effective ones cited were treatment and referral resources and individualized motivational interviewing, followed by a range of policy and enforcement approaches. Adequacy of resources for all strategies was rated below adequate (ranging from 1.8 to 2.8 on a 4-point scale, where 1 is not at all adequate and 4 is very adequate).

SUMMARY AND CONCLUSIONS

The data gathered from the **College Alcohol Survey** provides administrators, faculty members, campus and community leaders, and concerned others with numerous opportunities for making a difference on college and university campuses. The data illustrates numerous areas where limited if any changes occurred over the past 3, 6, 9 or more years; it also provides insights where progress has occurred. This data illustrates the wide range of areas appropriate for inclusion in a comprehensive substance abuse initiative.

In addition, the data provides a campus with the opportunity to compare itself with what is occurring on other four-year campuses across the nation; it can assess where opportunities and gaps occur. A self-contained resource is available with the *Campus Substance Abuse Strategy Assessment*, using 2012 data and variables weighted by national leaders; campuses can have a leader's assessment or input from a range of individuals to help identify areas of need and comparisons with the respondents from this survey. Numerous additional college-based and related resources are also available contained at www.caph.gmu.edu.

David S. Anderson, Ph.D.
Professor
George Mason University
703-993-3698
danderso@gmu.edu

Glenn-Milo S. Santos, Ph.D., MPH
Assistant Professor
University of California – San Francisco
415-437-6231
glenn-milo.santos@ucsf.edu

Full results are available at www.caph.gmu.edu.

Results include findings for 2015, 2012, 1994 and the baseline year. Statistics using t-tests and Z-scores are provided for all questions with comparable longitudinal data.

Further analyses will include comparisons based on demographics (institutional size, public/private status, and alcohol's permissibility), as well as correlations based on staffing, resources, alcohol-related problems, and level of policies, programs and services.