

2011

Alcohol and Other Drug  
Prevention Programs on  
College Campuses in Illinois

**I n s t i t u t i o n a l  
C o m p r e h e n s i v e A l c o h o l  
a n d o t h e r D r u g P r o g r a m  
A s s e s s m e n t**

Illinois Higher Education Center for  
Alcohol, Other Drug, and Violence  
Prevention  
Eastern Illinois University  
600 Lincoln Ave  
Charleston, IL 61920

Phone: 217-581-2019  
Fax: 217-581-8330  
[www.eiu.edu/ihec](http://www.eiu.edu/ihec)

**Funded in whole or in part through a grant from the  
Illinois Department of Human Services,  
Bureau of Community Based and Primary Prevention**

## **Executive Summary**

The Illinois Higher Education Center for Alcohol, Other Drug, and Violence Prevention (IHEC), with funding from the Illinois Department of Human Services, Bureau of Community Based and Primary Prevention surveyed 135 target institutions, particularly the individuals responsible for directing the Alcohol, Tobacco, and Other Drug (ATOD) prevention program, in order to determine the status of ATOD prevention programs offered through Illinois 2- and 4- year institutions of higher education. Of the 135 institutions of higher education (IHE's) solicited during the Spring 2011 semester, 53 surveys were completed and used for data analysis.

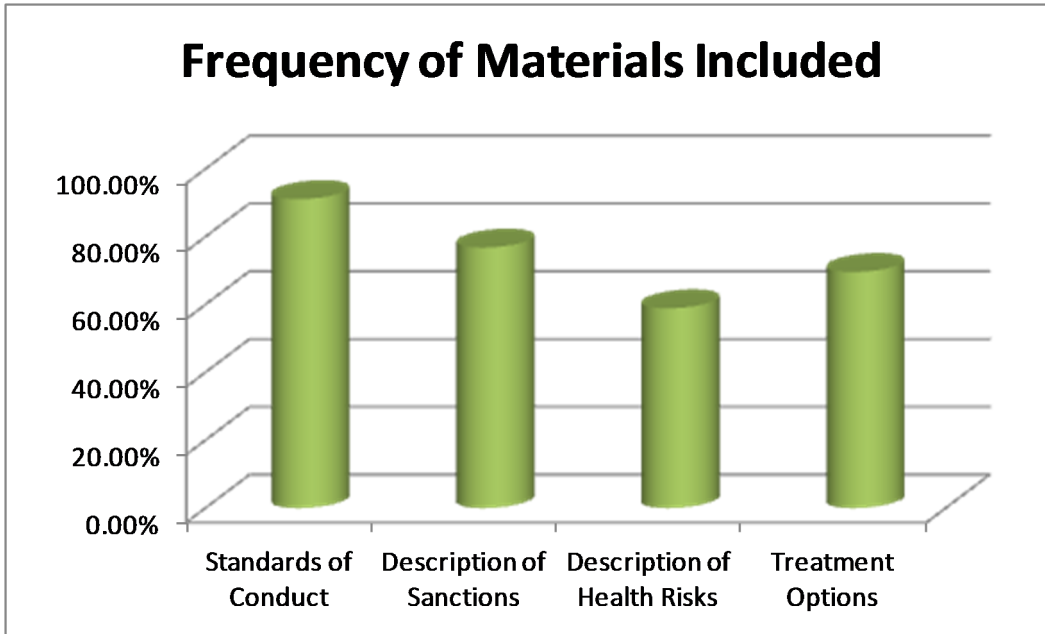
## **Survey Participants**

A variety of institutions contributed to this survey including 43.4% (23) public, 56.6% (30) private, 32.1% (17) 2-year colleges, and 67.9% (36) 4-year universities. The largest percentage of schools were populated by a majority of commuting students (43.4%, n = 23) while 18.9% (10) primarily consisted of residential students and 37.7% (20) were mixed. The sizes of student populations of the institutions were evenly distributed. Almost one-fifth (20.8%, n = 11) were under 999, 20.8% (11) were 1000-2999, 11.3% (6) were 3000-4999, 13.2% (7) were 5000-7499, 3.8% (2) were 7500-9999, 11.3% (6) were 10,000-12,499, and 18.9% (10) of the institutions had a population of 12,500 or greater.

## **Distribution of DFSCA Materials and Information**

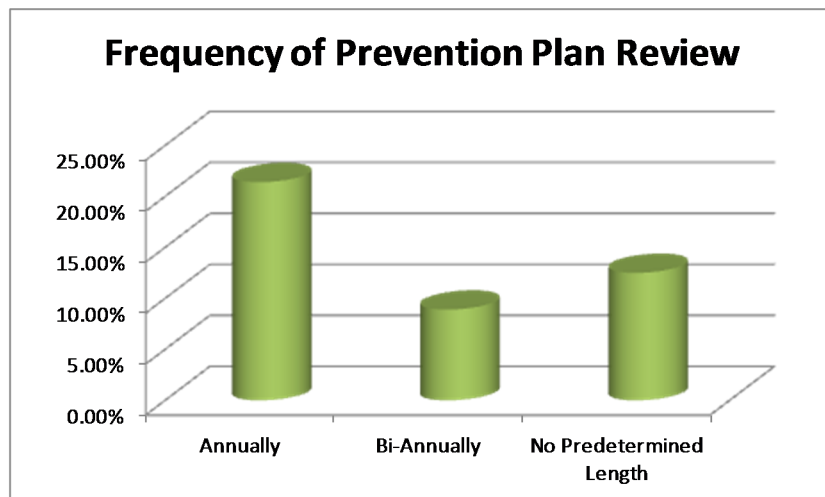
The Drug-Free Schools and Communities Act (DFSCA) Amendments of 1989 requires IHE's receiving federal financial assistance to establish drug and alcohol abuse prevention programs. A major requirement of these regulations require that all students and employees must receive materials annually that contain standards of conduct, a description of various ATOD laws that apply in that jurisdiction, a description of the various health risks of drug and alcohol abuse, a description of available counseling and treatment programs, and a statement on the sanctions the university will impose for ATOD related standards of conduct violations. The survey reveals that schools are still not adhering fully to the federal mandate that requires universities and colleges to annually distribute ATOD policy information to all of their students, faculty and staff. One would expect that these questions should have elicited 100% positive responses. However, only 91.1% of respondents reported distributing policy annually to all students, while only 71.4% of respondents reported distributing policy annually to all staff and faculty. Many of the institutions responding have participated in IHEC activities, and have been made aware of the DFSCA requirements. However, the data reported is probably much lower since non-respondents are less likely to have been involved with IHEC, and therefore less aware of mandate guidelines.

In order to be in compliance with the federal mandate, certain elements are required to be included in the ATOD materials distributed to university members. However, as the numbers show, a number of IHE's are failing to meet the federal requirements. Nine out of ten respondents (91.1%) reported providing information on standards of conduct, 76.8% reported providing descriptions of sanctions, 58.9% reported describing health risks, and 69.6% reported providing information regarding treatment and counseling options.

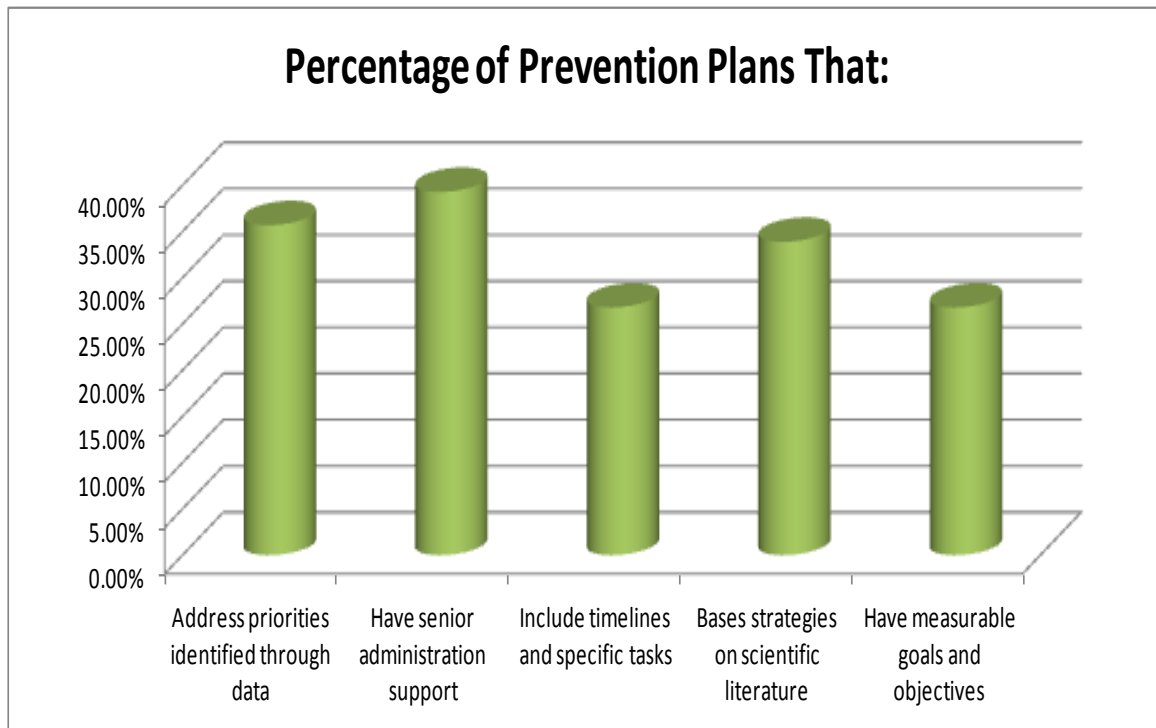


## **Prevention Plans**

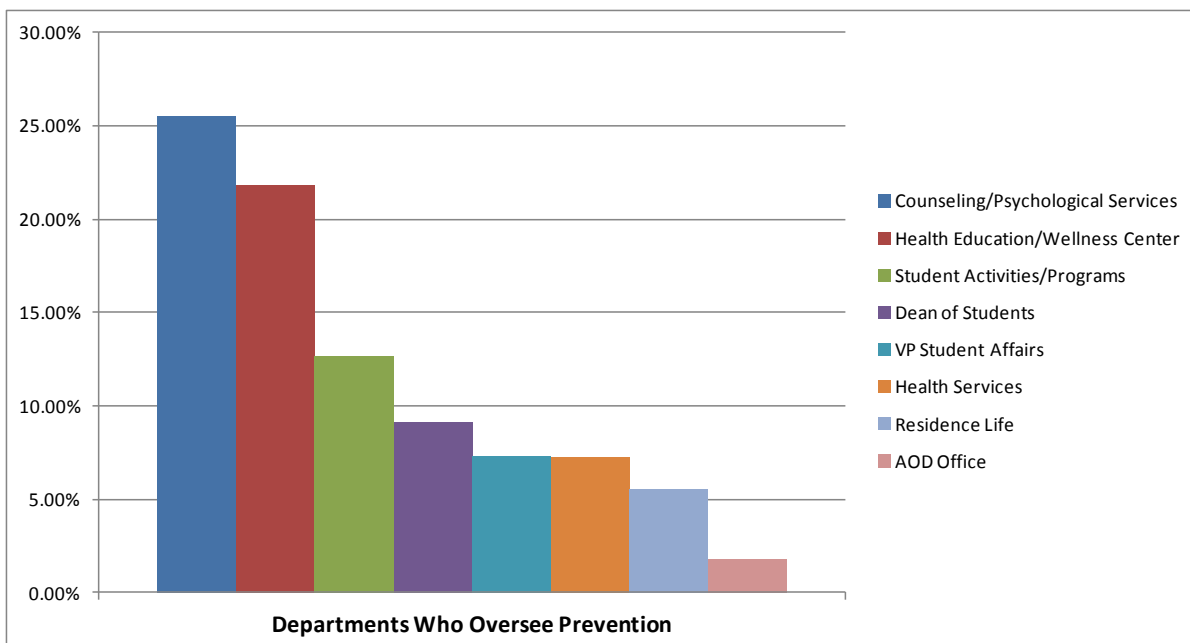
In addition to policy dissemination, the DFSCA also requires IHE's to enact a biennial review of their comprehensive ATOD program, including making recommendations and plans that will be carried out during the next biennium. IHE's were asked if they had developed a formal ATOD prevention plan. Less than half (45.5%) reported that they currently had a formal ATOD prevention plan while 45.5% claimed they did not. Almost one in ten (9.1%) did not know. Those that have prevention plans were asked how often they review the efficacy of their plans. Just over 20% of this group indicated that they did so annually, while just less than 10% indicated doing



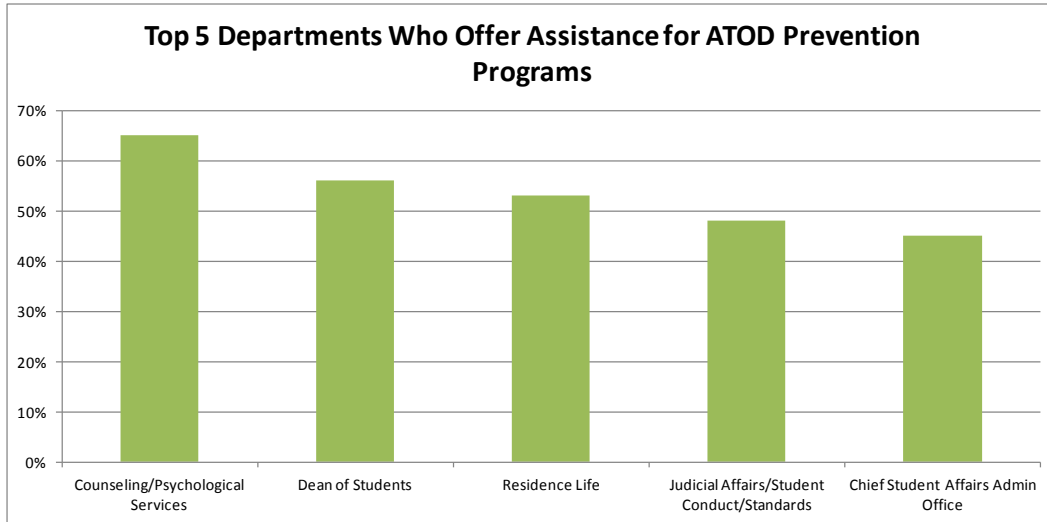
Even institutions with prevention plans have further progress to make as suggested by the number who indicated that they do not have measurable goals, do not base strategies on science, lack timelines, do not have administrative support, and fail to address priorities through data.



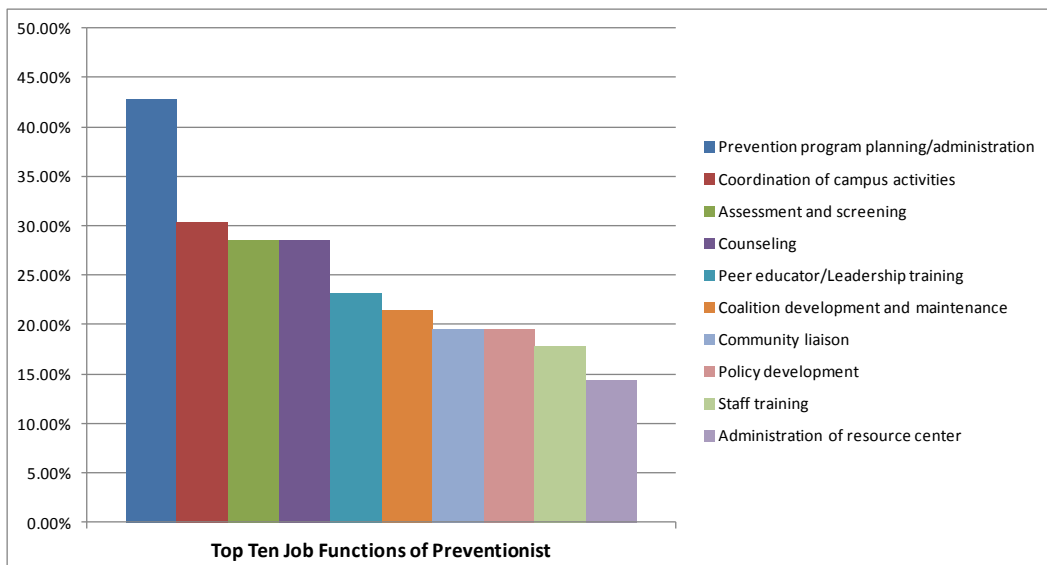
While the largest number of substance abuse programs are housed within counseling/psychological services and health education programs, there are many others that are housed within other areas.



Many of the same departments also offer assistance and leadership in ATOD prevention programming. Counseling services are at the moment, the leader in both responsibility for and assistance in substance abuse programming. This is not surprising since many universities often do not separate substance abuse services into prevention and treatment domains, as is commonly done within Illinois social service systems.



Two-thirds (66.1%) of the institutions surveyed claimed to have an individual whose responsibilities include overseeing ATOD prevention programming and interventions; 32.1% do not have any such person and 1.8% were unsure. Overall, the mean average full time employee equivalent (FTE) spent on ATOD prevention was .23 FTE. However, when considering institutional types, the mean FTE for 4-year public institutions was 0.31 FTE, for 4-year private institutions was 0.27 FTE, and for both community colleges and for-profit institutions, the mean FTE was 0.14. Such individuals generally spend their time planning and administrating prevention programs, coordinating campus activities, conducting substance abuse assessment and screening, and providing substance abuse counseling.



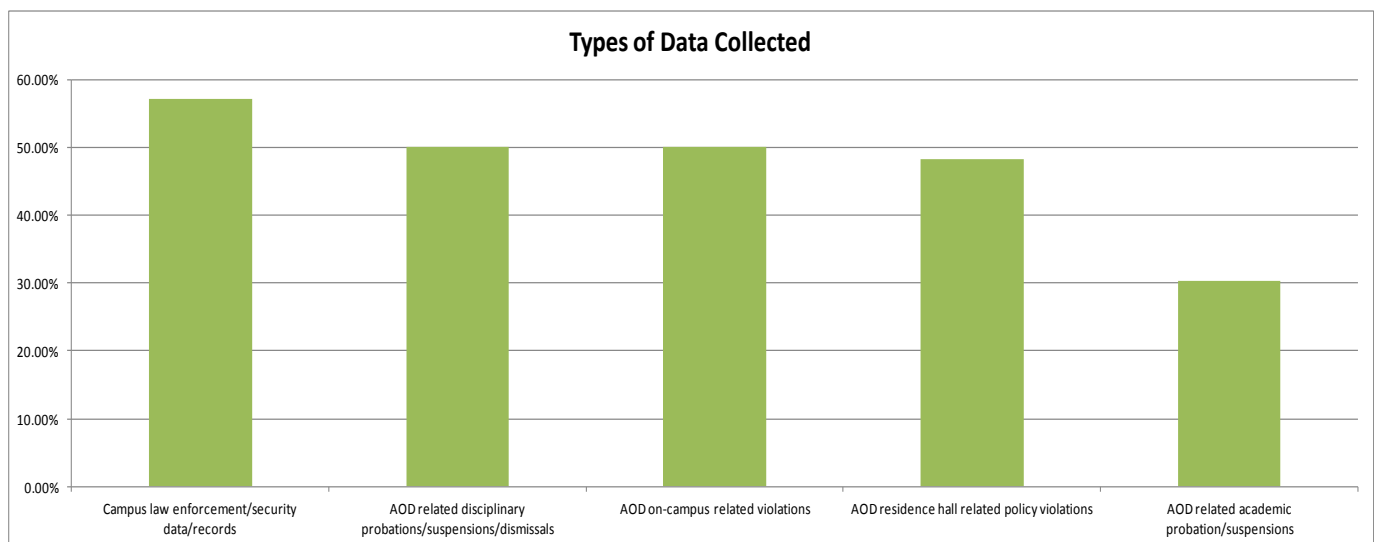
## ATOD Abuse Assessment of Student Populations

Illinois campuses are making efforts to assess the substance abuse behaviors, beliefs and attitudes of their student populations. Within this survey,

- 41.1% of respondent campuses use the Core Alcohol and Other Drug Survey which has been offered every even numbered year by IHEC through IDHS Substance Abuse Prevention Program funding.
- 16.1% of respondent campuses use the American College Health Association's National College Health Assessment (NCHA), which addresses more comprehensive health issues including sexual health, depression, physical activity, and illnesses.
- 23.2% used some other unidentified survey.

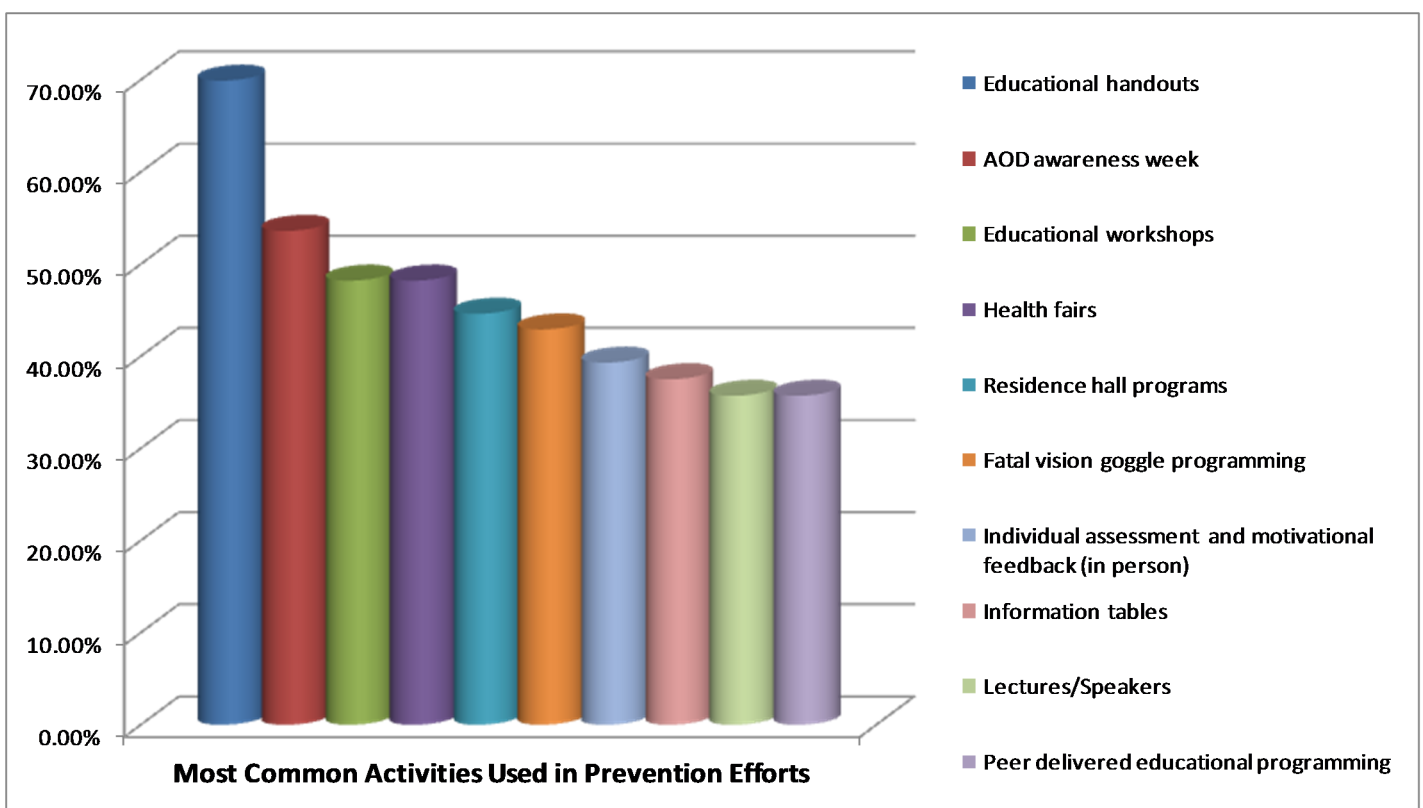
Only 10.7% of schools surveyed have collected data regarding the use of fake I.D.'s over the last five years, while 87.5% reportedly have not.

The most common types of data collected in ATOD prevention program assessment are for policy violations that occur on campus. This data is commonly collected as a requirement of the Federal Campus Security/Right to Know Act. As a result, some of these numbers are surprisingly low.



## Interventions and Prevention Efforts

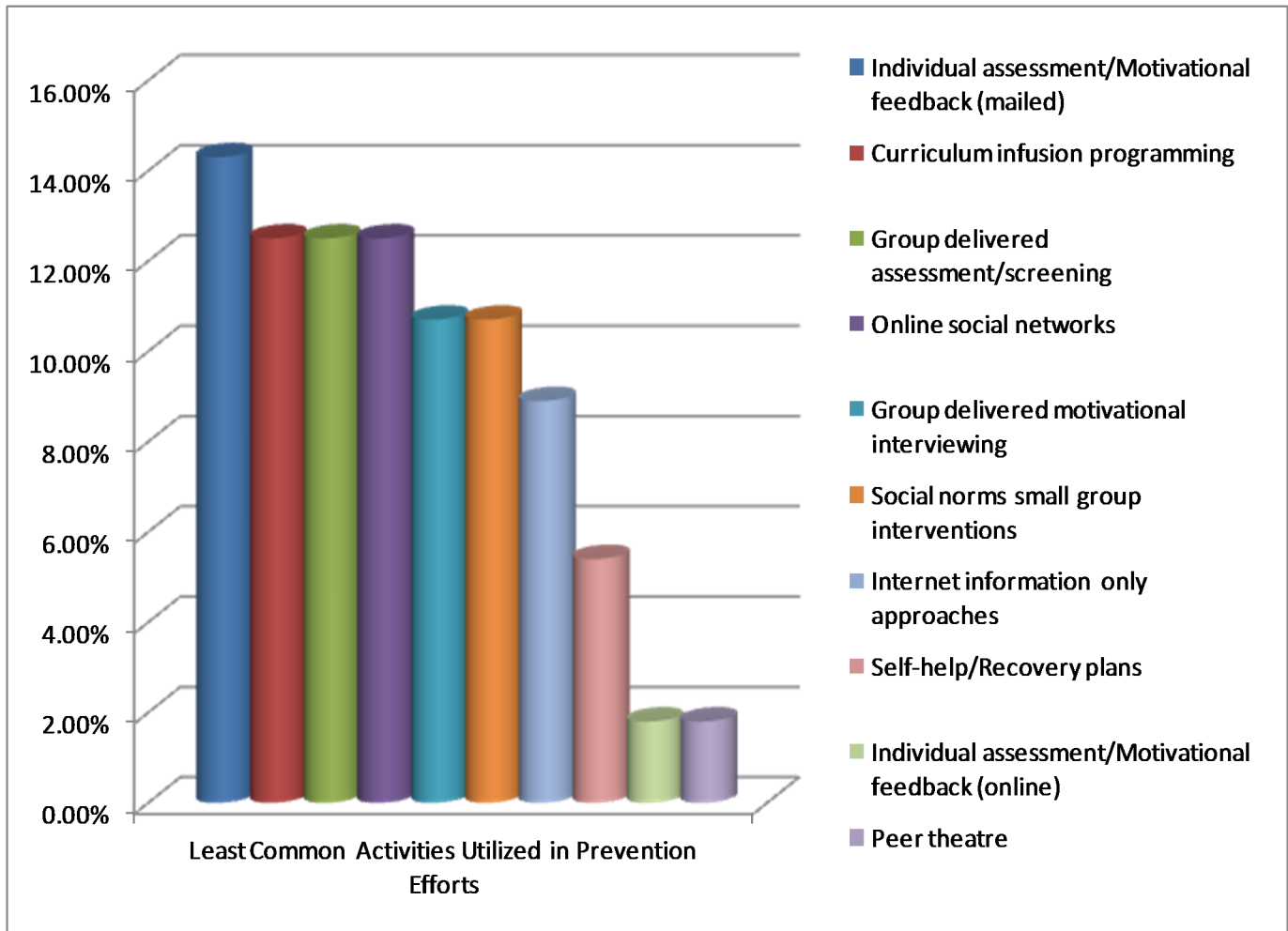
The National Institute on Alcohol Abuse and Alcoholism (NIAAA) has developed a 4-tier system which indicated program and intervention efficacy in reducing alcohol use in college students. Many of the most common approaches to ATOD prevention currently in use by respondent schools are also considered by NIAAA to be ineffective methods. In fact, the only top ten activity ranked by NIAAA to be effective within college populations at a Tier One level is individual assessment/screening and motivational feedback (in person). Not so surprising, is the fact that all of the currently top utilized activities are also generally the ones that require the least amount of time, funding, expertise, and human resources.



“The field of prevention is changing. When I started as a professional, we focused our efforts on a lot of informational, awareness, and one-time shot approaches. These often are ineffective, but due to their ease in delivering, the media attention they often capture, and the lack of adequate resources and staffing on campuses to deliver more effective interventions, many schools are still using them”

Eric S. Davidson, Director of the Illinois Higher Ed Center

Following suit, some of the activities least utilized in prevention efforts are considered by the NIAAA to be Tier One interventions. Activities including individual brief assessment/screening and motivational feedback (mailed), group delivered brief assessment and screening, group delivered motivational interviewing, and individual brief assessment/screening and motivational feedback (online).



“A lot of collegiate substance abuse practitioners are good people who have other primary job responsibilities. As a result, they often do not have the educational background, training, time, or other resources required to implement a stronger evidence based approach or method. What they do implement is often easier, and may reach a larger amount of students, but may not be very effective.”

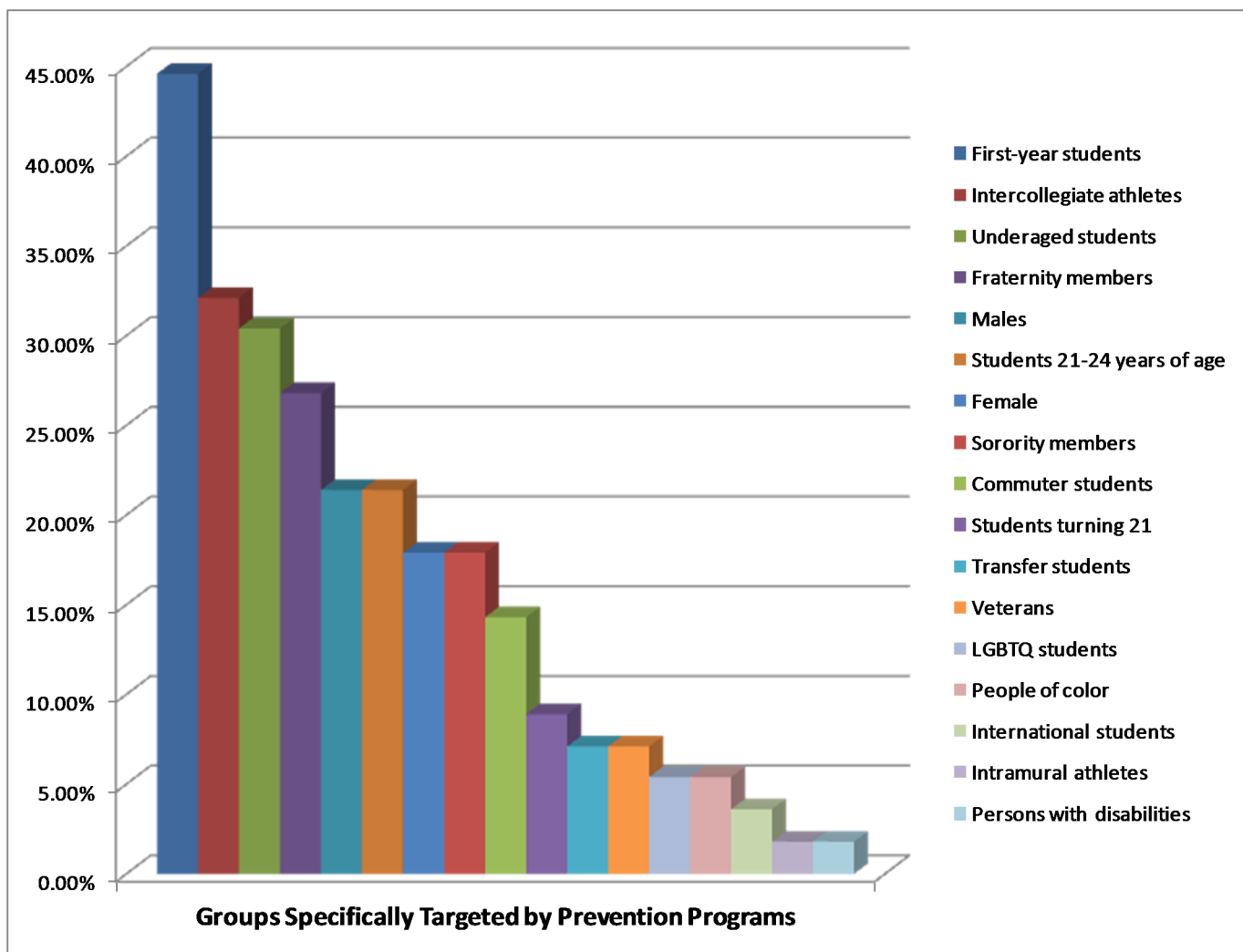
Jessica Wright, Assistant Director for IHEC

### **Student Orientation Programming and Alcohol**

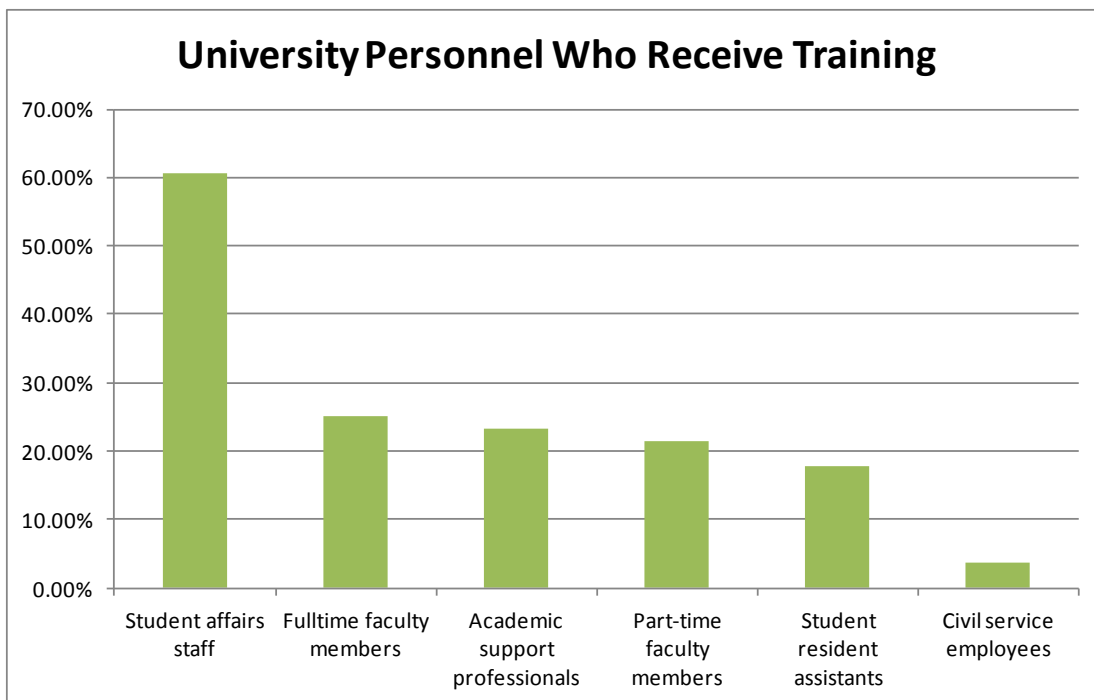
Almost all (96.3%) campuses surveyed have new student orientation programs, yet only 67.3% of respondents indicated that these programs deal with ATOD issues with students, while only 48.1% address the subject of ATOD with parents of new students. It is unclear whether or not transfer and other non-traditional students are included in these new student orientation programs.

### **Groups Specifically Targeted By Prevention Efforts**

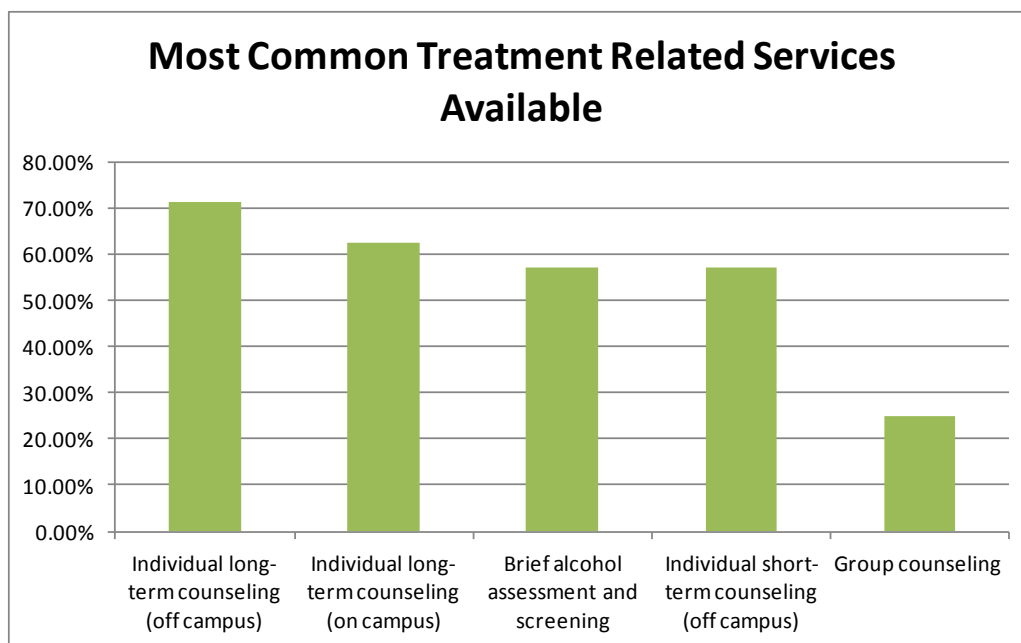
Traditionally, many of the prevention programs have specifically targeted first-year students, intercollegiate athletes, and members of social fraternities and sororities. However, recent Illinois Core Alcohol and Other Drug surveys, are showing that older students 21-24 years of age and intramural athletes, are drinking more frequently and heavily, but more importantly are experiencing higher alcohol related negative consequences.



While substance abuse, mainly alcohol use, is considered an institutional issue, one would expect substance abuse prevention training to be offered throughout a college or university. However, survey respondents indicated that student affairs staff generally are the recipients of such training, while the percentage of respondents who indicated that faculty and academic support professionals received such training was similar to that of resident assistants who received substance abuse training.

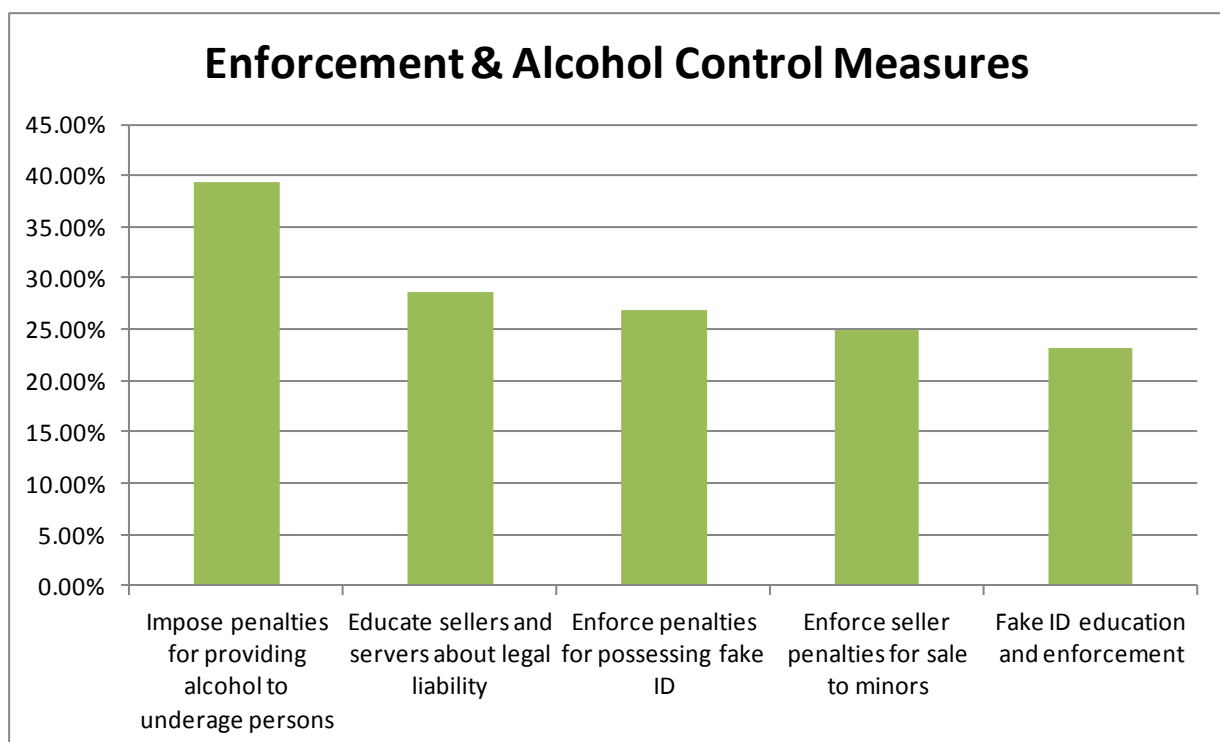
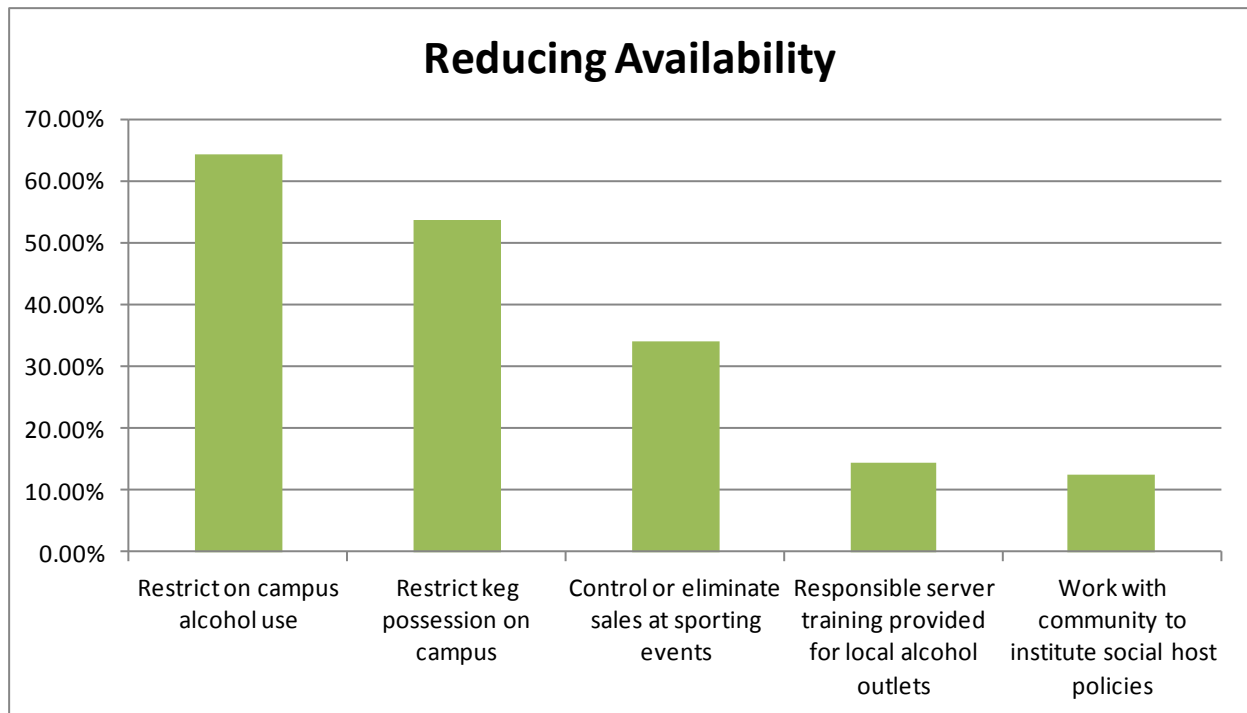


In order to deal with students that are suffering from substance abuse issues, most universities offer on-campus screening and counseling services, or make referrals to off-campus agencies.

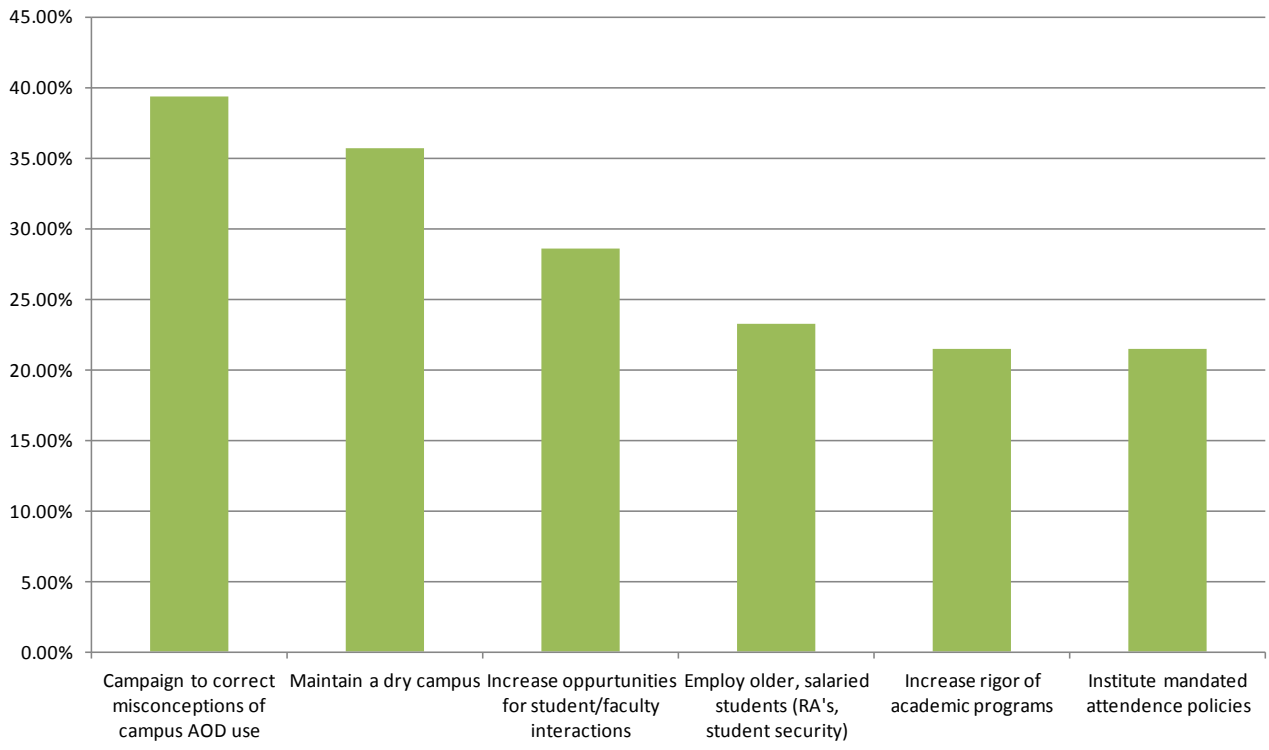


## Environmental Strategies

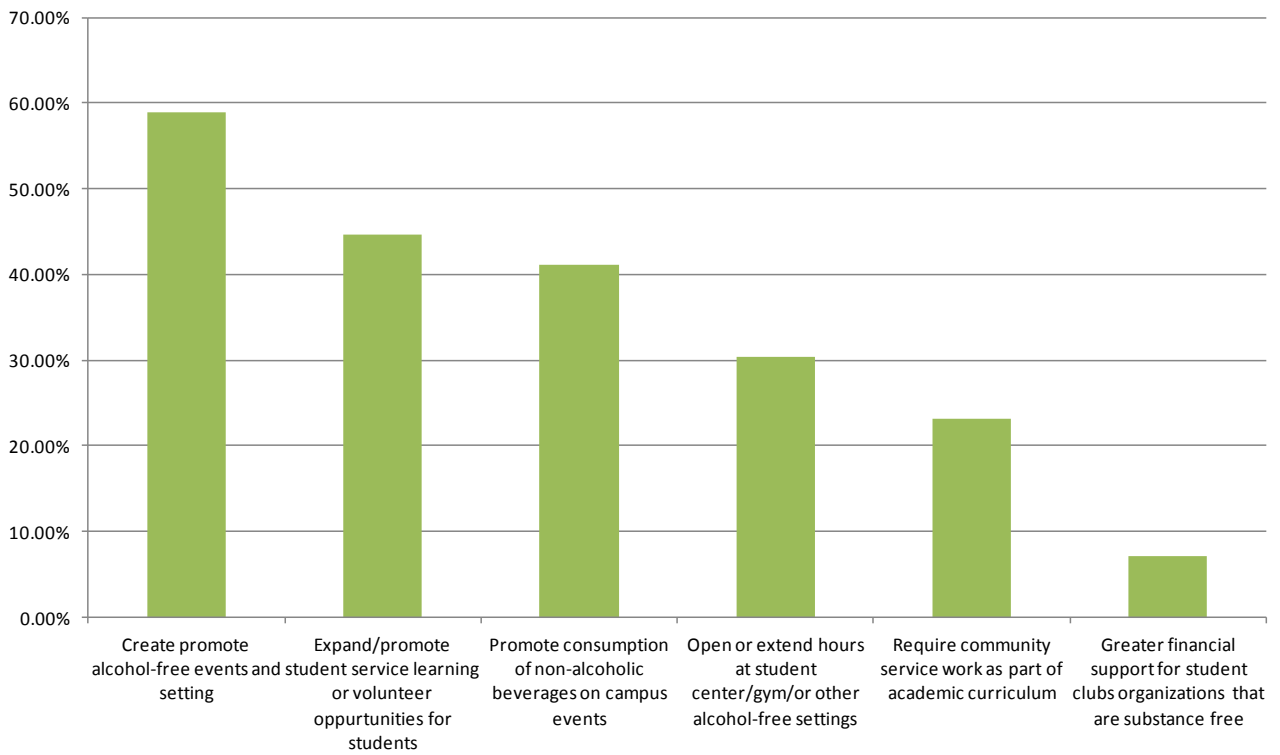
The second tier of the NIAAA recommended strategies center on environmental strategies that include reduced availability and accessibility, increased enforcement, community coalitions, and alcohol-free activities. While environmental activities can have an on- or off-campus focus, the greater number of environmental strategies appear to have an off-campus focus.



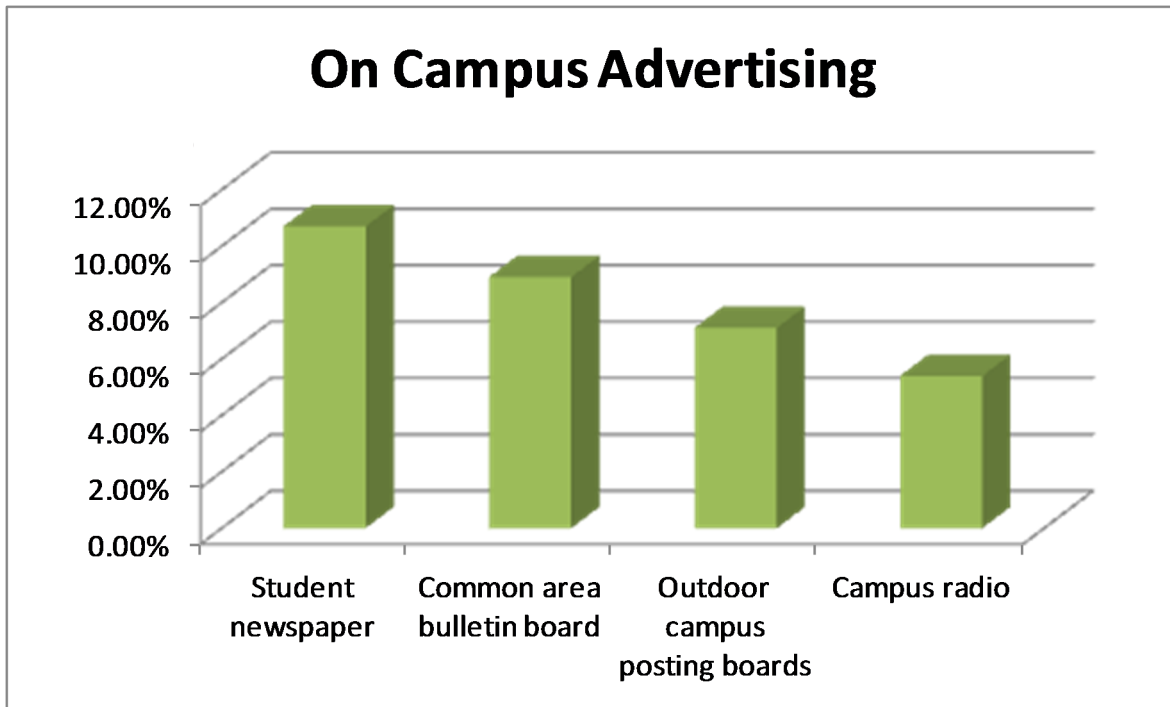
### Environmental Norming Strategies



### Alcohol-Free Social/Recreational Options

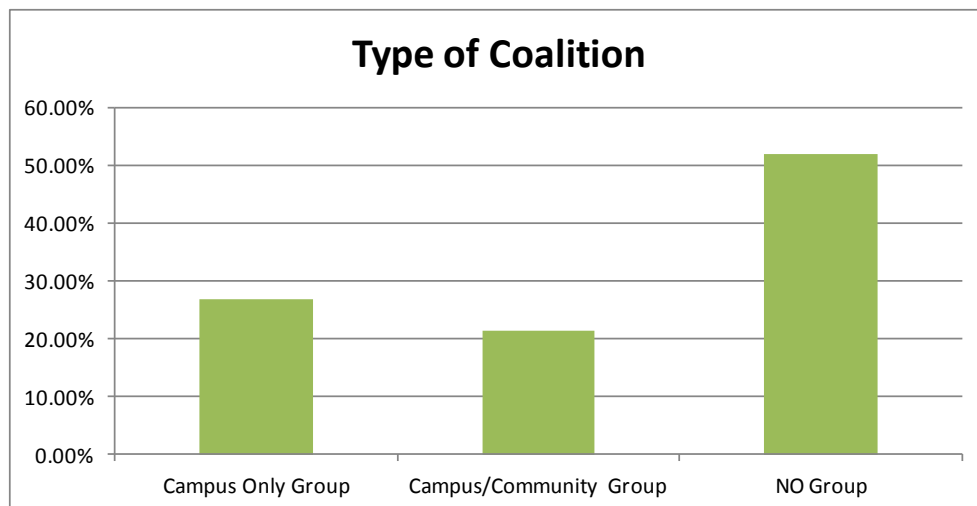


Only 14.3% of the universities surveyed allow establishments that sell alcohol to advertise on campus, while 76.8% do not. The 14.3% that allow on campus advertising claim establishments that sell alcohol utilize the following media:

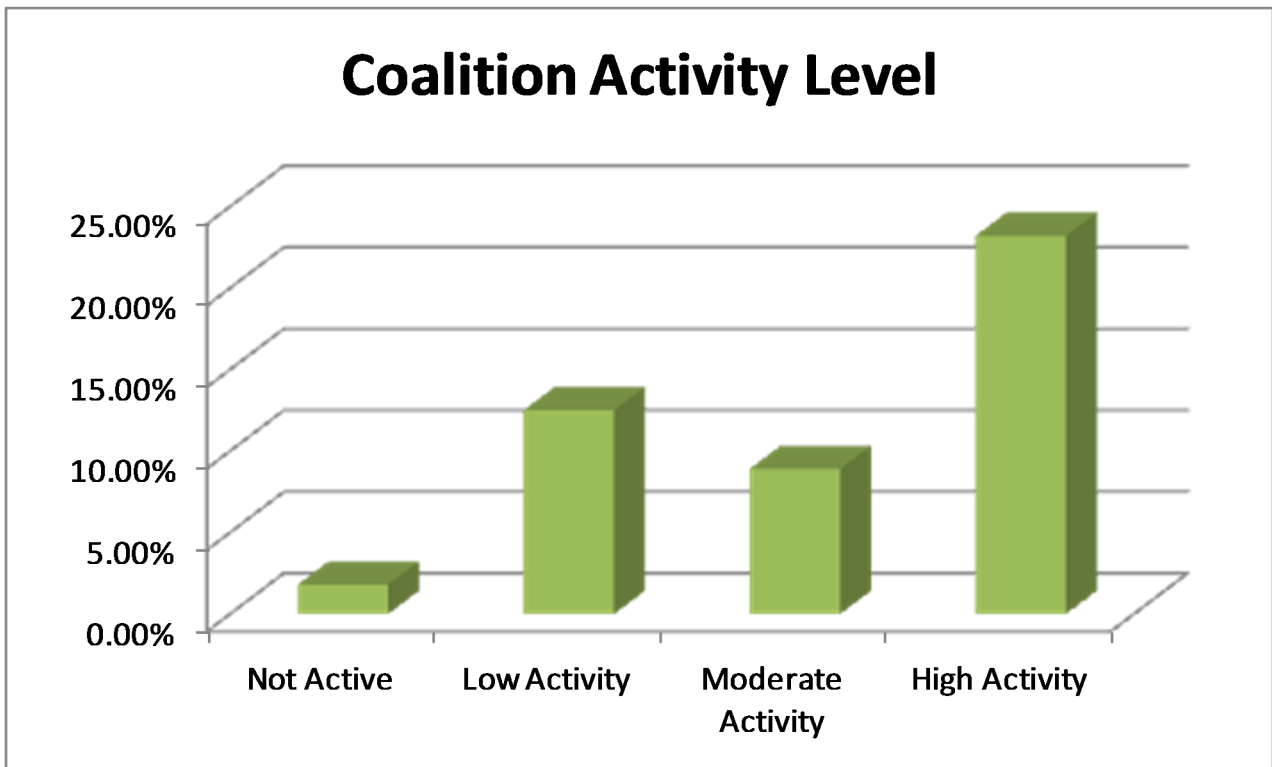
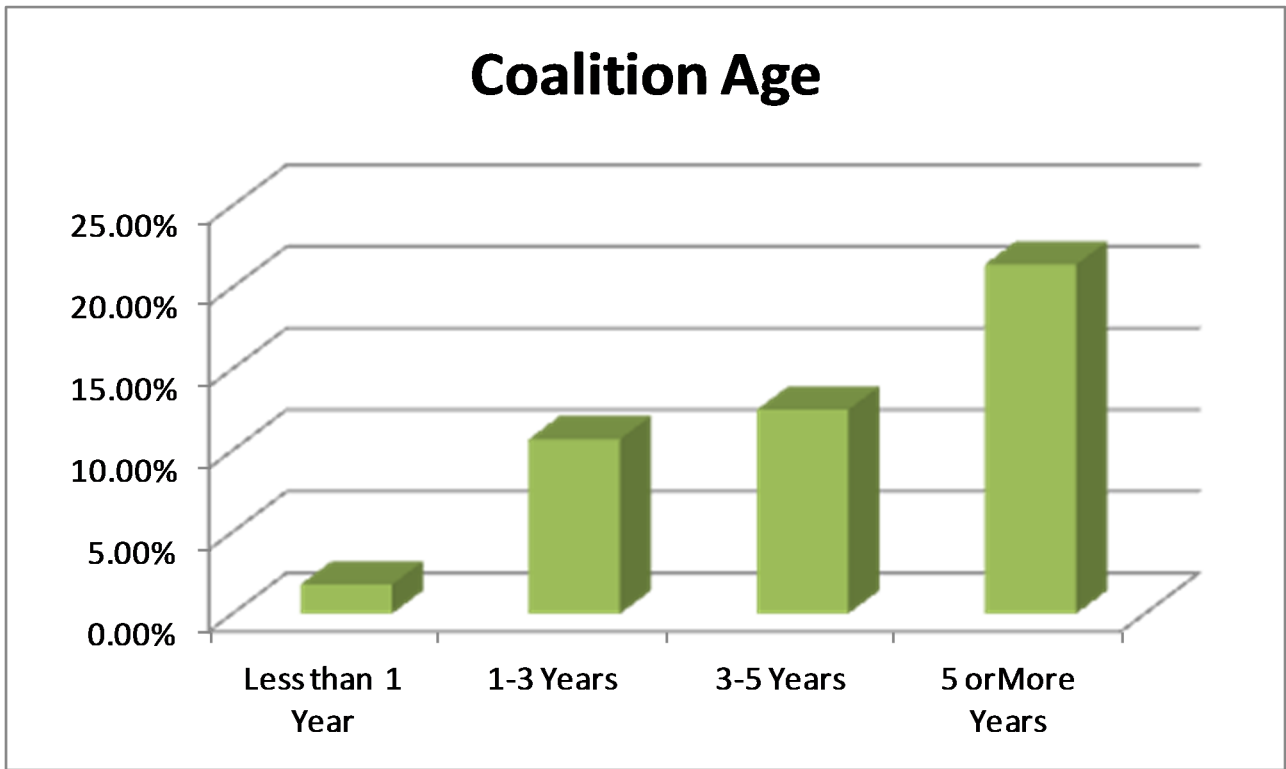


### Campus/Community Coalitions

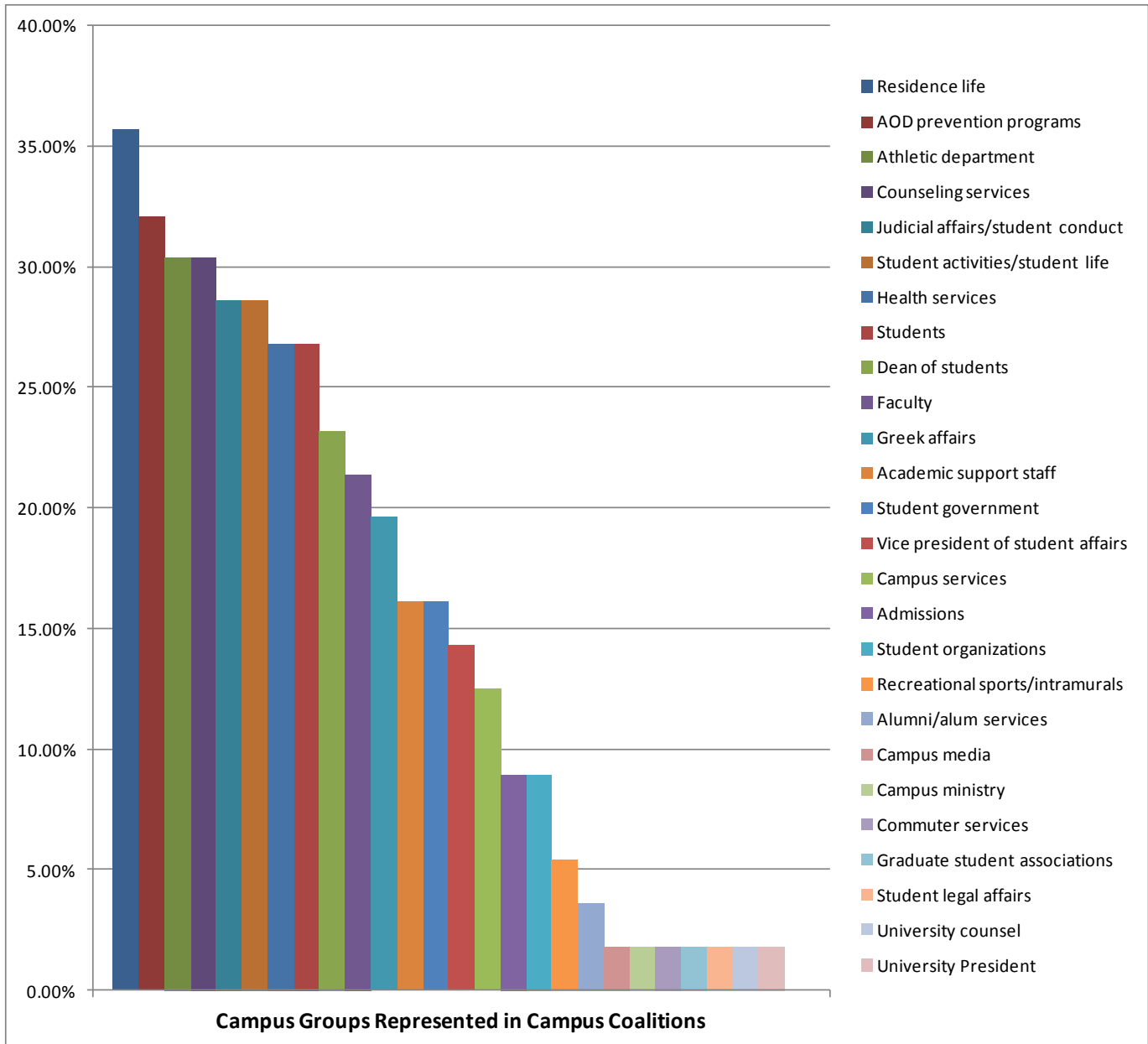
When it comes to implementing environmental strategies, the cooperation of and involvement in ATOD prevention coalitions is paramount to the success of those efforts. Currently, only about half of the schools surveyed have or are involved in community coalitions. This low number appears to be due in part to the two year institutions included in the survey, because they typically serve surrounding rural communities that are spread across a large geographical area. This makes it difficult to initiate community involvement.



Encouragingly, many of the schools that are involved in community coalitions have been able to continue to function beyond five years. However, activity levels may be an area of improvement, as few indicate a high level of involvement and activity.

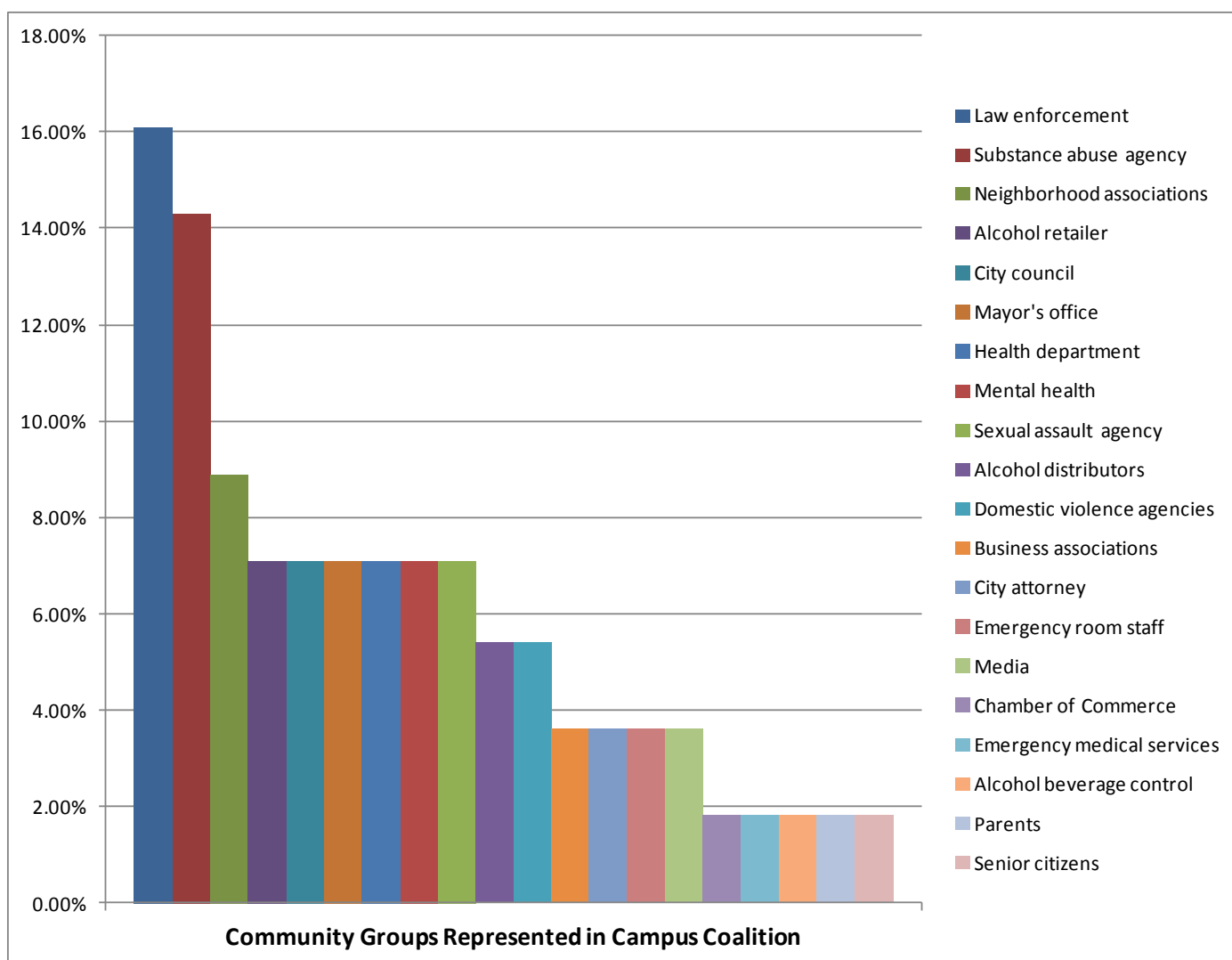


One of the elements that determines the success of community/campus coalitions is the involvement of every group that is potentially affected by their work, including those that may be initially opposed to the project. When asked about on-campus participation, many of the schools indicating they have a coalition appear to have an overabundance of student affairs professionals involved, with much smaller numbers of students, faculty, and administrators involved.

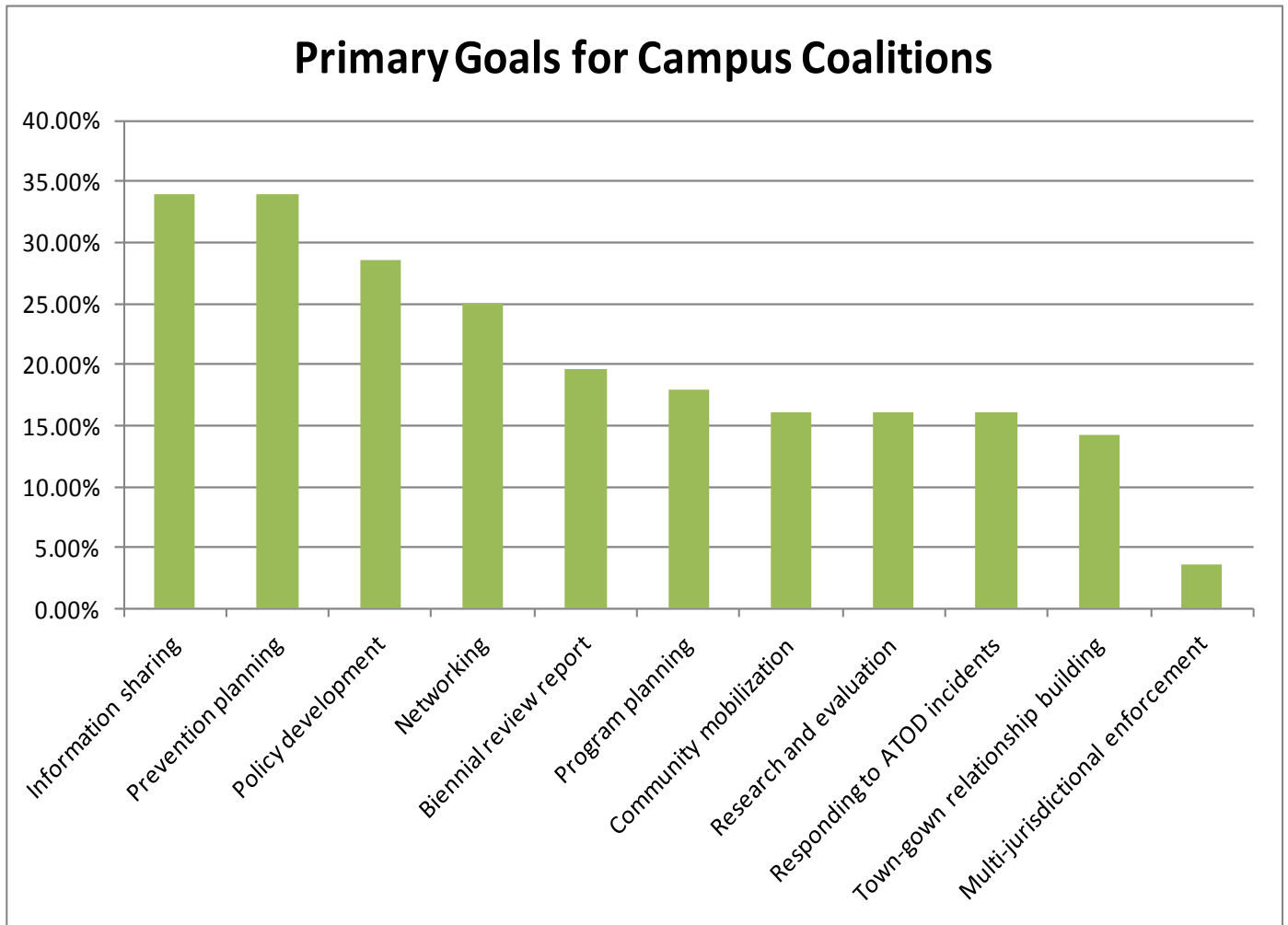


Many universities and campuses appear to have campus-only coalitions and task forces. Among those that do include community members, a small minority of the members appear to represent off-campus interests. Without community support and involvement, effectively addressing alcohol and other drug use both on and off-campus can be challenging. As noted on the graph below, this is clearly an area that could use major improvements. Those campuses who reported off-campus member involvement appear to have successfully recruited those who have a direct connection to substance abuse, mainly law enforcement and substance abuse service agencies.

Not only are communities failing to be represented on campus coalitions, but campuses are reciprocally absent in community coalitions. Only 26.8% of schools currently have representatives sitting on community or regional coalitions.



Despite that campus/community coalitions and task forces are founded on, and are generally most successful, when community mobilization is utilized as a primary strategy, most campus-based coalitions focus on information sharing, program planning, policy development and networking.



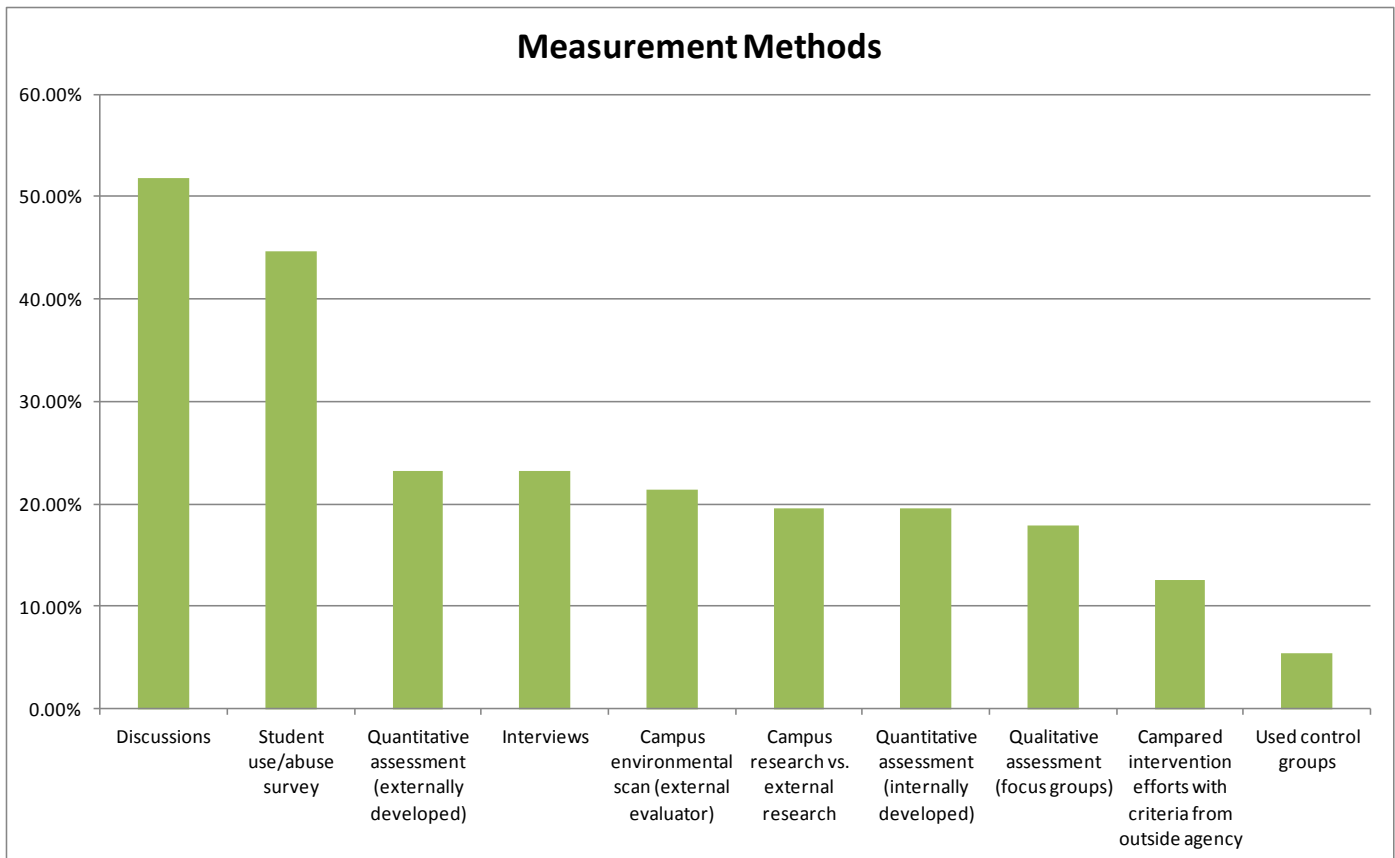
“Campus/Community Coalitions are crucial in successfully addressing alcohol and other drug issues. Coalition building and community organizing are not easy tasks, and often those leading substance abuse efforts on college campuses are in need of additional training and resources to effectively recruit and engage their campus and community partners.”

Amanda Woolard, Assistant Director for IHEC

## **Assessment and Evaluation**

When asked whether or not their ATOD prevention program had been assessed over the past five years 39.4% affirmed that they had, while 67.9% reportedly had not been assessed. This number is surprisingly low when considering that programs are required by the Drug-Free Schools and Communities Act (DFSCA) Amendments of 1989 to conduct a biennial review of programs and policies.

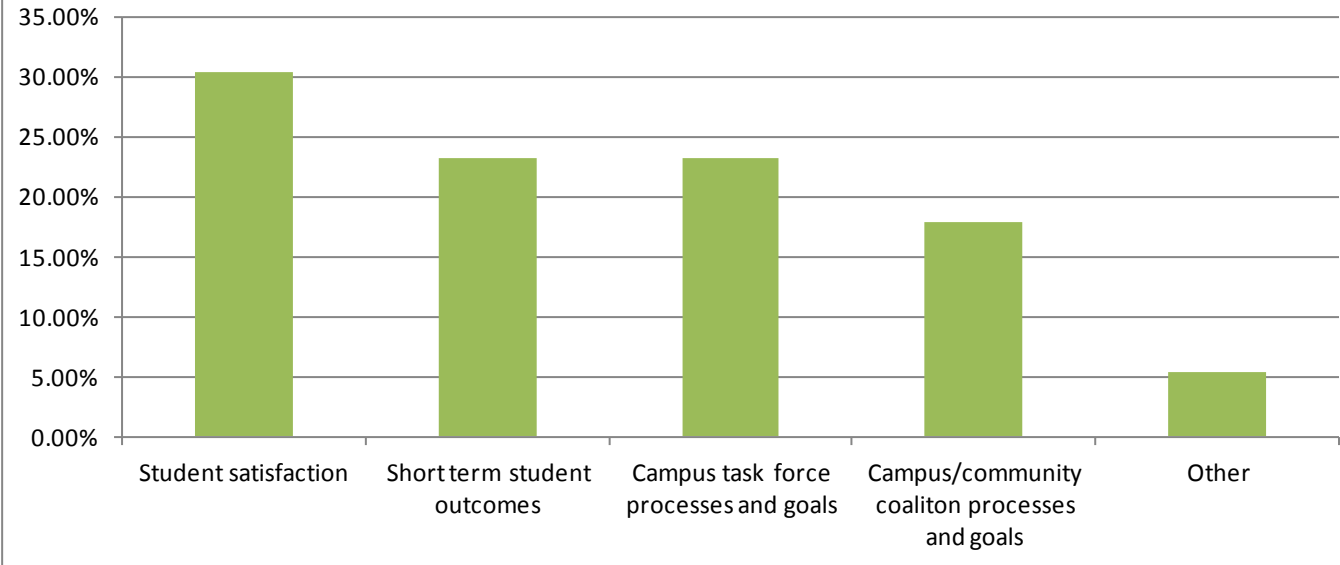
Those surveyed were also asked to indicate what types of measurement methods have been used in their assessments. The survey shows that both qualitative and quantitative data has been gathered. However, it is apparent that less rigorous methods are used more commonly than more sophisticated means. This may surprise some, being that the respondents are institutions of academia. However, as noted earlier, there is a divide between student affairs and faculty involvement in addressing substance abuse issues.



“Collecting data to determine need, program development, and effectiveness is an integral part in substance abuse programming.”

Eric S. Davidson, Director for Illinois Higher Education Center

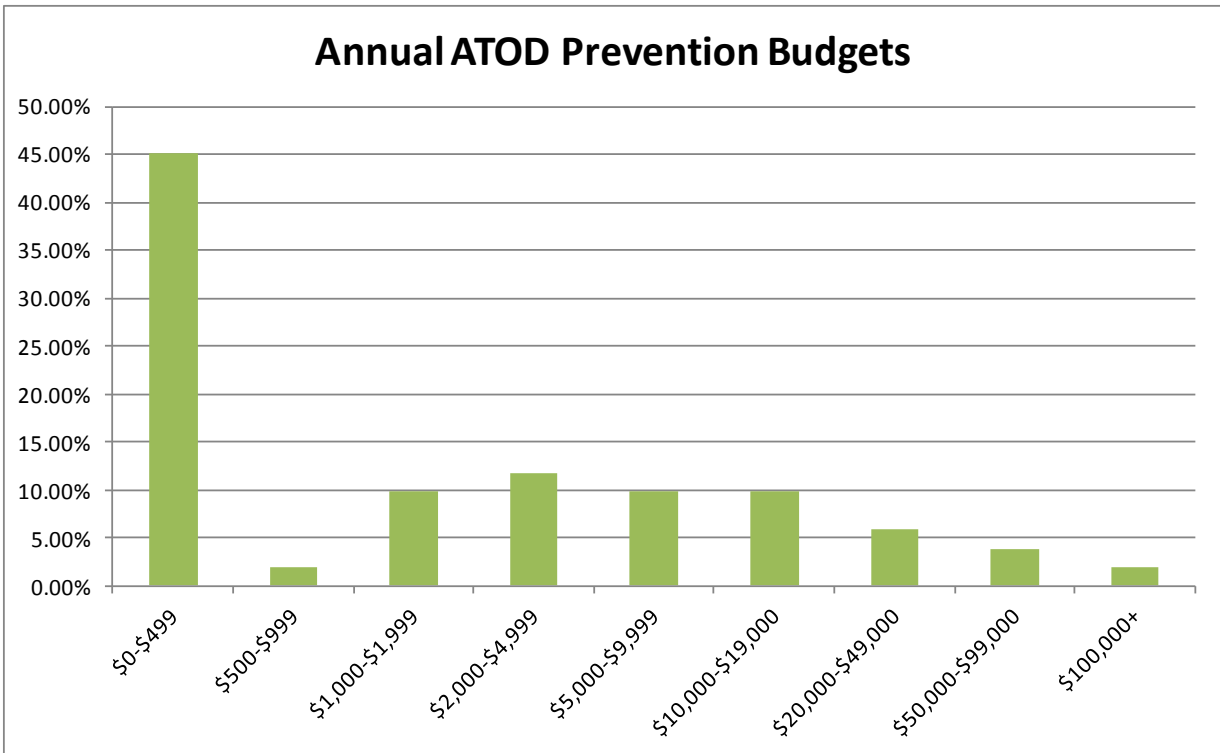
### Additional Efficacy Measurements

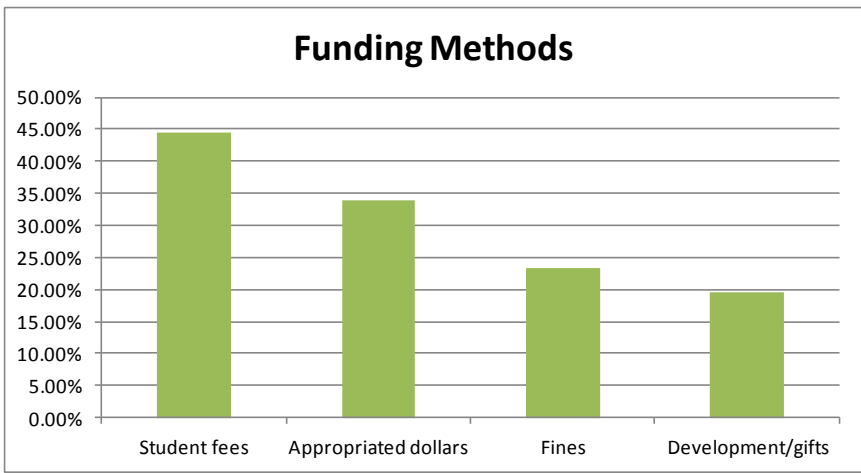


### Allocated Funds

Nearly half the schools surveyed are receiving less than \$500 in funding for ATOD prevention activities, while less than a third (31.4%) report receiving over \$5,000 per year to devote to prevention activities.

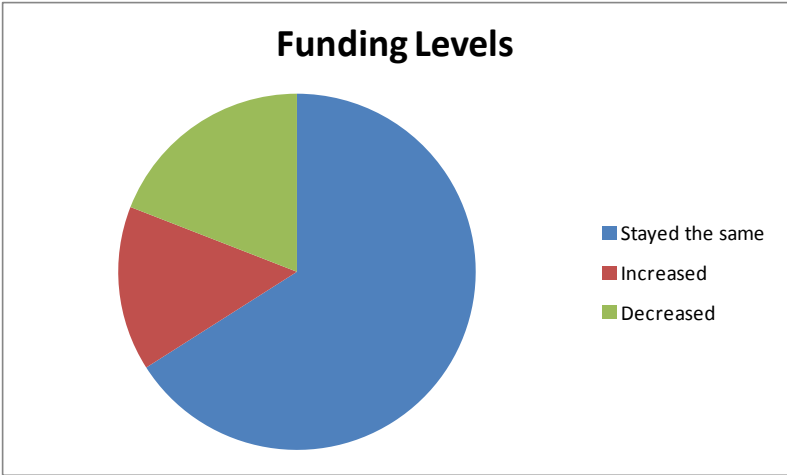
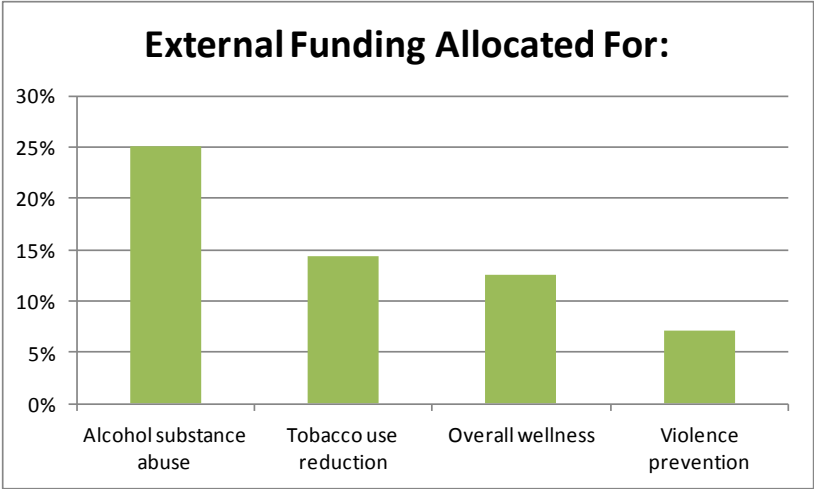
### Annual ATOD Prevention Budgets





Fortunately, most campus ATOD prevention programs are able to gain funding internally using student fees, and fines, rather than state appropriated dollars.

Most of the funding received from outside sources is directly allocated for ATOD issues, followed by tobacco prevention, overall wellness, and violence prevention.



Even with economic hardship throughout the country, and limited resources to begin with, most institutions responding to the survey indicate being able to maintain consistent funding.

## Summary

Despite federal mandates to disseminate policy to students, staff, and faculty on an annual basis, many institutions are only partially completing this mandate. Furthermore, many institutions of higher education are only minimally reviewing their alcohol and other drug prevention programs, and developing goals and objectives that guide progress during the next biennium.

The majority of respondents indicated that there is an individual designated to oversee substance abuse prevention, however, the mean average full time employee equivalence devoted to ATOD was 0.23 FTE. This individual spent such time developing and implementing programs, campus activities, and/or providing brief assessment and counseling.

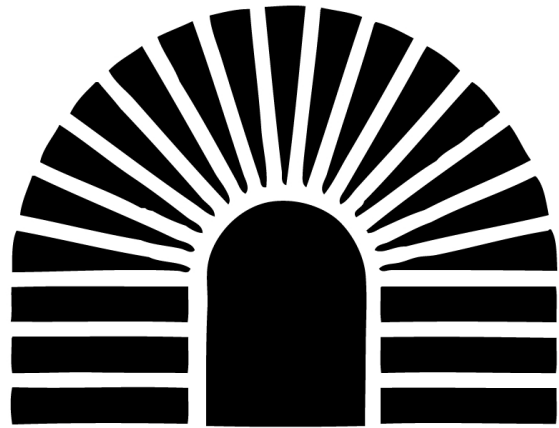
While many campuses are engaging in prevention activities, the majority appear to indicate that they are spending their time focused on educational strategies and approaches that offer little efficacy. Only one of the top 10 ranked practices was a Tier One NIAAA approach. Many institutions do employ environmental strategies. However, only a small number reported working on environmental strategies with local communities that addressed off-campus behaviors.

Almost half of the campuses reported being involved in some form of coalition or task-force, with the greater majority of these groups being comprised of only on-campus members. Most of these groups met to share information, network, plan programs, and work on the biennial review process.

Several of the respondents indicated that they collected needs assessment data through the Core Alcohol and Other Drug survey or the National College Health Assessment. However, a majority of the respondents also indicated that they had not evaluated or assessed their actual programs.

Many programs also appear to be underfunded, despite the immense concern and media attention given to substance abuse. Almost half of the respondents indicated their annual prevention budget was less than \$500 a year. Fortunately, most campuses indicate that funding levels have remained consistent, despite economic hardships faced by most institutions.

While advancements in addressing substance abuse prevention within higher education settings have been made throughout the state of Illinois, there is still quite a significant amount of progress that needs to be made in order to achieve the vision of the majority of campus having a campus/community coalition and/or a campus task force, collecting and using data in their prevention efforts, using evidence-based prevention strategies, evaluating their prevention efforts, and developing and implementing emerging policies based on effectiveness.



**ILLINOIS HIGHER  
EDUCATION  
C E N T E R**

**for alcohol, other drug  
& violence prevention**



**EASTERN**  
ILLINOIS  
UNIVERSITY™

The Illinois Higher Education Center for Alcohol,  
Other Drug, and Violence Prevention  
Eastern Illinois University  
600 Lincoln Avenue  
Charleston, IL 61920-3099

Phone: 217/581-2019  
Fax: 217/581-8330  
Website: [www.eiu.edu/ihec](http://www.eiu.edu/ihec)

Funding for this project was provided by:  
The Illinois Department of Human Services  
Bureau of Community Based and Primary Prevention