

## **Meaningful Leadership with Substance Abuse Prevention: Intersections of Qualitative and Quantitative Research**

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*Summary of Presentation for Newsletter*

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This workshop highlighted three overall areas regarding substance abuse prevention on our college campuses. First, the status of drug/alcohol problems, policies, programs, services, administrators' perspectives and more were highlighted, demonstrating what is being done to reduce drug and alcohol problems on the campus. Second, long term trends on these issues were identified, with the general observation being that the extent of problems, the level of efforts, and the nature of campus strategies and philosophies has not changed much over the last two decades. Sub analyses were done based on size of institution, public/private status, and whether alcohol is prepared. Third, action steps for college leaders were highlighted, with specific recommendations about what leaders should know, say, and do. Specifically, campus leaders are encouraged to be aware of the breadth of substance abuse problems, realize these are preventable, engage students and professionals in discussions, and ensure appropriate resources within the context of a long-term plan. The full workshop content is available on the ACPA website; Dr. Anderson's office website at [www.caph.gmu.edu](http://www.caph.gmu.edu) provides additional resource information helpful for campus leaders.

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This workshop highlighted the nature and scope of campus drug and alcohol problems, as well as specific efforts implemented to address these. Recommendations for action steps for campus leaders were highlighted to promote greater progress with reducing drug and alcohol problems. The primary data source for current efforts and long-term trends is the College Alcohol Survey, conducted with Dr. Angelo Gadaletto every three years since 1979 with chief student affairs officers at four-year colleges and universities. Data analysis includes 2012 data, trends over time, as well as sub analyses on specific questions based on institutional size, public/private status, and whether or not alcohol is permitted on campus.

The workshop documented what is being done to address drug and alcohol abuse, with attention to campus policies, programs, personnel, services, and related issues. This showed that, over the last thirty years, no change in the higher risk drinking patterns (5

or more drinks in a row, at least once in the last two weeks) has not changed (see Johnston et al, Monitoring the Future Study). From our College Alcohol Survey, the extent of efforts on our campuses has not changed much over the last 15 years. Currently, 74% of campuses allow alcohol; while this hasn't changed over the last 30 years, the circumstances under which alcohol is allowed has changed. Increasingly, alcohol-free beverages and food are required, campus media allows alcohol advertising at lower levels, and campuses adopt policies regarding alcoholic beverage industry sponsorship of campus events. A positive finding is found with campuses conducting surveys on alcohol and drug use, knowledge, attitudes and perceptions. However, less than half of campuses have recently conducted an assessment of their policies based on legal liability; further, only 53% have recently done a formal assessment of the effectiveness of their drug/alcohol program. A new question asked whether the campus has an amnesty policy; one-half report having this.

When looking at alcohol's involvement with a range of student behaviors, health and academic performance, while slight reductions are found over the last 25 years, these are minimal. With student behaviors, alcohol is involved with 55% of violent behavior, 55% of residence hall damage, and 56% of policy violation. Alcohol is involved with 68% of acquaintance rapes, 57% of unsafe sex, and 36% of physical injury. Academically, alcohol is found to be involved in 28% of lack of academic success and 24% of student attrition. Again, these have not changed much over the last quarter century.

From a prevention perspective, a range of approaches are found, from awareness periods on alcohol (78%) or drugs (40%), safe rides programs (50%), orientation programs (90%), and peer groups (72%). The extent to which special attention is paid to the unique needs of sub-populations of students has been monitored for nearly 20 years; the highest attention is provided to freshmen, fraternity/sorority members, and student-athletes; minimal attention is provided to the needs of women, people of color, and gays/lesbians/bisexuals. Noteworthy is that these have not changed over this period of time. Resources have increased slightly, with approximately \$54,000 provided to all wellness efforts (excluding personnel), with a per capita allocation of about \$4.00 per student per year; about 55% of this amount is for alcohol/substance abuse efforts.

To manage campus efforts, 92% have a designated alcohol/substance abuse educator or specialist. Their professional responsibilities include counseling (26% of their time), task force work (18%), research (11%), education (8%), training (7%), and other roles. Their time is primarily on alcohol (41%), followed by wellness (22%), violence (16%), drugs (12%) and tobacco (9%). Within the drug area alone, marijuana constitutes nearly one-half of their time, followed by prescription drugs (19%), synthetic drugs (8%), 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 presence of a strategic plan (52%), and the inclusion of various themes into the campus programming. Noteworthy here is that the themes have not changed over the last 20 years.

Other items included in the campus efforts addressed the nature of assistance for faculty on alcohol and substance issues, with slight increases noted since 2009. Students with drinking problems can receive assistance primarily from the campus counseling center. However, group counseling for problem drinkers continued its decline found over the last 20 years, as does the availability of a support group for those negatively affected by an alcoholic.

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 24 strategies identified, those viewed most effective were enforcement and policy approaches. As with other items, no noticeable change on these assessments was found over the last six years when they were first examined.

The final segment of the workshop highlighted action steps for campus leaders; this focused on what they should know, what they can say, and what they should do. Initially, campus leaders should acknowledge the depth and breadth of problems associated with alcohol, as well as believing that these problems are preventable. I highlight the unique role that colleges can play. Further, I noted that most professionals learn on the job (more about this is found with another ACPA workshop on masters level preparation programs in student affairs and higher education; see Anderson and Kretoivics). It is also important to know about the students who are coming to campus, particularly with attention to their previous drinking experiences (see a third ACPA sponsored workshop I did on teen drinking cultures).

It is important that campus leaders say some things about this issue. They should talk about it, and they should listen to the professionals who deal with drugs and alcohol. Further it is important that they insist that a variety of people be involved with this issue, such as through a task force or leadership group. Finally, campus leaders should applaud good work.

The final thrust for campus leaders is what they should do. Ultimately, they should ensure that the campus dedicates attention to this issue. They should seek to have campus efforts that are reasonable, appropriate and achievable, and also invest in a range of long-range substance abuse services. They should emphasize innovation, implement assessment activities, and make sure sufficient resources are available. Finally, it is important that they demonstrate bold leadership by being engaged and caring.

In summary, the workshop focused on “meaningful leadership.” The main message was that the drug and alcohol problems on campus are preventable, at least to a large degree. It is important to do more than a single activity, and also to not just have a designated coordinated and then feel that all is accomplished. What is important to acknowledge is that to address drug and alcohol problems is a shared responsibility throughout the campus, and that it requires a comprehensive, long-term strategy. Many of the pieces are coming into play with campus efforts, but much more remains to

be done. As noted, progress with having an impact on high risk drinking has remained virtually unchanged over thirty years; further, many of the philosophical underpinnings and beliefs, and many of the strategies used, have not changed at all over the last 5, 10 and 20 years. More meaningful action is needed, and specific ways of addressing this from a leadership perspective were offered.

The entire slide show with extensive data is available on the ACPA website; highlighted in this article are key findings and overall results and trends. The entire data report from 2012 for all questions, with comparisons to 2009, 1994, and the baseline year is available by contacting the author at [danderso@gmu.edu](mailto:danderso@gmu.edu), or 703-993-3698, and additional resources on his website at [caph.gmu.edu](http://caph.gmu.edu).