

2013

Alcohol and Other Drug Prevention Programs in Illinois Higher Education

2013 Institutional Needs Assessment of Comprehensive Alcohol and Other Drug Education Programs on Illinois College Campuses

February 2015



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

for alcohol, other drug
& violence prevention

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A service of the
Illinois Higher Education Center
For Alcohol, Other Drug, and Violence Prevention

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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 Positive Youth Development*, surveyed 135 target institutions during the Spring 2013 semester. Surveys were sent to the individual identified to IHEC staff members as being responsible for directing the campus Alcohol, Tobacco, and Other Drug (ATOD) prevention program. The purpose of the survey was to determine the status of ATOD prevention programs offered throughout Illinois 2- and 4- year institutions of higher education. Of the 135 institutions of higher education (IHE's) solicited during the Spring 2013 semester, 60 surveys were completed and used for data analysis.

Survey Participants

A variety of institutions participated in this survey. Public institutions accounted for 41.7% (n = 25) of the participating institutions, while 58.5% (n = 35) were private institutions. The majority of schools were represented by 4-year universities (60.0%, n = 36) followed by 2-year colleges (35.0%, n = 21). The largest percentage of schools were populated by a majority of commuting students (51.7%, n = 31), while 21.7% (n = 13) primarily consisted of residential students. 21.7% (n = 13) reported mixed residential and commuter populations.

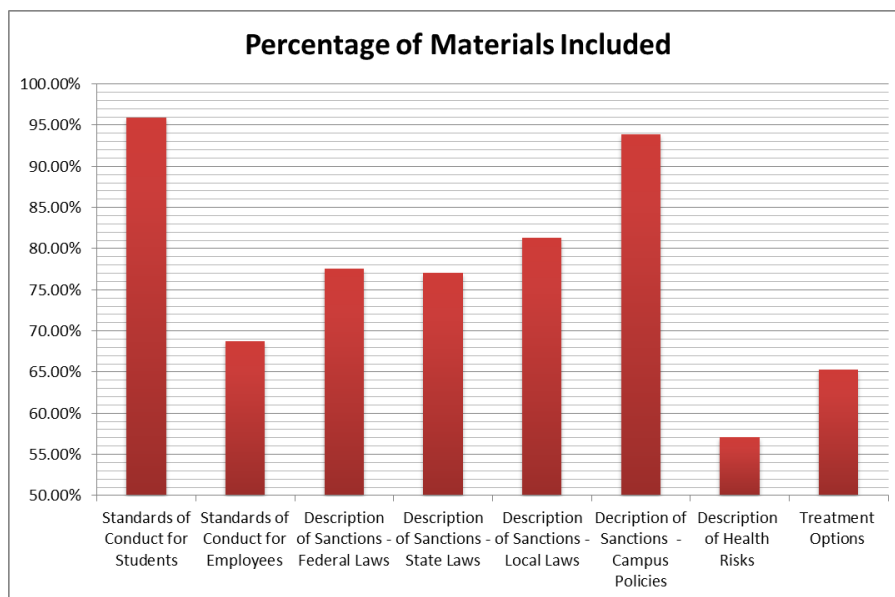
18.3% (n = 11) of respondents indicated having under 999 students, 25.0% (n = 15) reported having 1000-2999 students, 13.3% (n = 18) indicated having 3000-4999 students, 8.5% (n = 15) had 5000-7499 students, 5.0% (n = 3) had a population of 7500-9999 students, 10.0% (n = 6) had 10,000-12,499 students, and 20.0% (n = 12) 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 institutions of higher education (IHE's) receiving federal financial assistance to establish drug and alcohol abuse prevention programs. These regulations require that all students and employees must annually receive materials 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 conduct violations of alcohol and other drug related standards.

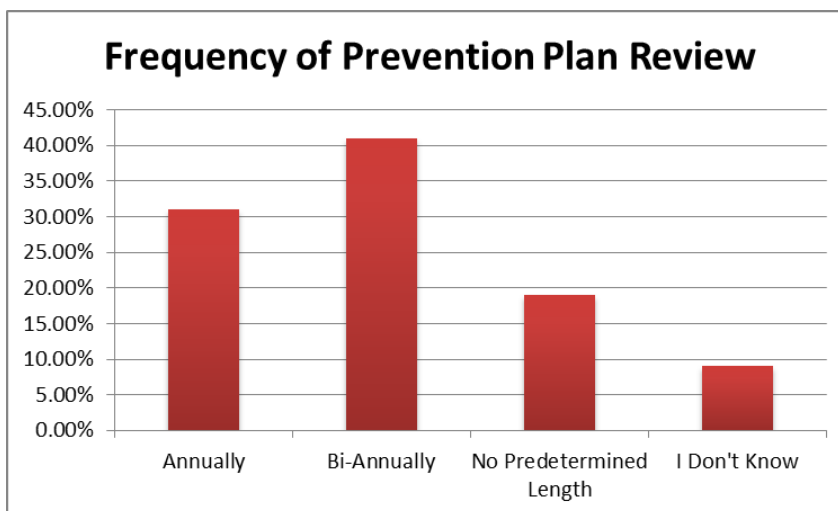
The survey reveals that schools are still not adhering fully to the federal mandate that requires institutions to annually distribute ATOD policy information to all of their students, faculty, and staff. One might expect higher compliance rates for legislation that is over 20 years old, yet 75.0% of respondents reported distributing policy information annually to all students, while only 57.9% of respondents reported distributing policy information annually to all staff and faculty. Many of the institutions responding to the survey have participated in IHEC activities and have been made aware of the DFSCA requirements. However, the data reported is probably much lower since survey non-respondents are less likely to have been involved with IHEC and are, therefore, less aware of mandate guidelines.

To comply 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. Almost all of the respondents (95.9%) reported providing information on standards of conduct to students, whereas only 68.8% reported providing information on conduct standards to staff/faculty. In providing information concerning sanctions related to policy violations, 93.9% described campus sanctions, 81.3% described local sanctions, 77.1% cited state sanctions, and 77.6% included federal sanctions. 58.9% of participating institutions reported describing health risks, while 69.6% reported providing information about treatment and counseling options.



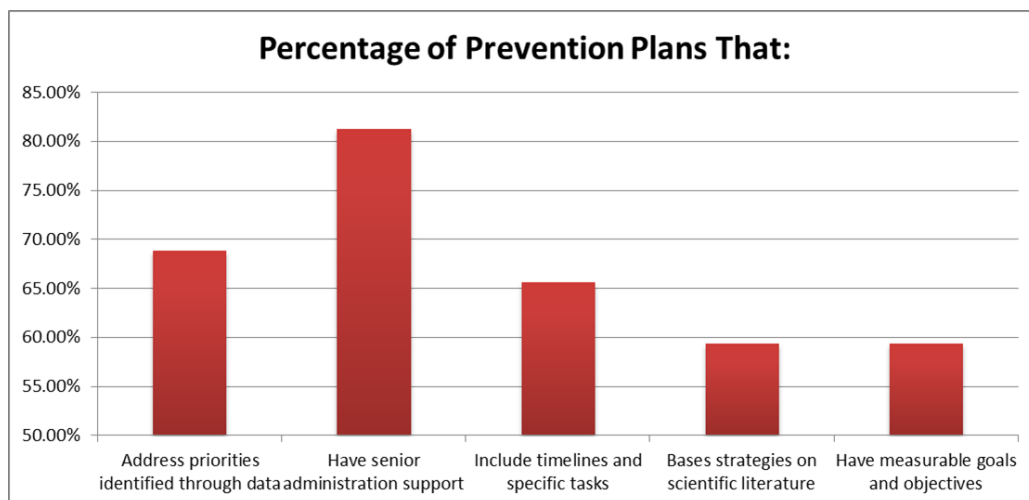
Prevention Plans

In addition to policy dissemination, the DFSCA requires IHE's to enact a biennial review of their comprehensive ATOD program, which includes 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. 53.3% reported that they currently had a formal ATOD prevention plan, 36.7% claimed they did not, and 10.0% did not know. Of those that had prevention plans, 31.3% of this group indicated that they did so annually, and 40.5% indicated doing so biannually. 18.8% indicated no predetermined length of time was used to justify prevention plan review.



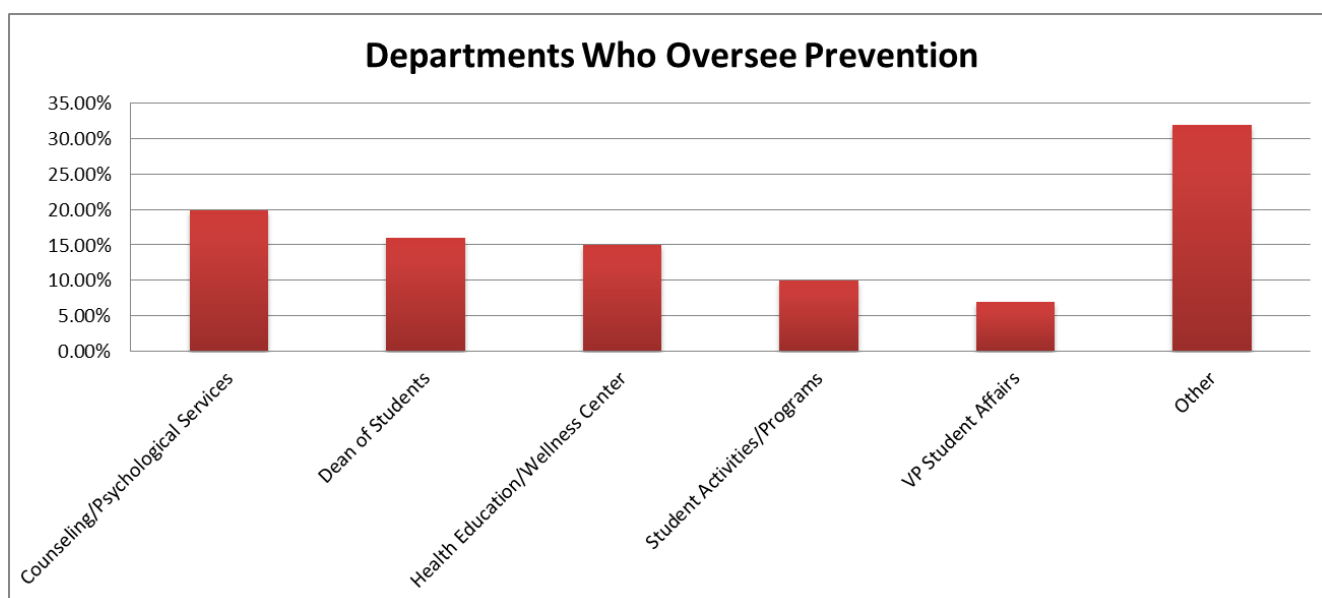
Prevention Plan Components

Even institutions with prevention plans have further progress to make: 40% of participants indicated that they do not have measurable goals, 40% do not base strategies on science, 34% lack timelines, 18% do not have administrative support, and 31% fail to address priorities through data.



Positioning of Substance Prevention Offices in Higher Education Settings

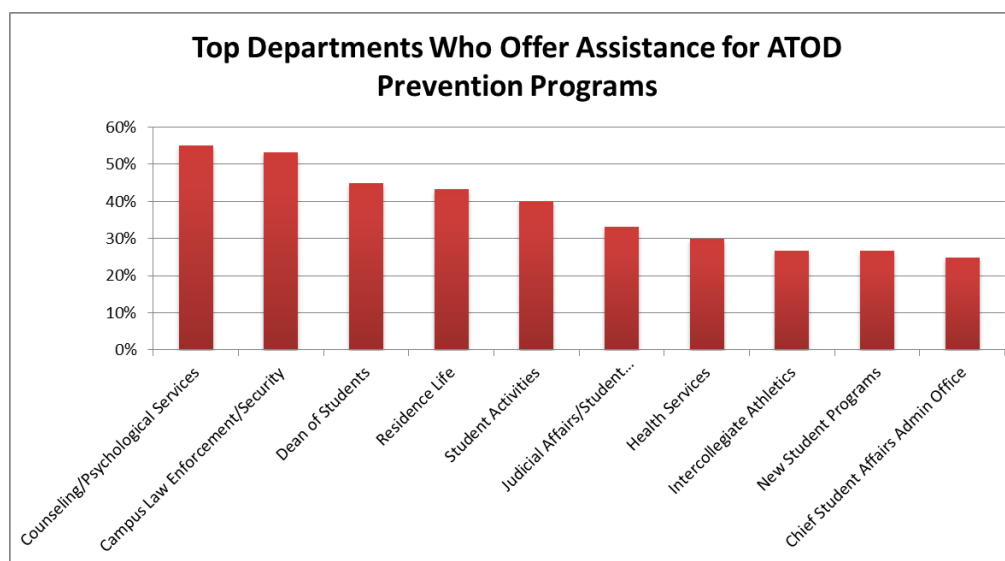
The largest number of substance abuse programs were housed within counseling/psychological services (20%), offices of dean of students (16%) and health education programs (15%). The majority of the other programs were housed within other areas, most commonly within divisions of student affairs. It is rare to find substance abuse initiatives overseen by academic faculty members or attached to discipline-focused departments within academic affairs divisions.



Departments Who Assist With Prevention Program Delivery

Many of the same departments also offer assistance and leadership in ATOD prevention programming. Counseling services are often directly responsible for offering or lead in offering other departments assistance in substance abuse programming. This fact is not surprising since many universities often do not separate substance abuse services into prevention and treatment domains, as is

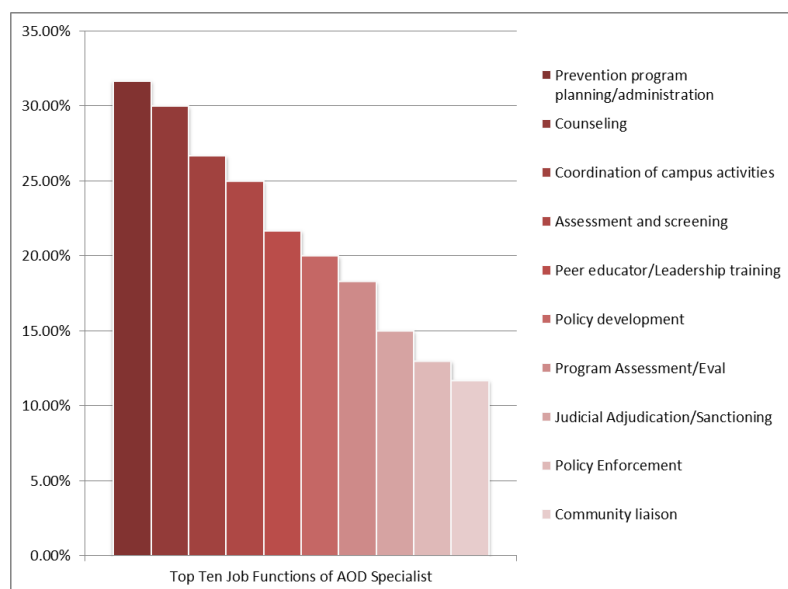
commonly done within Illinois social service systems. Many universities see law enforcement and campus security activities as strong allies in addressing substance abuse.



Responsibilities/Functions of ATOD Coordinator

Unlike the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act or the Title IV Act, which require universities to have a designated coordinator, the federal government does not require institutions to assign a coordinator that oversees the DFSCA mandates. 62.7% of the institutions surveyed reported having an individual whose responsibilities include

overseeing AOD prevention programming and interventions, 27.1% do not have any such person, and 10.2% of institutions were unsure. Overall, the mean average full-time employee equivalent (1.0 FTE = ~37.5—40.0 hours/week) spent on ATOD prevention was 0.33. When considering institutional types, the mean FTE for 4-year public institutions was 0.31 FTE, for 4-year private institutions was 0.14 FTE, for community colleges was 0.14 FTE, and for-profit institutions the mean FTE was 0.17. Such individuals generally spend their time planning and administering prevention programs, providing counseling, coordinating campus activities, conducting individual substance abuse assessment and screening, and advising peer education activities.

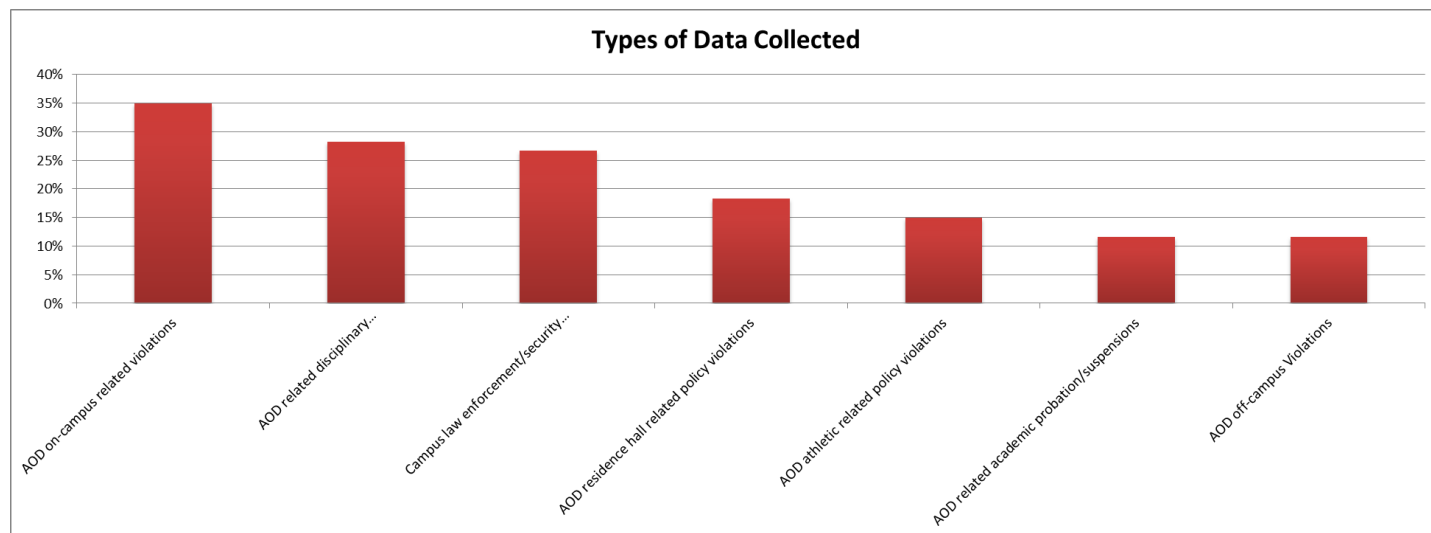


ATOD Abuse Assessment of Student Populations

Illinois campuses are making efforts to assess the substance abuse behaviors, beliefs and attitudes of their student populations. The following information was collected in this survey:

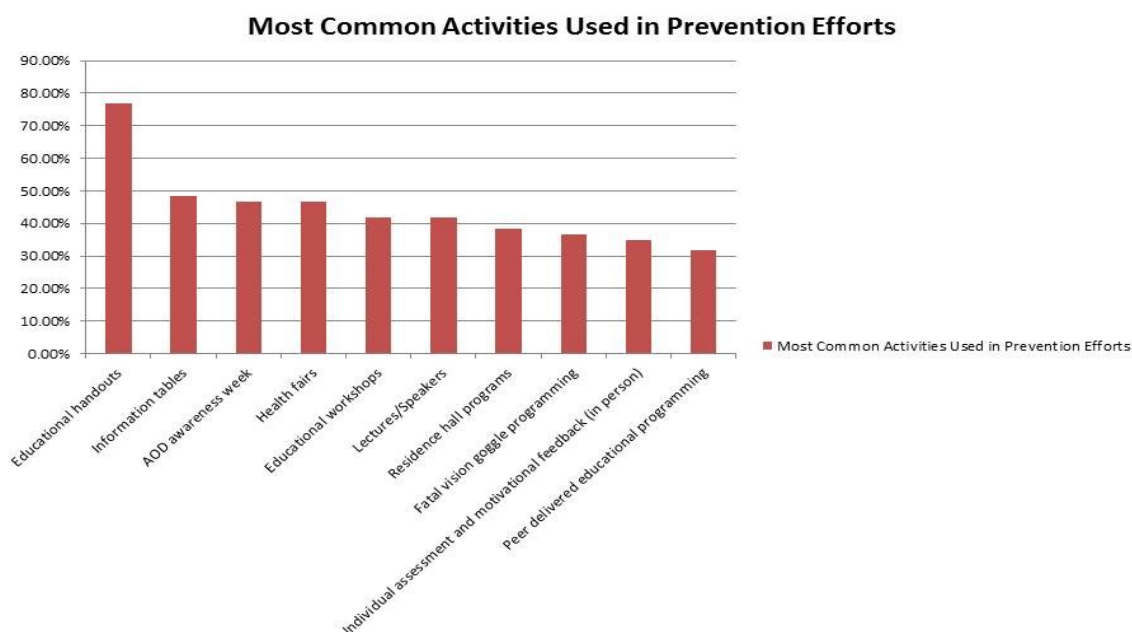
- 41.1% of respondent campuses use the Core Alcohol and Other Drug Survey which has been offered every even-numbered year by IHEC through the Illinois Department of Human Services—Bureau of Positive Youth Development Substance Abuse Prevention Program funding.
- 16.1% of respondent campuses use the American College Health Association's National College Health Assessment (NCHA), which addresses a broader health focus and includes other health issues as sexual health, depression, physical activity, and illnesses.
- 23.2% of respondent campuses used some other unidentified survey.
- Only 10.7% of schools surveyed have collected data regarding the use of fake ID's over the last five years, while 87.5% reportedly have not collected data.

The most common types of data collected by Illinois institutions of higher education in ATOD prevention program assessments focus on policy violations that occur on campus. Often, this data is usually collected as a requirement of the Clery Act. Despite requirements for both the DFSCA and the Clery Act, the percentages of institutions collecting such data are surprisingly low. 35% reported collecting data regarding on-campus substance abuse violations, 28% reported collecting substance abuse related disciplinary probations/suspensions/dismissals data, 26.7% collected data for campus law enforcement/security data/records, 15% collected data for substance abuse athletic related policy violations, 11.7% reported gathering data for substance abuse related academic probation/suspensions, and 11.7% acknowledged collecting substance abuse off-campus violations data.



Interventions and Prevention Efforts

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) has developed a 4-tier system which indicates program and intervention efficacy in reducing alcohol use in college students. Tier One interventions are those that have been proven to be effective specifically with college students. By NIAAA standards, many of the most common approaches to ATOD prevention currently in use by respondent schools are considered less effective, particularly when used alone. In fact, the only top ten activity ranked by the NIAAA to be effective within college populations at a Tier One level is individual assessment/screening and in-person, motivational feedback. The top three most commonly used efforts focus on providing information and increasing awareness that science has indicated usually does not alter behaviors, especially if not used with other strategies. Based on insufficient funding and staffing levels, the currently top-utilized activities are also generally the ones that require the least amount of time, funding, expertise, and human resources.

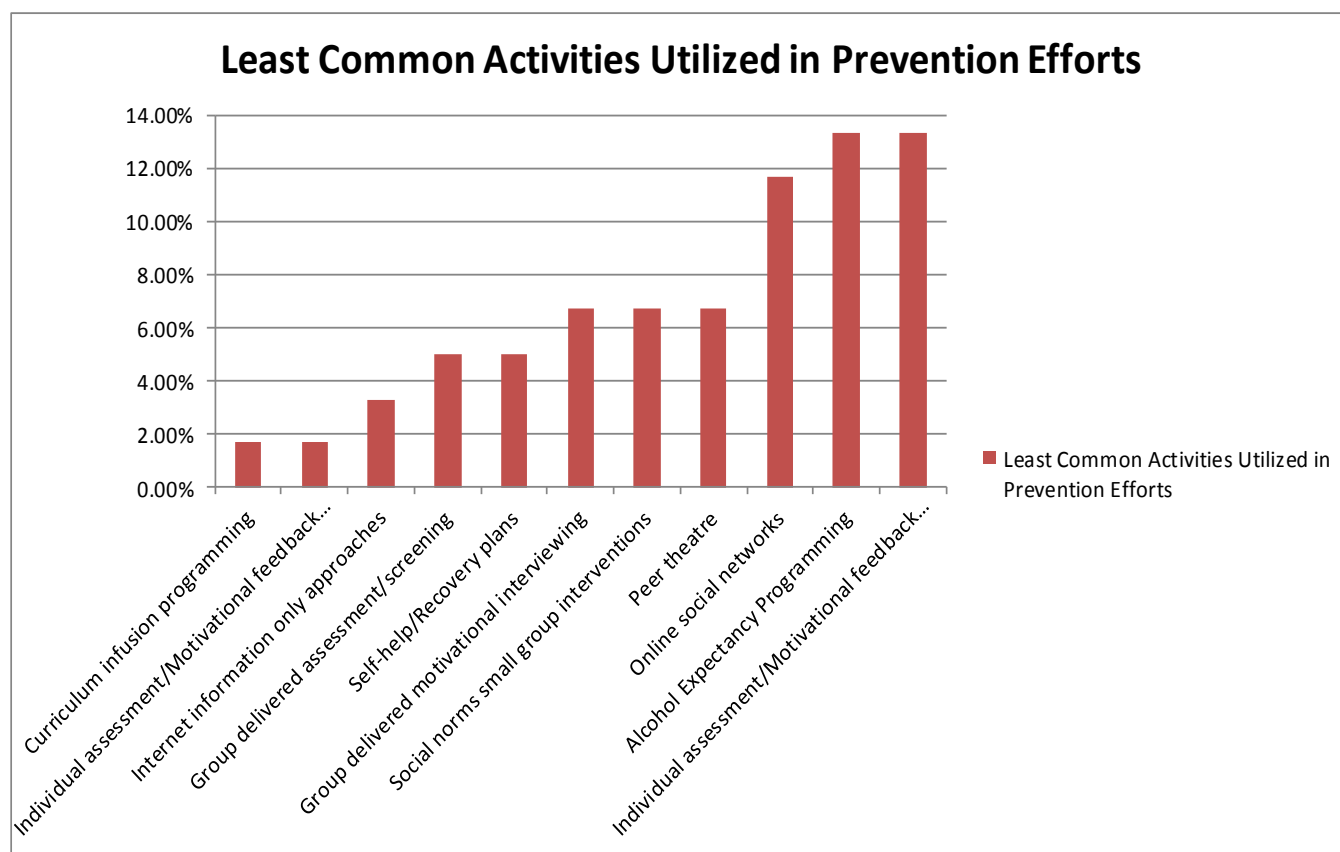


“Here at Northern Illinois University, we strive to function within the scope of what is recommended by the NIAAA. However, this can be challenging with tight budgets and a small number of staff, but with the support and collaborative efforts from IHEC, we manage to be productive in our work with students. IHEC provides free webinars, trainings, and workshops that assist and guide in ensuring best practices are being implemented when working with students.*

~ Merlynette V. Griffin, MPH, M.S.Ed. Health Educator Northern Illinois University

**IHEC services are free only to Illinois IHE’s*

Following suit, some of the activities least utilized in prevention efforts are considered by the NIAAA to be Tier One interventions. Activities include mailed individual brief assessment/screening and motivational feedback (1.7%), group delivered brief assessment and screening (5.0%), group delivered motivational interviewing (6.7%), and online individual brief assessment/screening and motivational feedback (13.3%). These activities are often time, labor, and resource intensive, require specific training, and are usually sustained activities making implementation difficult for campuses lacking capacity and infrastructure.



“Collaborative partnerships and administrative buy-in has been remarkably advantageous and an essential component in successfully integrating NIAAA Tier One interventions at Lewis University. We implement a variety of interventions and strategies addressing the individual, group, institution, and policy, with the common goal of reducing risk, increasing knowledge, and empowering the student.”

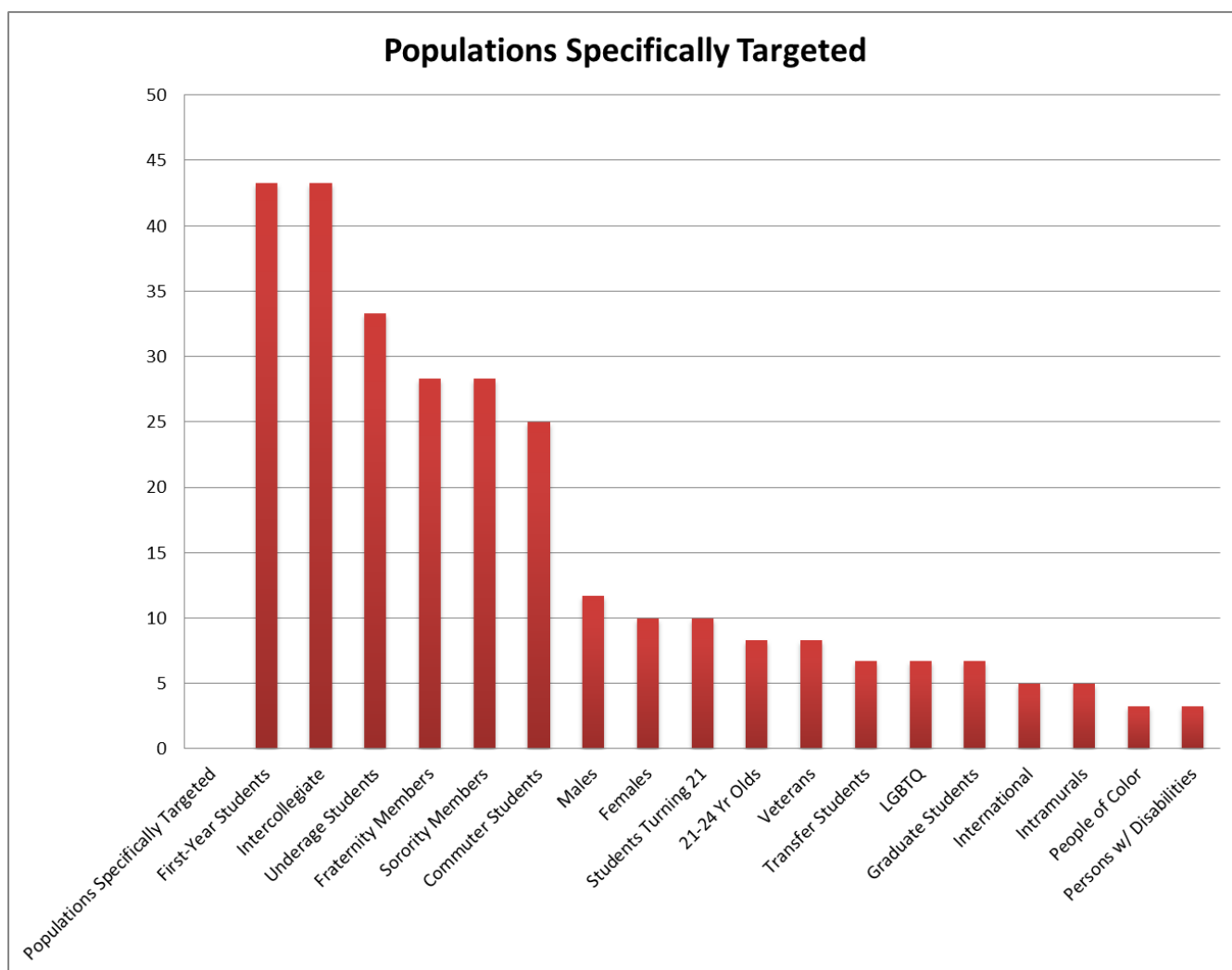
~ Gary DeLeonardis, Mental Health Counselor, Lewis University

Student Orientation Programming and Alcohol

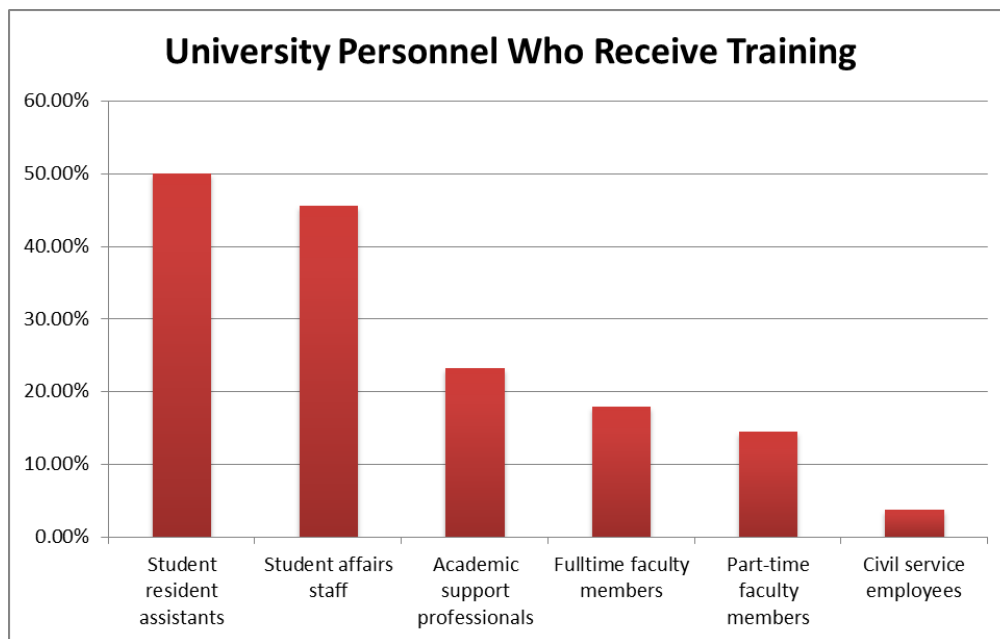
98.3% of campuses surveyed have new student orientation programs. Only 61.0% of respondents indicated that these programs deal with ATOD issues with students, and 33.0% address the subject of ATOD with parents of new students. It is unclear whether or not transfer and other non-traditional students are included in these new student orientation programs.

Groups Specifically Targeted By Prevention Efforts

Traditionally, many of the Illinois higher education prevention programs have specifically targeted first-year students (43.3%), intercollegiate athletes (43.3%), underage students (33.3%), members of social fraternities and sororities (28.3%), and commuter students (25.0%). 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 than other groups. With the influx of veterans returning from military operations and entering higher education, this group may also be of high risk.

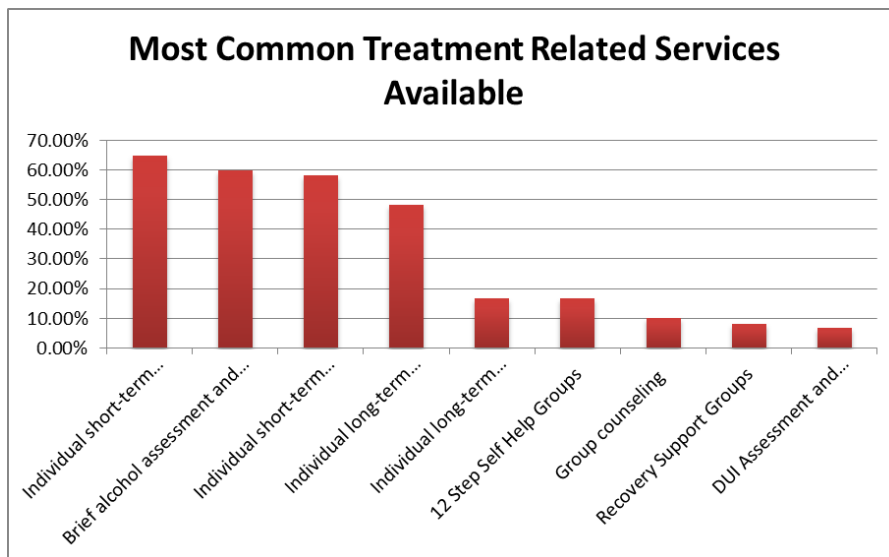


While substance abuse, mainly alcohol use, is considered an institutional issue, one would expect substance abuse prevention training to be offered throughout a college or university. Yet survey respondents indicated that student affairs staff generally are the recipients of such training. Despite the number of non-residential campuses participating in the survey, student resident assistants (50.0%) were indicated as the group most likely to receive training. Full-time and part-time faculty members (18.0% and 14.5% respectively) and civil service professionals (3.8%) were often the least likely to receive training.



Counseling and Treatment Services Available

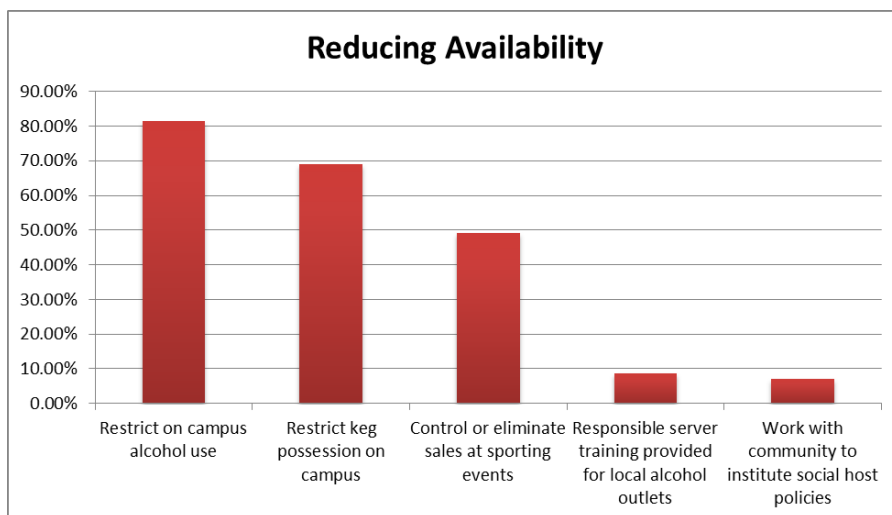
In order to deal with students that are suffering from substance abuse issues, many colleges and universities offer counseling and treatment services. The most commonly found services include referral to off-campus individual short-term counseling (65%), on-campus brief screening and assessment (60%), and on-campus individual short-term counseling services (58.3%). Few institutions of higher education offer group counseling (10%), recovery support groups (8.0%), or DUI assessment and remedial education (6.7%).



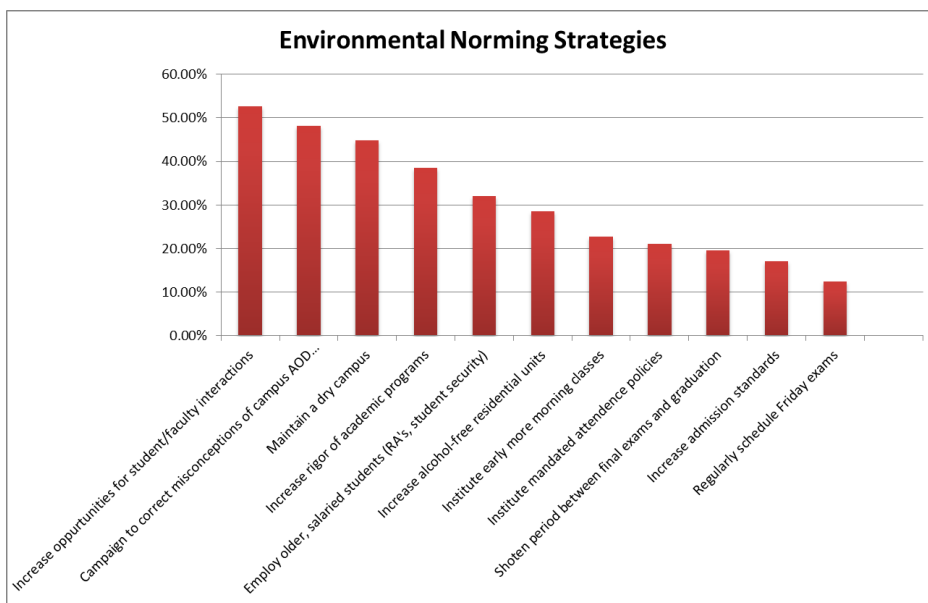
Environmental Strategies

The second tier of the NIAAA-recommended strategies center on interventions and programs that have been found to be effective with general, non-collegiate populations. These proven strategies focus on altering the environment through reducing availability, altering misperceived norms, offering alcohol-free social and recreational opportunities, alcohol enforcement activities, and alcohol control measures. A number of these activities may be performed on the physical campus, but collegiate alcohol use generally defies such boundaries. To be truly effective, strategies must include efforts that occur off-campus.

Many of the campuses participating have policies which restrict use on campus (81.4%) as well as restricted keg use (69.0%). Almost half (49.1%) either do not serve alcohol or control alcohol use at sporting events. A few work with local community establishments to offer responsible host training (8.6%) or to institute local social host policies (7.0%) as means to reduce the availability of alcohol.



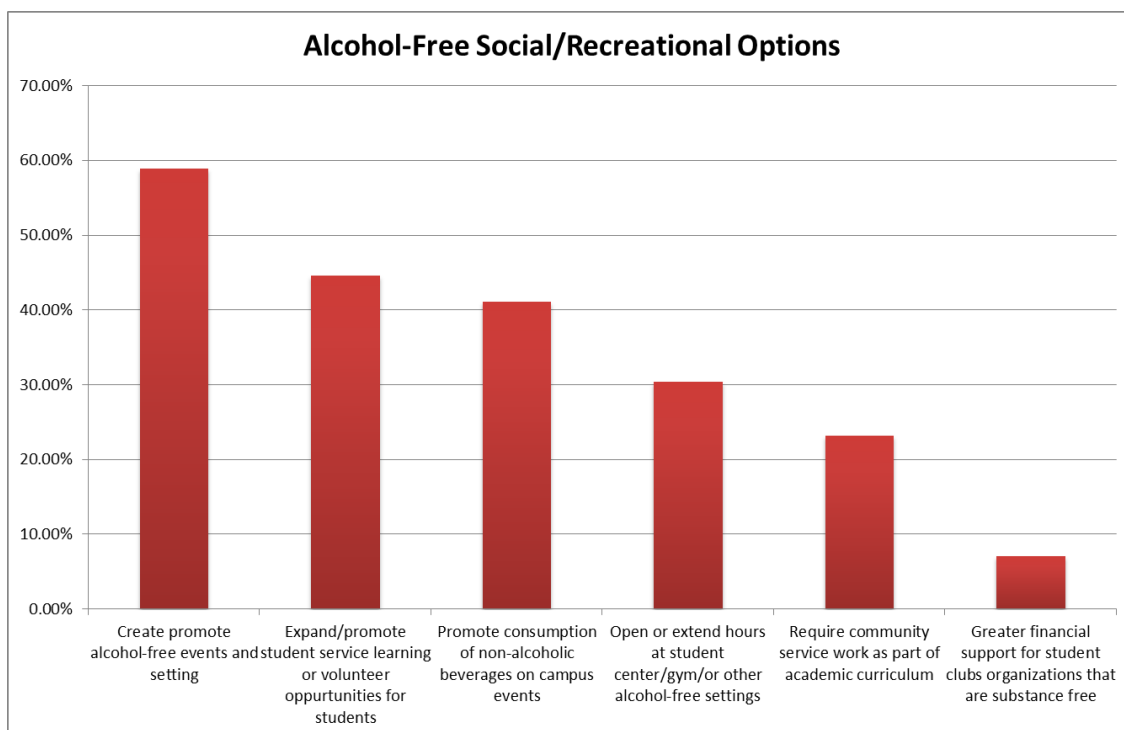
During the past two decades, a strong movement to alter campus alcohol culture and the wrongly held misperceptions of elevated alcohol use has promoted the implementation of social norming and environmental management to impact actual and perceived campus culture. Academically, 52.0% of participating institutions reported attempting to increase faculty/student interactions, but only a minority had implemented early morning classes (22.8%), mandated attendance policies (21.1%), increased admission standards (17.2%) and regularly scheduled Friday exams (12.5%). Almost half of campuses implemented a campaign to correct student misperceptions of drinking. Of those participating, 44.8% reported that their institution maintains a dry campus.



Environmental Strategies: Alcohol-Free Social and Recreational Options

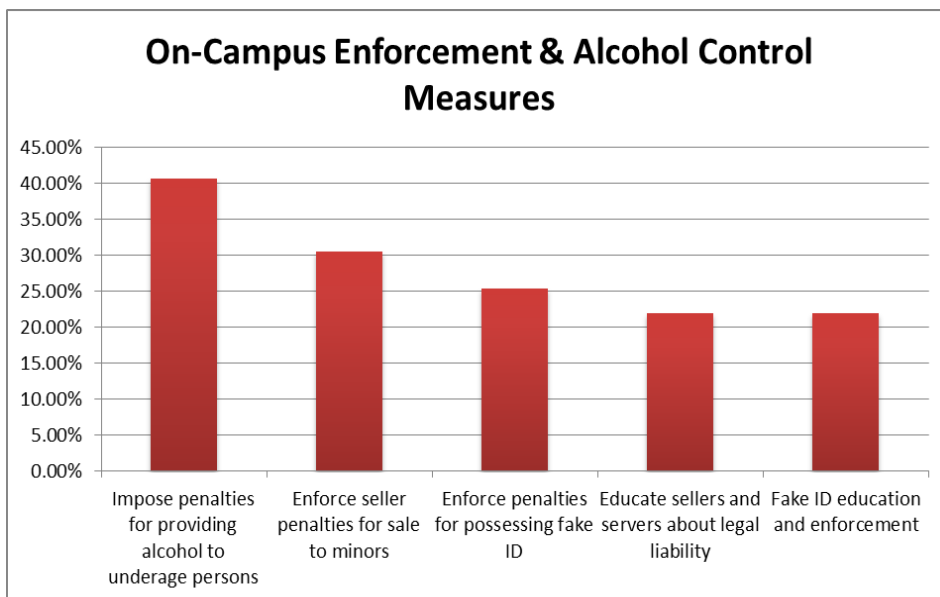
Traditionally, many prevention programs are focused on changing individual behavior through increasing the individual's knowledge or helping the individual change his or her beliefs, attitudes, values and skill sets. Other programs have focused on altering the behavior of small groups (fraternities and sororities, for example). Since the 1980's, offering students alcohol-free social and recreational opportunities to counteract alcohol-fueled parties and other events has been strongly recommended. During the past decade, the implementation of service-learning and volunteer activities has soared. Current research suggests that offering both alcohol-free activities and service-learning opportunities provide protective benefits regarding alcohol and other drug use.

- 58.9% of participating institutions reported offering their students alcohol-free events/settings.
- 44.6% of institutions indicated that they had expanded and promoted student service learning and volunteer opportunities for their students.
- 41.1% promoted the consumption of non-alcoholic beverages during on-campus events.
- 30.4% indicated that their student center, recreation center, or alcohol-free settings had extended hours.
- 23.2% community service as part of their academic curriculum.
- Lastly, 7.1% of the institutions responded that they provide greater financial support and funding for student organizations and clubs that are substance-free or offer alcohol-free and other drug-free activities.



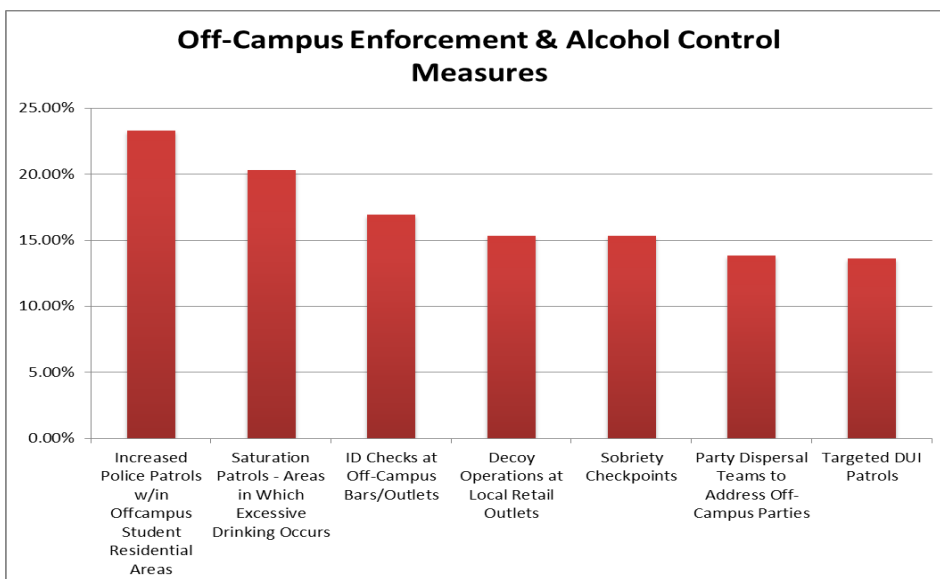
Environmental Strategies: On-Campus and Off-Campus Enforcement and Alcohol Control Measures

Consistent enforcement and sanctioning of on- and off-campus alcohol policies, ordinances, and laws deter collegiate alcohol consumption. Higher education institutions are required by the DFSCA to develop and enforce alcohol and other drug policies. Of the institutions participating, 40.7% reported imposing penalties for providing alcohol to underage persons, and 25.4% reported enforcing penalties regarding fake identification possession. Only 22.0% of participating institutions reported educating students about and enforcing fake ID laws.



Only 22.0% of participating institutions reported working to educate alcohol sellers and servers about legal liabilities.

Few of the participating institutions reported either directly implementing, or working with local law enforcement agencies to implement enforcement strategies recommended by the Underage Drinking Enforcement Training Center. 23.3% of institutions indicated that increased patrols in off-campus student residential areas were conducted by either the institution or municipal police. 20.0% reported that off-campus saturation patrols were conducted in areas which excessive drinking occurred.



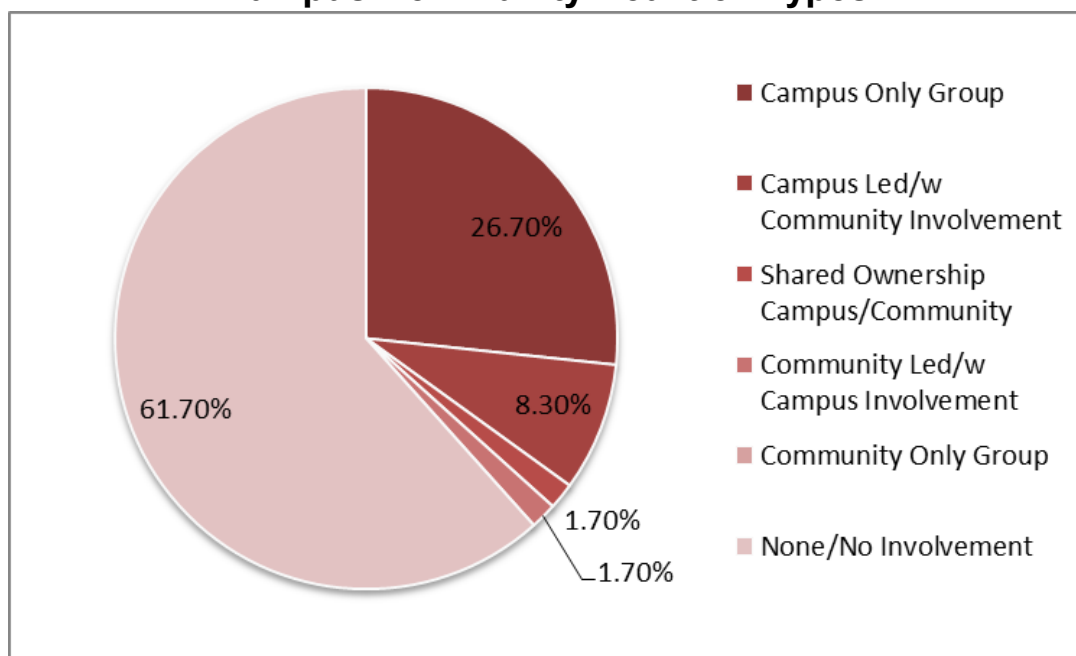
Only 13.6% reported working to have targeted DUI patrols. Less than one out of six participants reported working to have ID checks at off campus bars and outlets (16.9%), decoy operations at local retail outlets (15.3%), sobriety checkpoints (15.3%), and party dispersal teams to address off-campus parties (13.8%).

Campus/Community Coalitions

When implementing environmental strategies, the cooperation and involvement of both campus and community members in alcohol and other drug prevention campus/community coalitions is paramount to the success of those efforts. Currently 38.3% of participating institutions report having or participating in an alcohol and/or other drug coalition. This low number appears to be partly due to the 2-year institutions included in the survey; they typically serve surrounding rural communities that are spread across a large geographical area, making it difficult to initiate community involvement.

Of those institutions participating, 26.7% report having a coalition or task force comprised of only campus members. An additional 8.3% of institutions report having a campus led coalition that has some form of involvement by community members. 1.7% of respondents indicated that they were involved in a coalition with shared leadership between campus and community members, and

Campus/Community Coalition Types

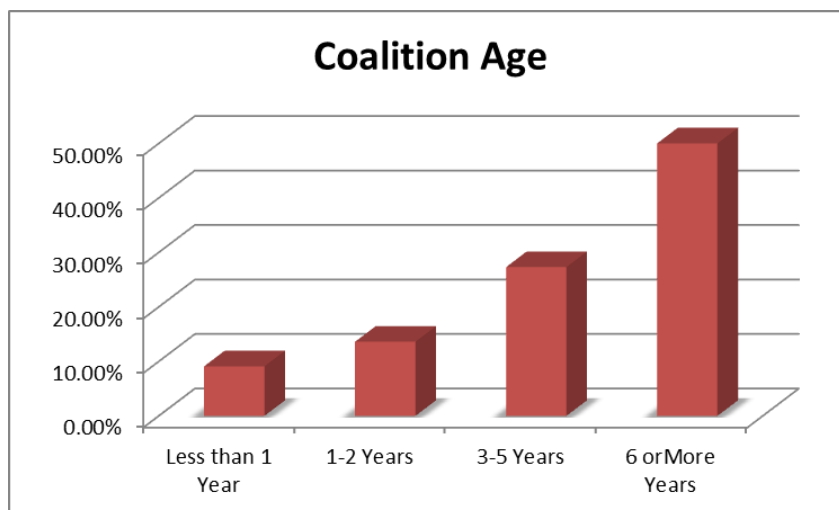


"Illinois Wesleyan University has a campus coalition/task force but also is very involved in the Bloomington/Normal Community Campus Committee, which is a community coalition. It is imperative to work with community members and stakeholders as all universities are embedded within communities. They have shared concerns surrounding alcohol issues and a shared responsibility in addressing these concerns. Once these relationships are established, it is easier to work towards change using shared resources and knowledge."

~ Bob Rogers, MS, LCPC, NCC, Alcohol Education Coordinator, Illinois Wesleyan University

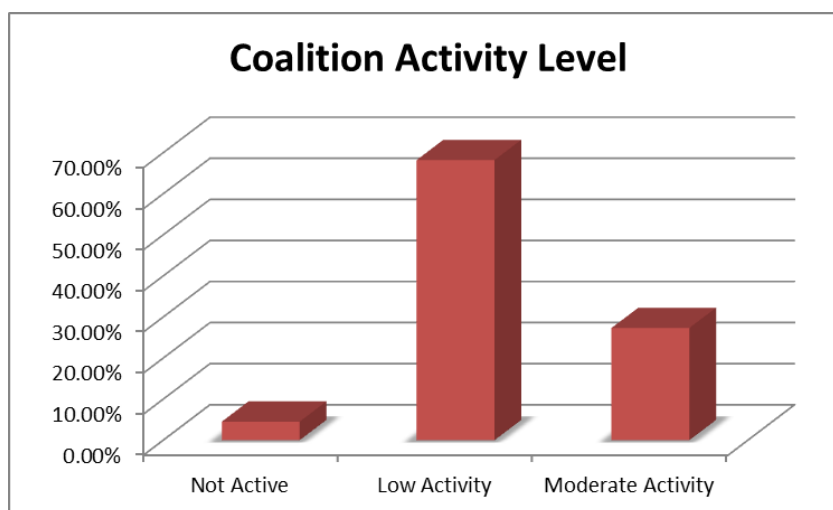
Coalition Longevity

Only a small number of institutions reported having or being involved in a coalition addressing substance abuse, yet the majority of the groups were not new. 50% of the groups with coalitions reported that their coalition had been in existence for six years or more. 27.3% of the groups with coalitions indicated that their coalition had been in existence between three and five years. 13.6% had coalitions that were in existence between one to two years. 9.1% of groups with coalitions had been in existence for less than a year.



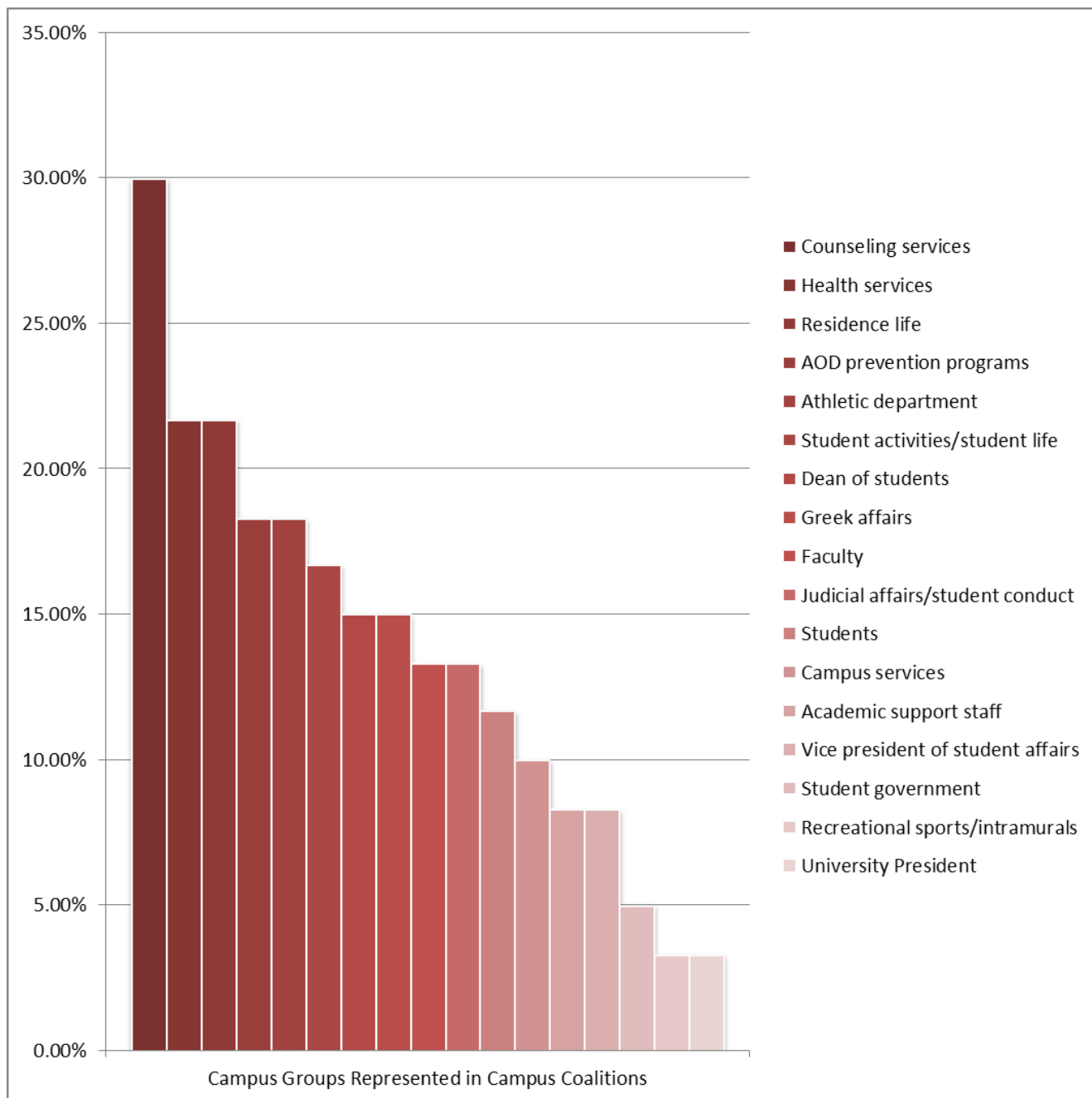
Coalition Activity Level

Although almost four of ten institutions reported having or participating in some form of substance abuse coalition, 68.2% of respondents indicated that their group's activity level was low. Only 27.3% responded that their coalition was moderately active.



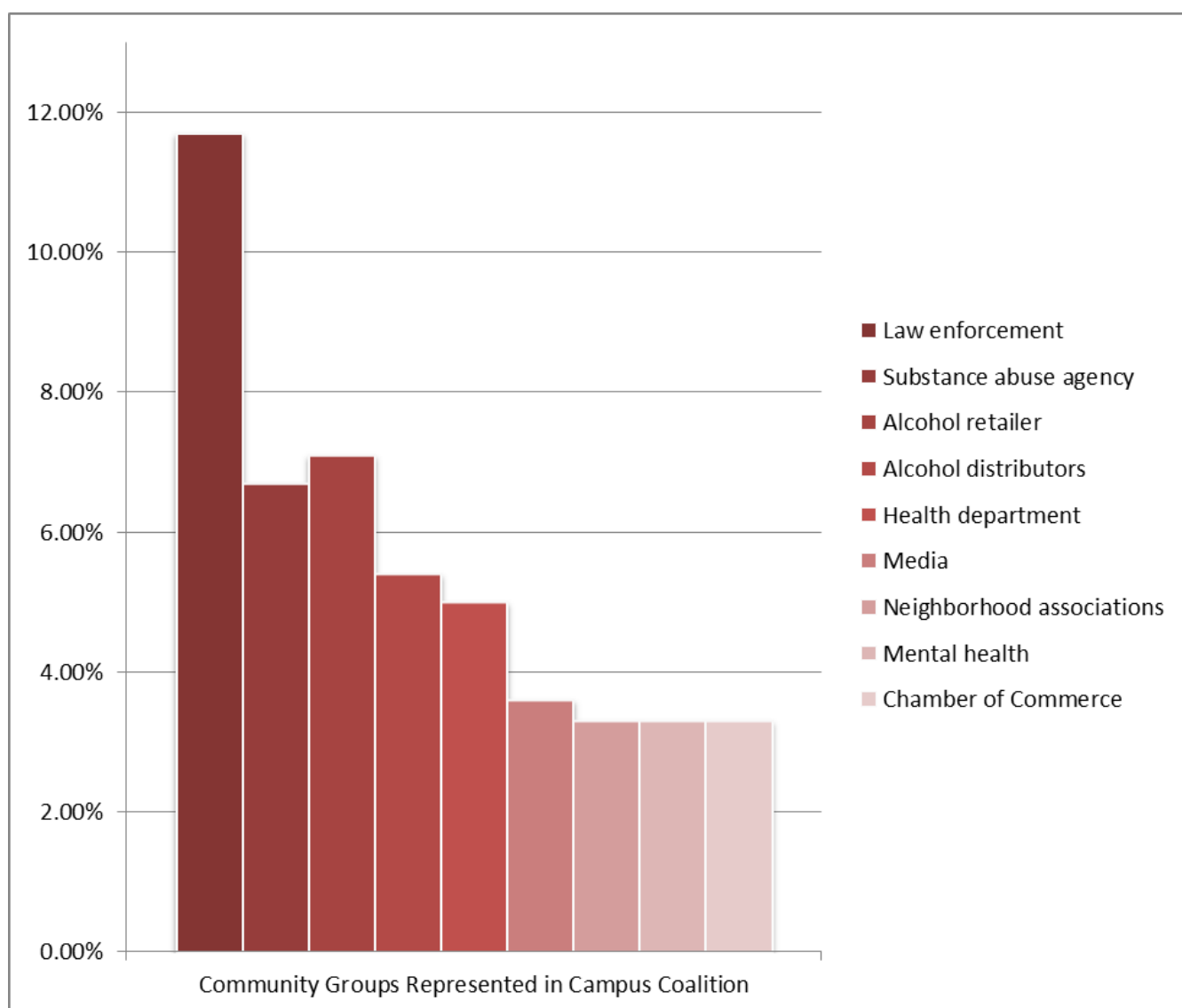
Coalition Membership: On-Campus Representation

The success of community/campus coalitions is dependent on the involvement of every sector that is potentially affected by the group's work, including those that may be initially opposed to the project. When asked about on-campus participation, participants indicated that many of their coalitions have an overabundance of student affairs professionals involved, with much smaller numbers of student, faculty, and administrator involvement. For example, collegiate substance abuse coalitions had greater representation from counseling (30.0%), health services (21.7%), and residence life (21.7%) than faculty (13.3%) and Vice-President for Student Affairs (8.3%).



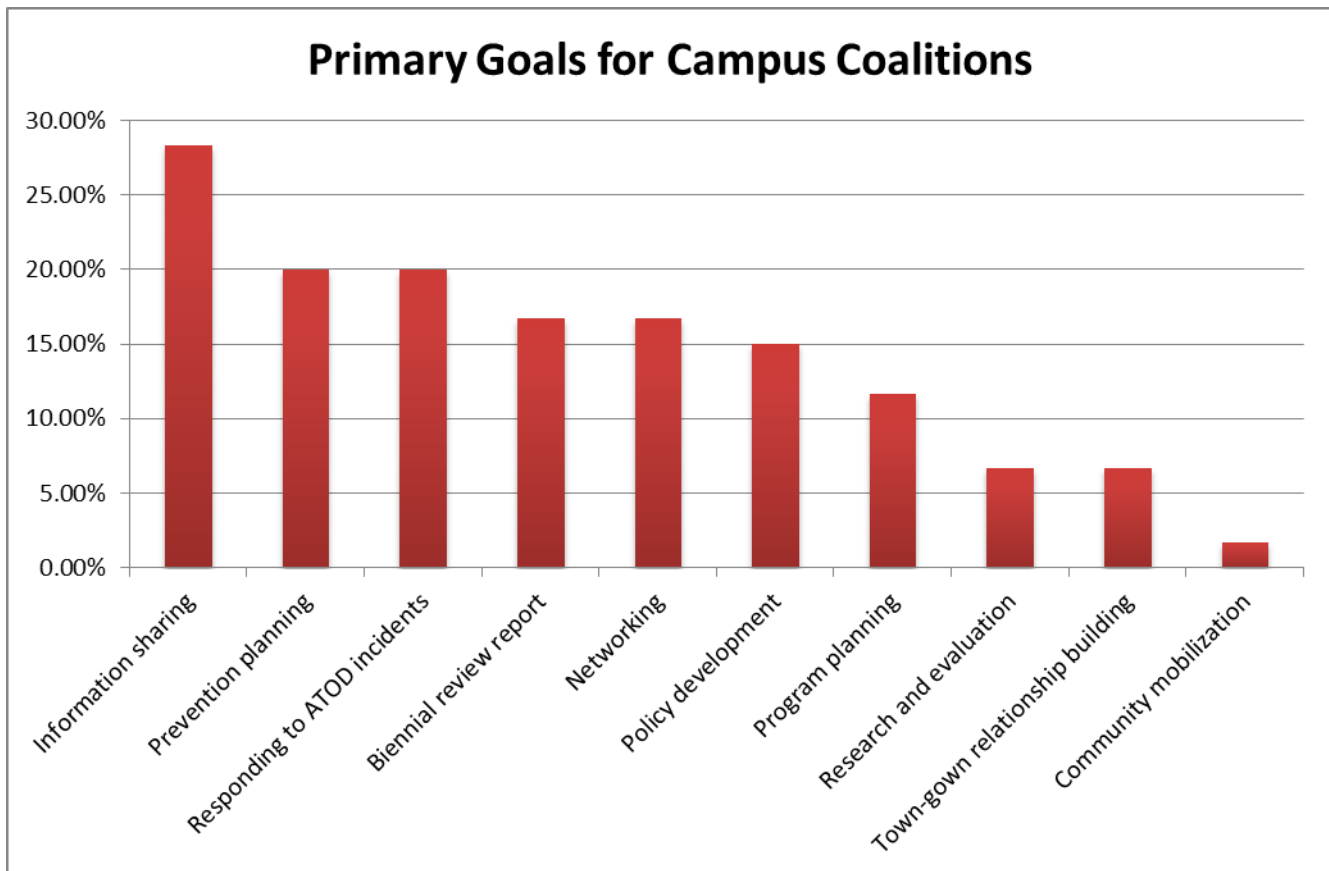
Coalition Membership: Off-Campus Representation

Of those with coalitions, the majority reported having campus-only coalitions and task forces. Among those that do include community members, a small number of the members appear to represent off-campus interests. Effectively addressing alcohol and other drug use both on- and off-campus can be challenging without community support and involvement. The graph below illustrates that 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 (11.7%) and substance abuse service agencies, alcohol retailers (7.1%), and off-campus substance abuse agencies (6.7%). Not only are communities failing to be represented on campus coalitions, but campuses are reciprocally absent in community coalitions. Few schools reported currently having representatives sitting on community or regional coalitions.



Primary Goals for Collegiate Substance Abuse Coalitions

Successful coalitions frequently use community mobilization as a primary strategy. However, many campuses do not have this focus as a primary goal. Only 1.7% of the participants with coalitions reported this strategy as a primary goal, with most coalitions reporting implementing other activities to reduce alcohol and other drug use. Strategies commonly reported include: information sharing (28.3%), program planning (20.0%), responding to alcohol and other drug incidents (20.0%), DFSCA Biennial Report Review (16.7%), networking among members (16.7%), policy development (11.7%), research and evaluation (6.7%) and improving town-gown relationships (6.7%).



"As Assistant Director for the Office of Student Standard at EIU, I am the point person for alcohol and drug violations that involve our students both on and off campus. The Alcohol coalition meeting is a very valuable resource for me because I am able to get information on what other stake holders are dealing with, helping me better educate our students. Another valuable aspect of the coalition is the relationship that I have built with stakeholders from EIU and the City of Charleston. I have found these relationships to be most valuable when an incident involving an EIU student happens in the City of Charleston. Since we already have a pre-established relationship we are able to quickly work together to best serve both the city and the university community. These relationships are also very important as we are able to help each other with educational initiatives. It is now common for a City of Charleston officer to do presentations with staff members from the Office of Student Standards. I find this dynamic very successful in reaching community members and university students."

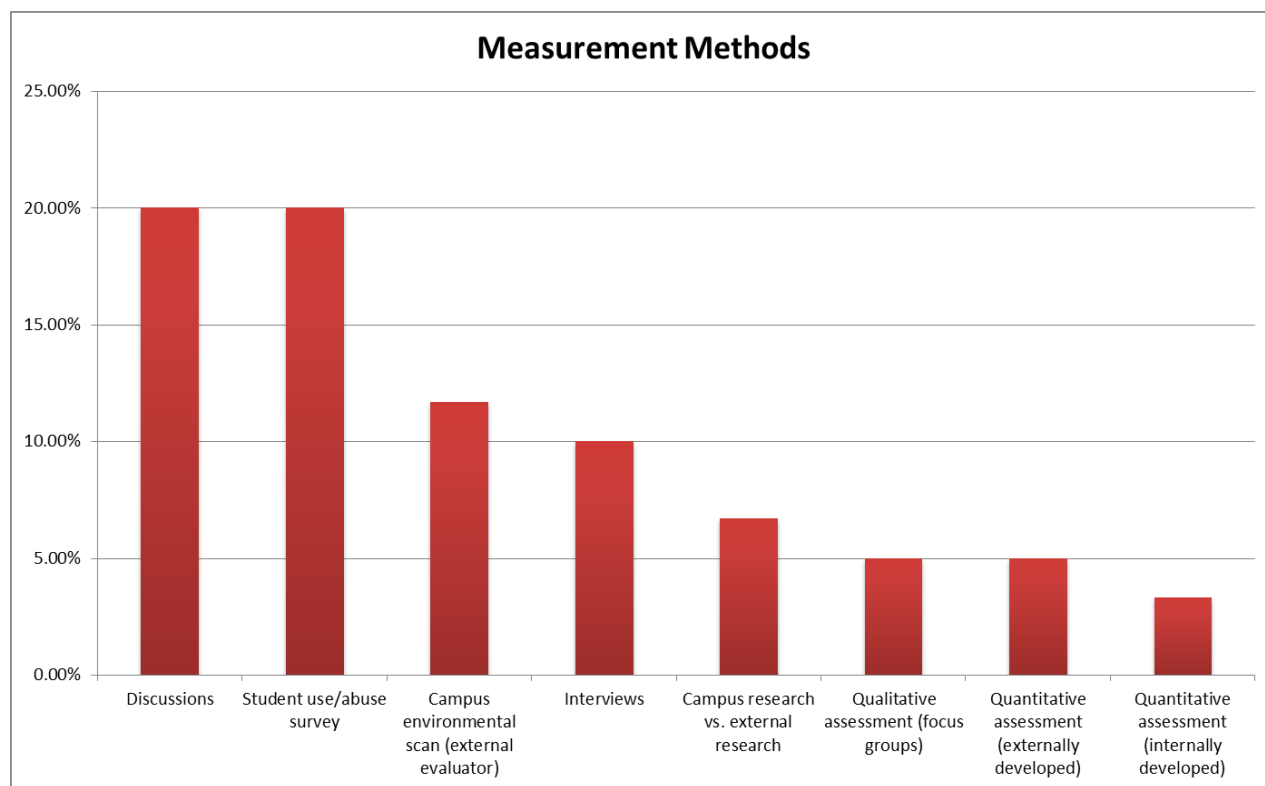
~ Jessica Ward, Office of Student Standards, Eastern Illinois University

Program/System Assessment and Evaluation

When asked if their ATOD prevention program had been assessed over the past five years, 28.3% of respondents affirmed that it had, while 56.7% reportedly had not and 15.0% did not know. These numbers might be discouraging, especially when assessment activities are encouraged when conducting a biennial review of programs and policies, as required under the DFSCA.

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, but it is apparent that less rigorous methods are used more commonly than more sophisticated means. Use of discussions (20.0%), student use/abuse surveys (20.0%), and campus environmental scans (11.7%) appear to be the top three preferences for assessment and evaluation.

This may surprise some, since the respondents are in the business of higher education. As noted earlier, though, there is a divide between student affairs and faculty involvement in addressing sub-

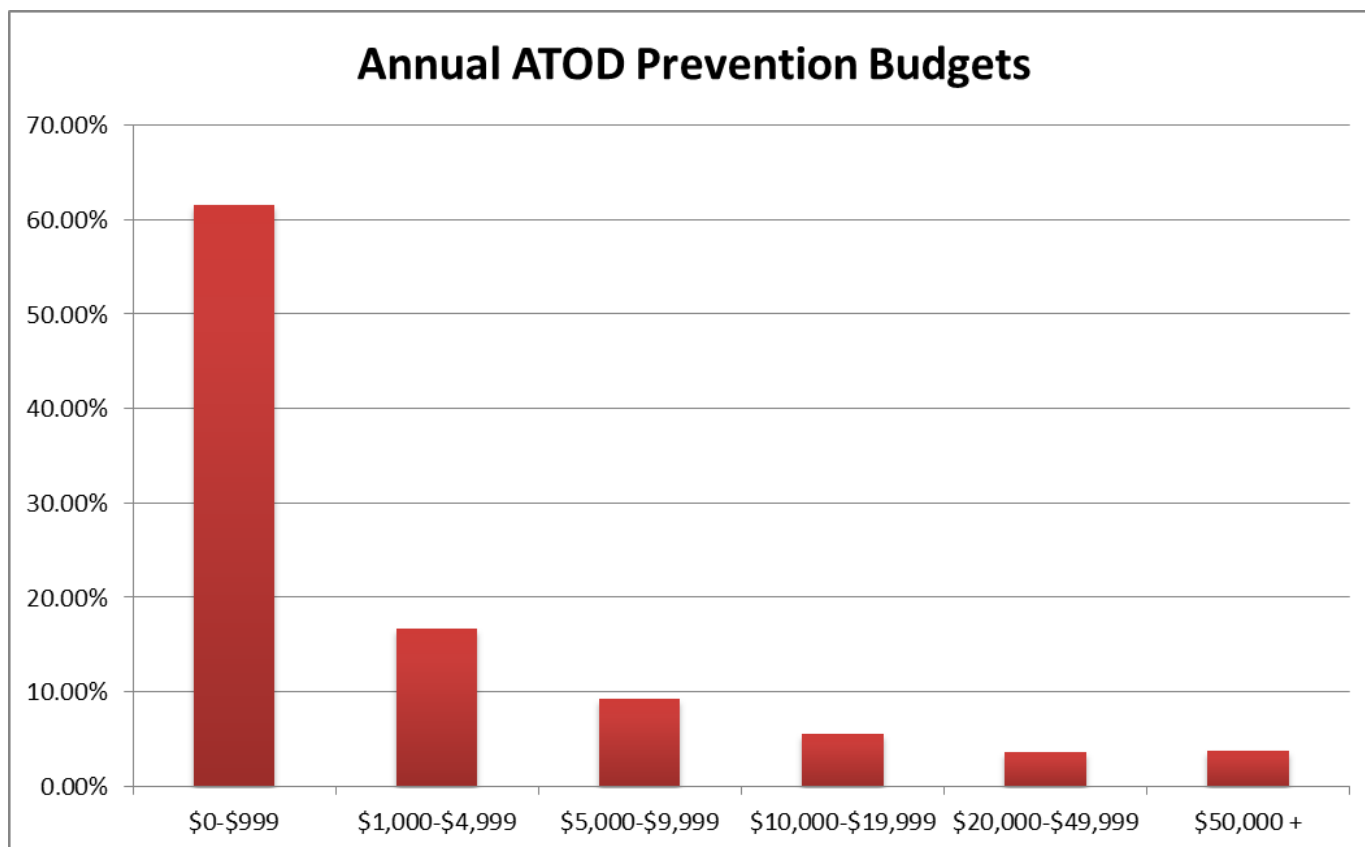


“Collecting data to determine need, program development, and effectiveness is an integral part in substance abuse programming.”

Eric S. Davidson
Director for Illinois Higher Education Center

Allocated Substance Abuse Prevention Funding

With alcohol and other drug use often being proclaimed as the number one public health issue within college settings, the amount of funding allocated to addressing this problem is startling. 61.7% of institutions completing the survey reported specifically allocating less than \$999 for substance abuse prevention activities. An additional 26.0% report allocating between \$1,000.00 to \$9,999.00 per year for substance abuse prevention. Only 13.1% of institutions allocate over \$10,000 for similar activities.



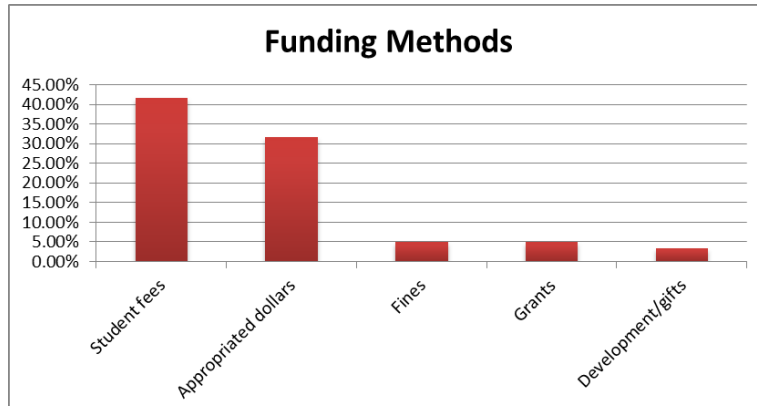
“Low budgets are a common point of discussion in our Affiliate Meetings. Education, networking, information sharing, combining resources - these are some of the ways we can build each other’s programs at little to no cost.

IHEC provides a lot of great resources for free to all IHE’s in Illinois, and to their campus/ community coalition members: webinars, in-house trainings and workshops, consultation and technical assistance. Most of our events provide CEU’s as well. If you aren’t utilizing all that IHEC offers, you are missing a great opportunity.”

~ Cherise Murphy, Assistant Director, IHEC

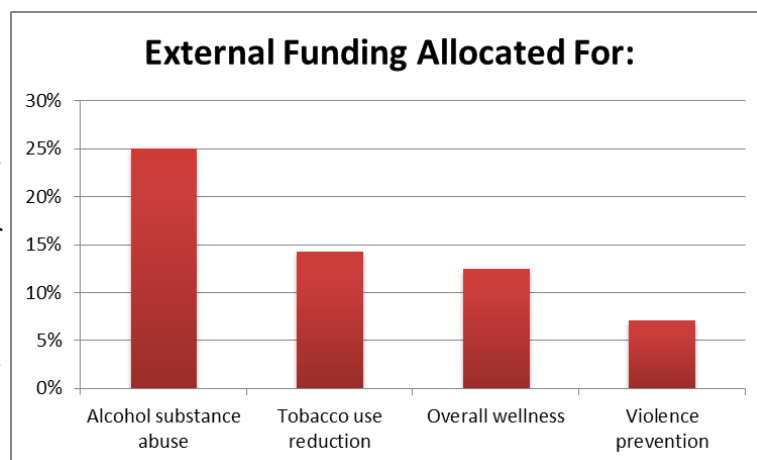
Substance Abuse Funding Methods

Fortunately, most campus ATOD prevention programs are able to attain funding internally using student fees and fines, rather than state-appropriated dollars. Addressing prevention efforts through student fees appears to be the greatest source of funding (41.7%), followed by state appropriated dollars (31.7%). Approximately 5% of respondents indicated that their prevention efforts were funded through both alcohol and other drug fines and external funding/grants. 3.3% of institutions reported using gifts and development funding for prevention efforts.



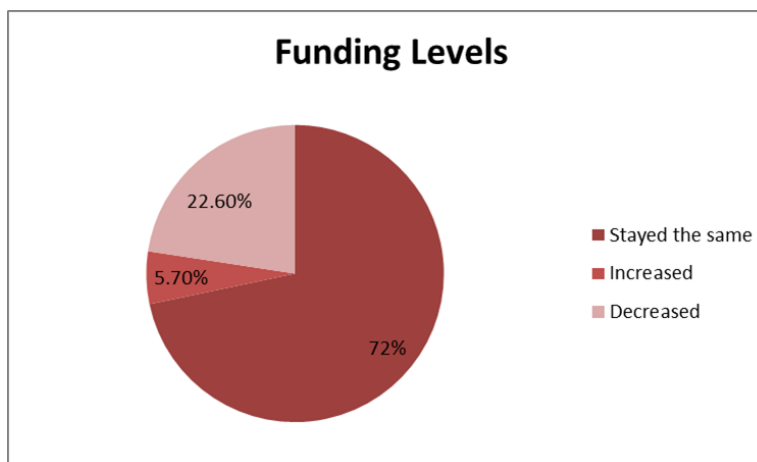
External Funding Prevention Allocations

When asked about how external funding was directed, respondents indicated that, of the options listed, 25.0% of the funding was directly allocated for alcohol and other substance abuse issues, followed by tobacco prevention (14.3%), overall wellness (12.5%), and violence prevention (7.1%).



Funding Level

Despite the difficult economic challenges many institutions face, 72% of those surveyed indicated that their prevention funding had remained level. Unfortunately, 22.6% reported a reduction and only 5.7% of respondents indicated an increase toward substance abuse prevention funding.



Summary

Despite the Drug Free Schools and Campuses Act's mandate to disseminate policy to students, staff, and faculty on an annual basis, many institutions are only partially completing this mandate. Many institutions of higher education are only minimally reviewing their alcohol/other drug prevention programs and developing goals that would guide progress during the next biennium.

The majority of respondents indicated that there is an individual designated to oversee substance abuse prevention; however, the average full-time employee equivalence devoted to ATOD was 0.33 FTE. Such individuals spend this time developing and implementing prevention programs, counseling, coordinating campus activities, and/or providing brief assessment and screening.

While many campuses are engaging in prevention activities, the majority appear to be spending their time focused on educational strategies and inefficient approaches. Only one of the top 10 ranked practices was considered a top tier program in terms of effectiveness. Many institutions do employ environmental strategies, but only a small number reported working on environmental strategies with local communities that addressed off-campus behaviors.

Less than 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.

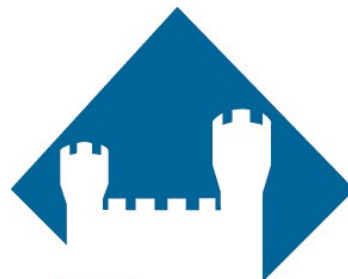
Many programs appear to be underfunded and understaffed, despite the immense concern and media attention given to substance abuse. Almost two-thirds of the respondents indicated their annual prevention budget was less than \$999 a year, with only 13% of institutions indicating their annual budgets were over \$10,000. Luckily, though underfunded, most campuses indicate that funding levels have remained consistent, despite economic hardships faced by most Illinois institutions of higher education.

While advancements in addressing substance abuse prevention within higher education settings have been made throughout Illinois, there is still quite a significant amount of progress that needs to be made. Many campuses still need to strongly consider 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.



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