



# PENNSYLVANIA HIGHER EDUCATION NEEDS ASSESSMENT

## Report of Findings from the Survey of Higher Education Institutions in Pennsylvania Regarding Alcohol Use on Campus

*October 18, 2021*



### **Acknowledgements:**

Contributions to this report are provided by The Pennsylvania Liquor Control Board, National Alcohol Beverage Control Association, Commonwealth Prevention Alliance (Jeff Hanley, Tammy Taylor), Pennsylvania College of Technology (Elizabeth Eckley Winder, Ph.D), and the Pennsylvania State System of Higher Education (Donna George, MS).





Executive Summary .....	5
<i>State-wide Actions</i> .....	6
<i>Institutional Actions</i> .....	6
Introduction .....	8
Methodology.....	8
<i>Online Survey for Chief Student Affairs Administrators</i> .....	8
<i>Focus groups with AOD professionals</i> .....	9
Limitation.....	10
Findings .....	10
<i>Scope of Problem</i> .....	10
<i>Policy, Practice, and Procedure</i> .....	12
<i>Prevention and Education</i> .....	14
<i>Support and Intervention</i> .....	17
<i>Evaluation</i> .....	19
Calls to Action.....	21
<i>State-wide Actions</i> .....	21
<i>Institutional Actions</i> .....	21
Appendix A – Summary of Survey Data by Question.....	23
Appendix B – Verbatim Responses to Open Ended Comments .....	34
Appendix C – Focus Group Interview Guide.....	38

Figure 1: Responding Pennsylvania Institutions of Higher Education by Regional Location .....	9
Figure 2: Size of Participating Institutions .....	9
Figure 3: Responding Institutions by Type.....	9
Figure 4: Level of Concern About Student Alcohol Use .....	10
Figure 5: Extent Alcohol Use Contributes to Other Problems Experienced by Students .....	10
Figure 6: Agreement (Agree or Strongly Disagree) with Statements About Alcohol Use by Students ...	11
Figure 7: Accepted Framework for Prevention Efforts .....	11
Figure 8: Basis for Alcohol Prevention Strategies on Campus.....	12
Figure 9: Policy or Practice to Address Specific Situations .....	12
Figure 10: Policy or Practice to Address Specific Situations .....	13
Figure 11: Ways Students Are Informed of Medical Amnesty and Good Samaritan Policies .....	14
Figure 12: Sanctions Included in Policies, Procedures or Practices .....	14
Table 1: Programs or Services for Prevention & Education .....	15
Figure 13: Stakeholder Group Involvement in Alcohol Prevention/Education Efforts .....	15
Figure 14: Alcohol Education Programs Utilized .....	16
Figure 15: Full-Time & Part-Time Prevention Staff.....	16
Figure 16: Barriers to Providing Alcohol Prevention and Education.....	17
Table2: Support & Intervention Services.....	17
Figure 17: Recovery Services Available on Campuses .....	18
Figure 18: Current Capacity to Respond to Student’s with An Alcohol Problem.....	18
Figure 19: Barriers to Alcohol Screening of Students .....	19
Figure 20: Assessment Tools Used.....	19
Figure 21: Barriers to Assessing Student Drinking.....	20
Table 3: Student Groups Receiving AOD Attention .....	20





# EXECUTIVE SUMMARY

In 2020, *The Pennsylvania Liquor Control Board (PLCB)* provided funding to the *Commonwealth Prevention Alliance (CPA)* for a preliminary survey assessment of higher education institutions in Pennsylvania to begin to collect data about current alcohol-related issues on campus and efforts to mitigate the negative effects of student alcohol use. The stated purpose of this initial study was to collaborate with Pennsylvania Colleges and Universities to open a discussion around college drinking on commonwealth campuses.

CPA convened an advisory team composed of representatives of the *National Alcohol Beverage Control Association (NABCA)*, the *PLCB*, and the state's colleges and universities to provide guidance and direction for the project. In the beginning of Spring 2020, the advisory team reviewed more extensive studies conducted in Maryland and Virginia and developed a mixed method needs assessment design, including an online survey, to collect information about a range of issues affecting student alcohol use and focus groups that further illuminated survey findings. The online survey was distributed to chief student affairs administrators knowledgeable of alcohol-related issues at 143 colleges and universities located throughout the commonwealth and 52 completed surveys were obtained. Institutions completing the survey are representative of higher education institutions in Pennsylvania. The survey sample includes private and public institutions located in rural, suburban, and urban areas. Colleges and universities of different sizes are also included in the survey data although; smaller schools with less than 5,000 students account for two-thirds of the total. Additionally, three focus groups with a total of 21 Alcohol and Other Drugs (AOD) professionals were administered.

Unfortunately, at the time this online survey was being implemented, the Pennsylvania institutions of higher education were also grappling with the COVID-19 pandemic. With COVID as a backdrop to the assessment process, it is suspected that survey participation rates were suppressed as some AOD professional positions were being furloughed, terminated, or professionally reassigned during the data collection time period.

## Key Findings

- A majority of the Pennsylvania Institutes of Higher Education surveyed acknowledge that alcohol use by students is an area of concern and share a commitment to prevent student alcohol use on campus. Focus group participants warn that this perception could change as budget and student retention pressures, related to decreased enrollments, increase.
- Almost one-third of administrators responded “don’t know” when asked whether or not their campus has formally identified the principles and underlying theory of their alcohol prevention efforts based on an accepted framework (*i.e., Substance Abuse and Mental Health Services Administration Strategic Prevention Framework*). Therefore, it is not surprising that a little less than half of respondents said they used their “institutional experience” to guide their prevention approaches as many are unaware of the formal alternatives.
- All of the institutions responding to the survey have a policy in place addressing Medical Amnesty and Good Samaritan laws.
- The most commonly implemented student sanctions were individual probation and warnings. However, when asked which potential sanctions or consequences AOD professionals found to be most valuable, alcohol evaluation/screenings and brief motivational interventions were cited. This demonstrates a discrepancy between belief and institutional practice.
- *BASICS* and *AlcoholEdu* are the most frequently used formal programs; however, many schools have limited prevention and education services and programs to meet alcohol-related student needs.
- Over one-third of the responding institutions did not have a designated, full-time staff member responsible for AOD.

- The lack of trained staff and/or adequate staff resources was identified as the primary barrier to providing more alcohol prevention and education programs at a majority of the schools.
- Less than half of responding institutions of higher education have any type of on-campus recovery support services available.
- Over half of the colleges and universities sampled have not conducted a formal needs assessment of student drinking behavior in the past 3 years.
- When an assessment of student alcohol use is conducted, it is generally done through an institutionally created survey.

## Call to Action

Based on our report findings, we divided up our calls to action into two categories: statewide efforts and institutional efforts.

### State-wide Actions

- Establish a statewide collaborative that provides technical assistance support to institutions of higher education to address their alcohol issues and to identify state and national resources that can assist with prevention and intervention efforts.
- Provide support to increase the number of alcohol professionals in institutions of higher education.
- Increase access for collegiate professionals to adequate professional development and training resources (i.e., evidence-based prevention frameworks, screenings, motivational interviewing, external capacity building, etc.).
- Create a uniform alcohol assessment for institutions of higher education.
- Expand definition of youth from 18 to 24, as established by the Substance Abuse and Mental Health Services Administration (SAMHSA) and reflect the new definition in statewide funding streams.
- Expand existing funding streams to include institutions of higher education applicants.
- Support collegiate programmatic (AOD prevention, intervention, treatment, harm reduction, and recovery) costs in existing and future funding announcements.

### Institutional Actions

- Designate a full-time, professional to address campus alcohol efforts.
- Commit adequate funding for alcohol prevention and intervention programs, practices, and strategies.
- Establish and utilize internal alcohol taskforces and coalitions. This group should communicate regularly with campus leadership and report the use of evidenced based practices to address high risk drinking and its consequences.
- Establish and utilize external alcohol taskforces and coalitions to nurture town-gown or campus community relationships to discuss alcohol use, problem behaviors, and successful efforts to address community and campus issues.
- Diversify stakeholder representation on internal and external alcohol task forces and coalitions to include representation from (but not limited to): academic affairs, health services, student services, presidents' office, campus police, athletic department, and any other department they may be a touch point on campus.
- Improve the collection of student health data from student health centers and community hospitals.
- Establish protocol for identifying students, not just high-risk students, that need screening of potential alcohol use disorders or problem drinking habits.

- Increase availability of universal screening services, such as Screening, Brief Intervention, and Referral to Treatment (SBIRT), for students with all levels of risk.
- Increase use of evidenced based interventions focused on both the individual student and the environmental factors that contribute to heavy alcohol consumption, looking to resources, such as the National Institute of Alcohol Abuse and Alcoholism.
- Expand faculty and parent involvement in alcohol prevention and intervention efforts.
- Incorporate more evidence-based sanctions for alcohol-related conduct issues.
- Consider establishing and incorporating recovery supports as part of campus prevention efforts, such as Stop the Addiction Fatality Epidemic Project's Bridging Prevention and Recovery Program. Because recovery supports take time to build and students who may benefit from them may be slow to seek them out, identifying best practices from successful recovery organizations, such as Association of Recovery in Higher Education is important to implementation and sustainability.
- Expand exploration of external, alcohol funding sources such as strengthening the relationship with campus Grants and Sponsored Programs Office to identify external funding sources.
- Conduct routine measure of student alcohol knowledge, attitudes, and behaviors.
- Compare local, collegiate alcohol data with state and national normative findings through a systematic data collection process to compare year to year changes.
- Share comprehensive data with administrators to expand the traditional reliance on a single data source as a measure of student alcohol concerns.
- Reconsider alcohol industry campus sponsorships due to the known connection between advertising and increased alcohol consumption.
- Create a comprehensive strategy for communicating (to students & parents) and internally evaluating alcohol related policies (i.e., Medical Amnesty, Good Samaritan, etc.).
- Connect with and utilize community alcohol-focused organizations (i.e., single-county authorities, community coalitions, and overdose prevention task forces) for research, funding, and training supports.



# INTRODUCTION

Alcohol use by college students is prevalent and well documented. In 2019, The National Survey of Drug Use and Health found 52.5% of full-time college students between the ages of 18 and 22 consumed alcohol in the past month while 44.0% of non-students in the same age cohort reported such use.<sup>1</sup> The National Survey on Drug Use and Health (NSDUH) also found that 33.0% of college students reported at least one episode of binge drinking during the past month.<sup>2</sup> Research has documented a number of alcohol-related consequences among college students including unintentional injuries, assaults, and sexual assault or date rape<sup>3</sup>; and about one in four college students report experiencing academic difficulties from drinking, such as missing class or getting behind in schoolwork.<sup>4</sup>

Recognizing the need for a better picture of alcohol-related issues and current practices to ameliorate negative effects of drinking among college students in Pennsylvania, the *Pennsylvania Liquor Control Board* contracted with the *Commonwealth Prevention Alliance* to conduct a needs assessment of alcohol-related issues experienced by higher education institutions across the state. The purpose of this initial study is to collaborate with Pennsylvania's Colleges and Universities to open a discussion about student drinking on Commonwealth campuses.

The assessment was conducted during the Summer and Fall of 2020. CPA convened an advisory team to provide guidance and oversight for the project that included representation from the *National Alcohol Beverage Control Association*, the *Pennsylvania Liquor Control Board*, and the state's colleges and universities. Working with an independent consultant, the advisory team developed an online survey and a series of focus groups, facilitated in November and December 2020, that were used to gather information about student alcohol use, current programs to address alcohol use on campus, and other alcohol-related issues encountered by the state's higher education institutions.

## METHODOLOGY

The findings described in this report were obtained through a mixed methods assessment design. Mixing data collection strategies is an intentional design choice as neither quantitative nor qualitative methods, by themselves, would have been sufficient for capturing the insights needed. When used in combination, quantitative and qualitative methods complement each other and allow for more complete analysis. The methods for collecting data included:

1. Online survey for chief student affairs administrators
2. Focus groups with collegiate AOD professionals

### Online Survey for Chief Student Affairs Administrators:

The primary tool used to collect data for analysis was an AOD needs assessment survey constructed using Survey Monkey software. Higher education administrators, responsible for their campus alcohol efforts, were selected to complete the AOD needs assessment survey. Survey responses were entered online by each institution between October 2nd and November 5th, 2020. The data was then compiled, cleaned, and analyzed by an independent consultant.

---

<sup>1</sup> SAMHSA. 2019 National Survey on Drug Use and Health. Table 6.21B – Types of Illicit Drug, Tobacco Product, and Alcohol Use in Past Month among Persons Aged 18 to 22, by College Enrollment Status and Gender: Percentages, 2018 and 2019.

<sup>2</sup> Binge Drinking is defined as 5 or more alcoholic drinks for males and 4 or more for females on the same occasion within a couple of hours.

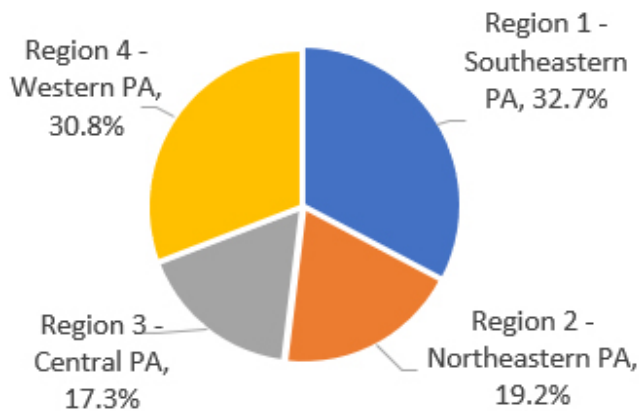
<sup>3</sup> Journal of Studies on Alcohol and Drugs, Supplement No. 16, 12-20, 2009.

<sup>4</sup> Wechsler, H.; Lee, J.E.; Kuo, M.; et al. Trends in college binge drinking during a period of increased prevention efforts. Findings from



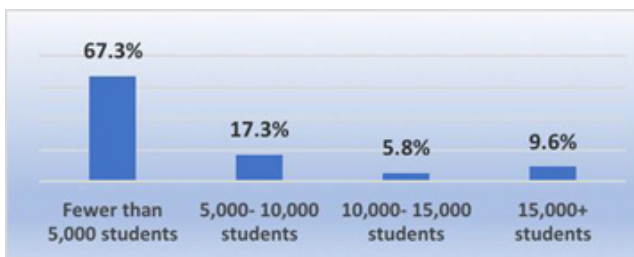
Pennsylvania is known for its numerous post-secondary institutions which required prioritization of schools invited to participate. Therefore, the sample exclusion criteria included institutions that were primarily technical, vocational, online, provided religious training, or ones that had no undergraduate enrollments. Of the approximate 236 institutions of higher education in Pennsylvania, a total of 143 Higher Education Institutions across Pennsylvania met the sample inclusion requirements and were asked to participate. In total, 58 institutions responded – 2 opted out and 4 answered only a few demographic questions. These 6 were not included in the analysis leaving 52 respondents who completed all or most of the survey questions. Appendix A provides a complete summary of the overall response data for each of the survey questions.

*Figure 1: Responding Pennsylvania Institutions of Higher Education by Regional Location*



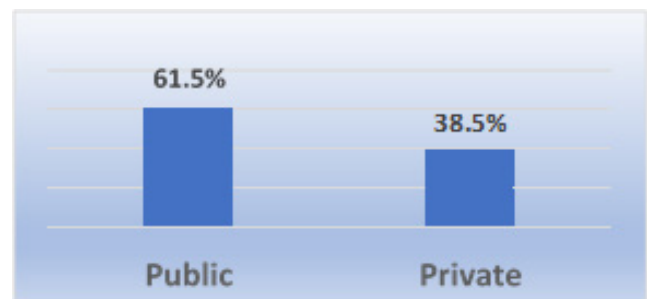
Colleges and universities participating in the assessment are located in all four regions of the state with the highest numbers located in region 1 and region 4. To learn more about the geographic regions, visit: <https://commonwealthpreventionalliance.org/about/regional-news/>

*Figure 2: Size of Participating Institutions*



Smaller colleges and universities with less than 5,000 students make up a notable majority, 67.3% (35 of 52), of the institutions who completed the survey. A majority, 51.9% (27 of 52) of those institutions responding to the survey are in suburban areas, 26.9% (14 of 52) are located in rural areas, and 21.2% (11 of 52) are in urban areas.

*Figure 3: Responding Institutions by Type*



61.5% (32 of 52) of the colleges and universities choosing to complete the needs assessment survey are public institutions and 38.5% (20 of 52) are private.

**Focus groups with AOD professionals:**

In an effort to illuminate findings from the AOD needs assessments survey, three virtual focus groups were facilitated. The virtual platform was utilized due to the COVID-19 pandemic and the varied locations of the participants. The purpose of the focus groups was to gather perceptions of student alcohol use, current programs, and other alcohol-related issues.

In order to garner a diversity of institutional perspectives, two focus groups were populated by AOD professionals from public institutions of higher education and the final focus group was composed of those working in private institutions. In total, 21 AOD professionals participated. Focus groups took place from November 2020 to December 2020.

To obtain high-quality information during the interview and focus group processes, a semi-structured interview guide was employed. The semi-structured interview guide consisted of a previously determined list of questions that were devised from the emerging survey response themes. Appendix C provides the complete list of questions included in the semi-structured focus group guide.

# LIMITATION

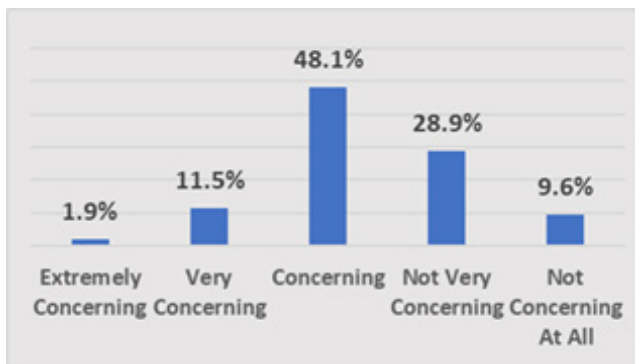
COVID-19 served, as the backdrop for this AOD needs assessment survey. Due to the frequency of AOD professional positions being furloughed, terminated, or professionally reassigned during the data collection time period, it is likely that the response rate was likely suppressed.

# FINDINGS

## Scope of Problem

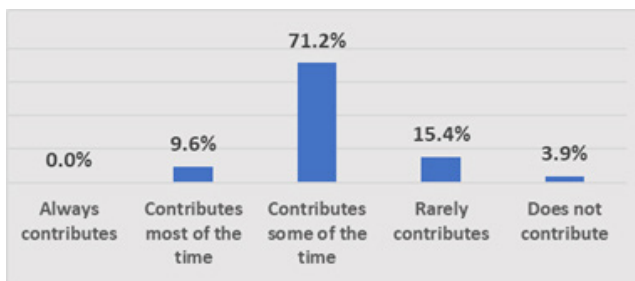
When examining the student affairs administrator perceptions of student drinking behavior, the following findings emerged.

*Figure 4: Level of Concern About Student Alcohol Use*



When asked, 61.5% (32 of 52) of respondents expressed some level of concern about student alcohol use relative to other problem behaviors experienced on campus; however, 38.5% (20 of 52) were not very concerned or not concerned at all. Focus group participants suggested that due to decreasing enrollments on college campuses, administrator perceptions of alcohol as a concern have been minimized as a result of other emerging priorities, such as budget and student retention.

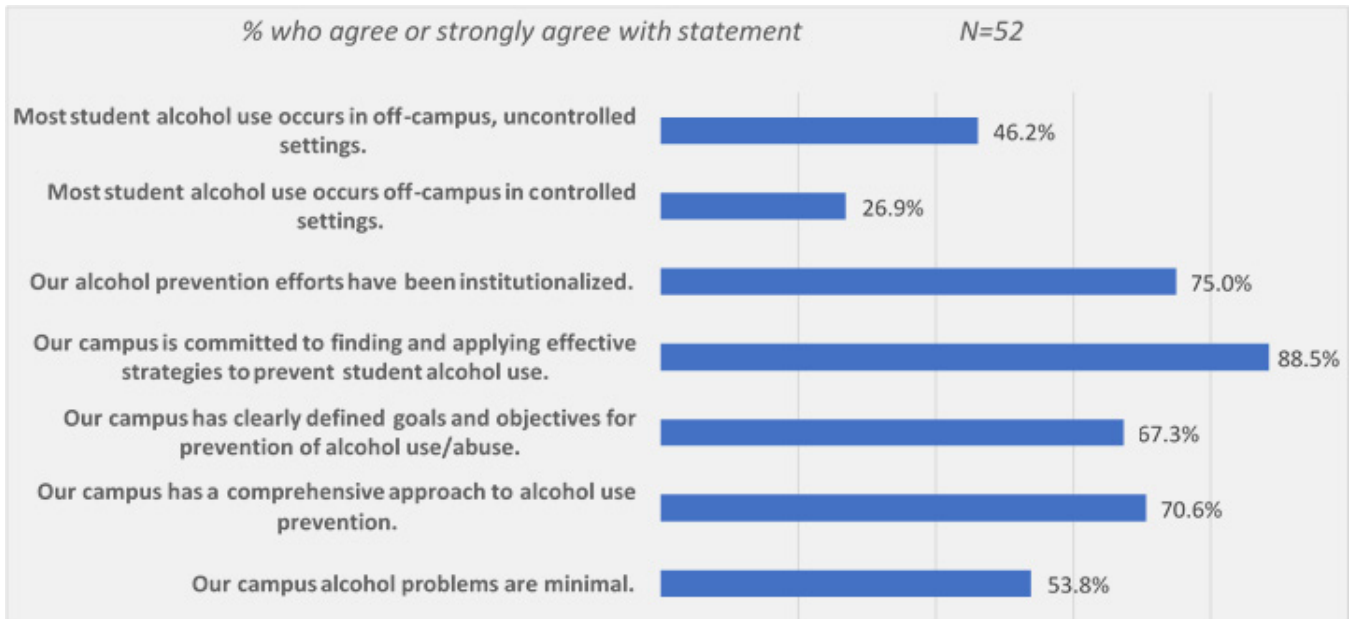
*Figure 5: Extent Alcohol Use Contributes to Other Problems Experienced by Students*



When asked to what extent alcohol use contributes to other problems experienced by students, 80.8% (42 of 52) of administrators report it contributes to other problems experienced by students at least some of the time.

Additionally, 83.3% (40 of 48) of institutions report systematically gathering data about alcohol involvement in student conduct violations.

Figure 6: Agreement (Agree or Strongly Agree) with Statements About Alcohol Use by Students

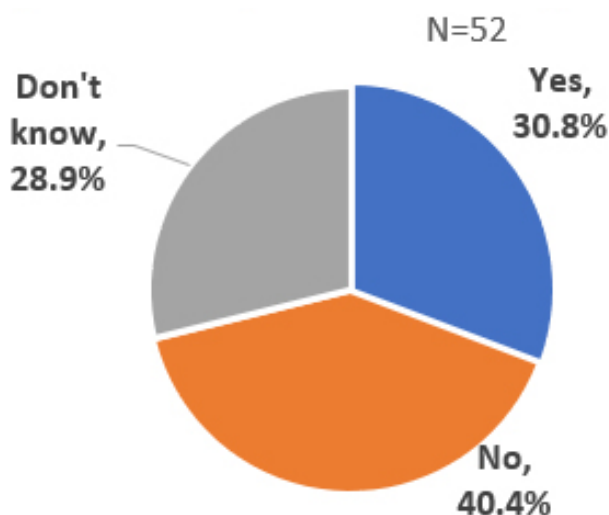


A notable majority of the student affairs administrators completing the survey (73.1%) agreed that “most student alcohol use occurs in off-campus settings.” When asked about whether the off-campus settings were considered “controlled” (i.e., bars, restaurants, etc.) or uncontrolled (i.e., off-campus housing, tailgating etc.), nearly half of the respondents felt alcohol use was in uncontrolled settings.

When focus group participants were asked “Based on your experiences with campus alcohol use, is use most likely to occur in controlled or uncontrolled settings?”, participants overwhelmingly pointed to uncontrolled settings. Further inquiry attributed the consumption of alcohol in uncontrolled settings to state-wide COVID policies shutting down public drinking establishments, the limited number of bars near rural campuses, and increasing number of students living in off-campus housing. Although there is consensus about limited on-campus alcohol use, there is still a strong commitment to finding and applying effective strategies to prevention of student alcohol use.

Nearly all, 88.5% (46 of 52), agreed their school is committed to effective strategies to prevent student alcohol use, and 75% (39 of 52) agreed their prevention efforts have been institutionalized.

Figure 7: Accepted Framework for Prevention Efforts



When asked whether or not their campus has formally identified the principles and underlying theory of their alcohol prevention efforts based on an accepted framework such as the SAMHSA’s Strategic Prevention Framework, 40.4% (21 of 52) of the schools indicated they had no accepted prevention framework in place. Additionally, 28.9% (15 of 52) of the administrators responding said they did not know if their institution uses an accepted framework for their prevention efforts.

Figure 8: Basis for Alcohol Prevention Strategies on Campus

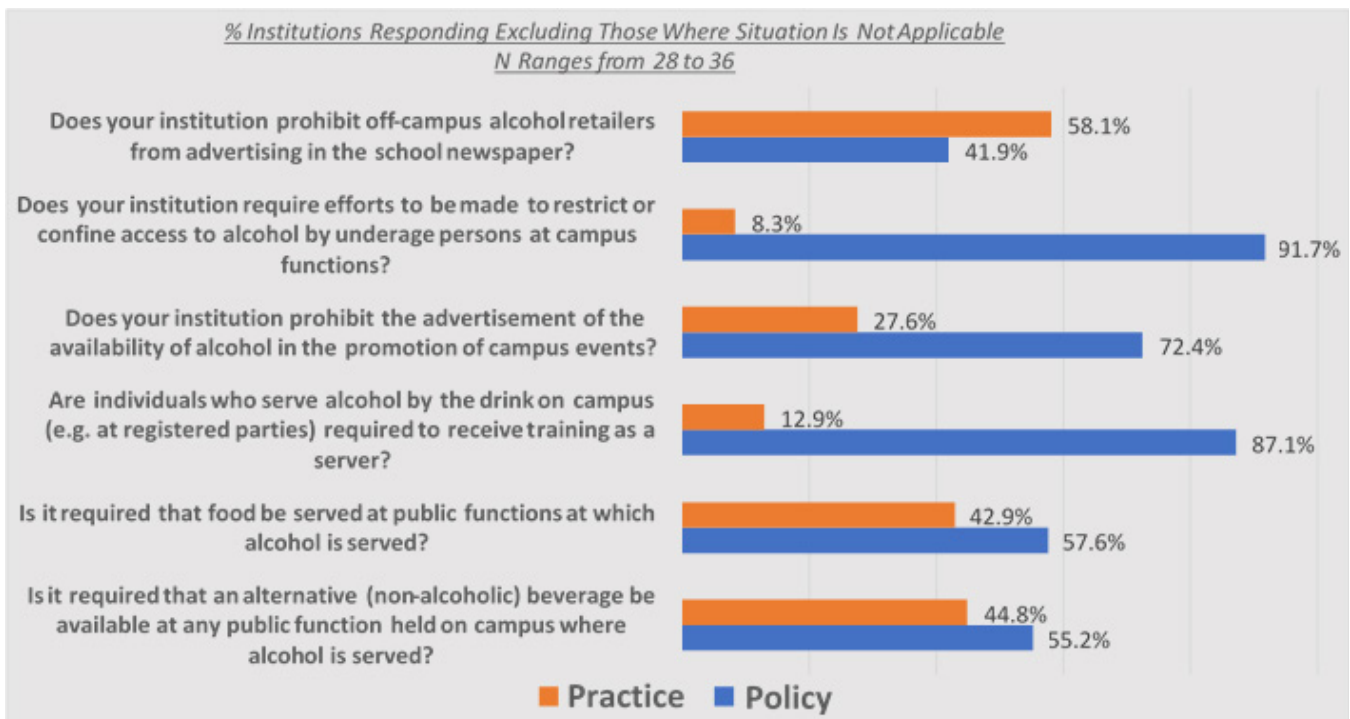


Most of the responding institutions said the basis for their alcohol prevention strategies on campus was either their institutional experience, 43.1% (22 of 51) or best practices, 33.3% (17 of 52). Although the reliance on research literature appears low at 2.0% (1 of 52), it is important to note that research literature often serves as a foundation for best practices resources, such as NIAAA and the College Alcohol Intervention Matrix (AIM).

### Policy and Practice

When assessing responding institutions of higher education alcohol policies, the following findings emerged. For the purpose of this assessment, policy is defined as a course of action that has been systematically adopted and formalized within the organization and practice is a habitual way of doing something that is not institutionally documented for implementation.

Figure 9: Policy or Practice to Address Specific Situations

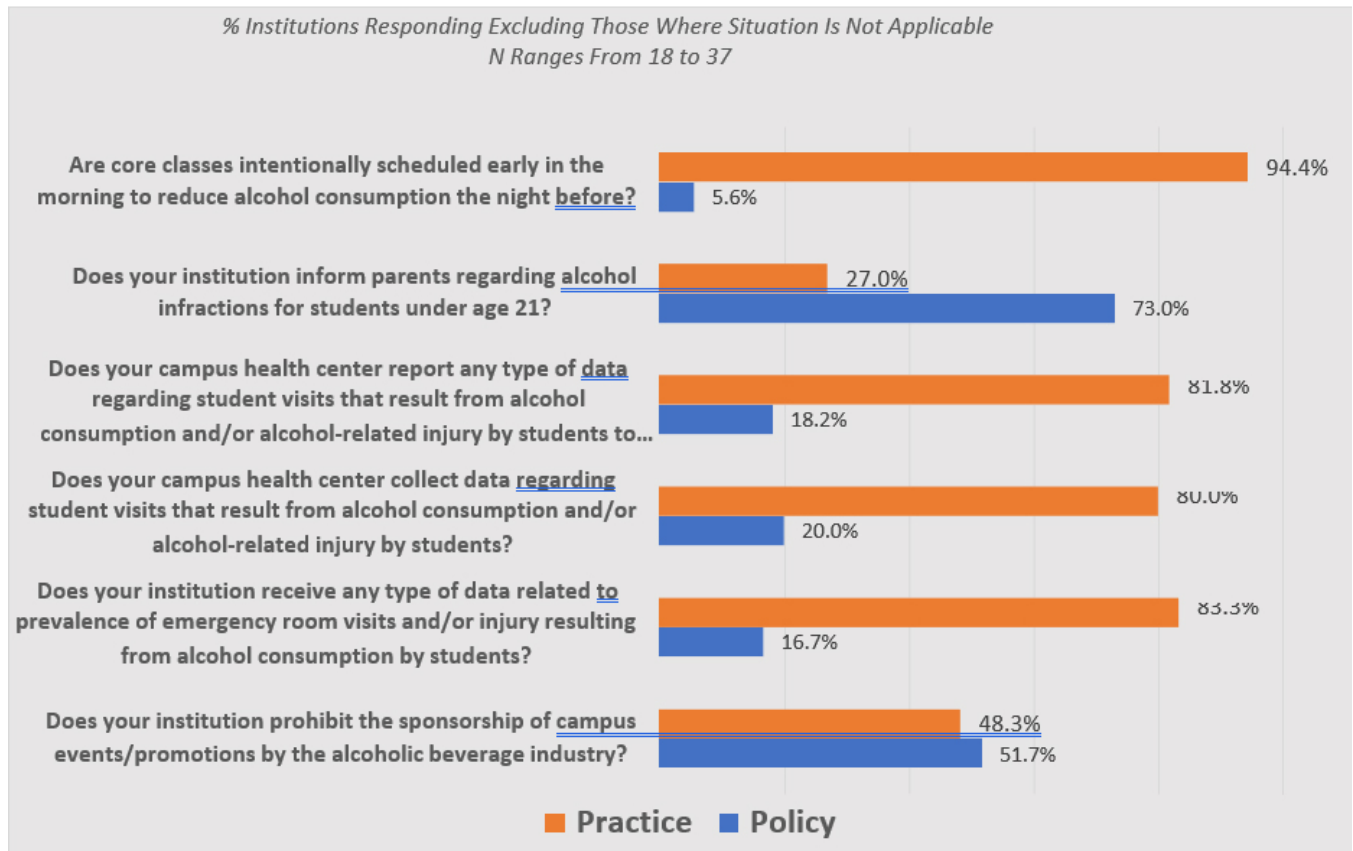


All (100%) of the colleges and universities responding indicated they have a formal policy regarding alcohol use consumption on campus. Most formal policies address the following situations involving access to alcohol including: (1) restricting access to alcohol by underage persons at campus events, (2) requiring persons serving alcohol by the drink at campus events to receive training as a server, and (3) prohibiting advertisement of the availability of alcohol at campus events. Please note that the sample size for this question ranges from 28-36 due to the applicability of some respondents.

The most commonly cited practices to control student alcohol use include: (1) prohibiting off-campus alcohol retailers from advertising in the school newspaper, (2) requiring alternative (non-alcoholic) beverages be available at public functions held on campus where alcohol is served, and (3) requiring food to be served at public functions where alcohol is served.



Figure 10: Policy or Practice to Address Specific Situations

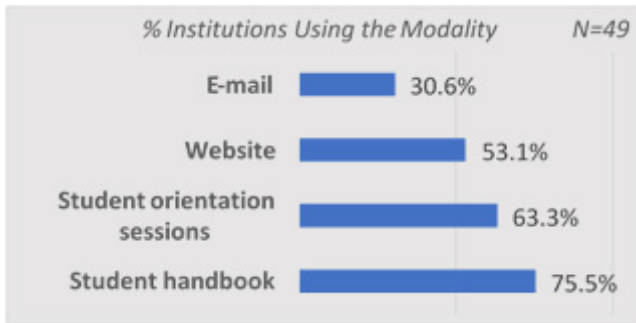


About three-fourths of the institutions have a formal policy to notify parents about alcohol infractions by students less than 21 years of age, and about half have a policy to prohibit sponsorship of campus events by the alcohol industry. Most of the schools appear to handle the other alcohol-related situations listed through established practices that have not been officially adopted by the school. Please note that the sample size for these questions ranges from 18-37 due to the applicability of some respondents.

When asked about policy related to Medical Amnesty and Good Samaritan laws, 83.7% (41 of 49) institutions responded to the question by saying they have a written policy that guarantees students immunity from campus consequences under the PA Medical Amnesty and/or Good Samaritan laws (protecting students who assist an individual who is intoxicated or under the influence of alcohol). About 45% (22 of 49) of these institutions provided further explanation of their policy and nearly all comments noted students receiving medical amnesty must attend some type of alcohol education class and/or counseling. A list of all comments regarding medical amnesty policies may be found in Appendix B – Question 13.

The respondents were also asked if the institution’s Good Samaritan Policy extends immunity beyond what the law requires. In total, 39.6% said their policies do extend immunity. Comments describing how immunity may be extended are listed in Appendix B – Question 14.

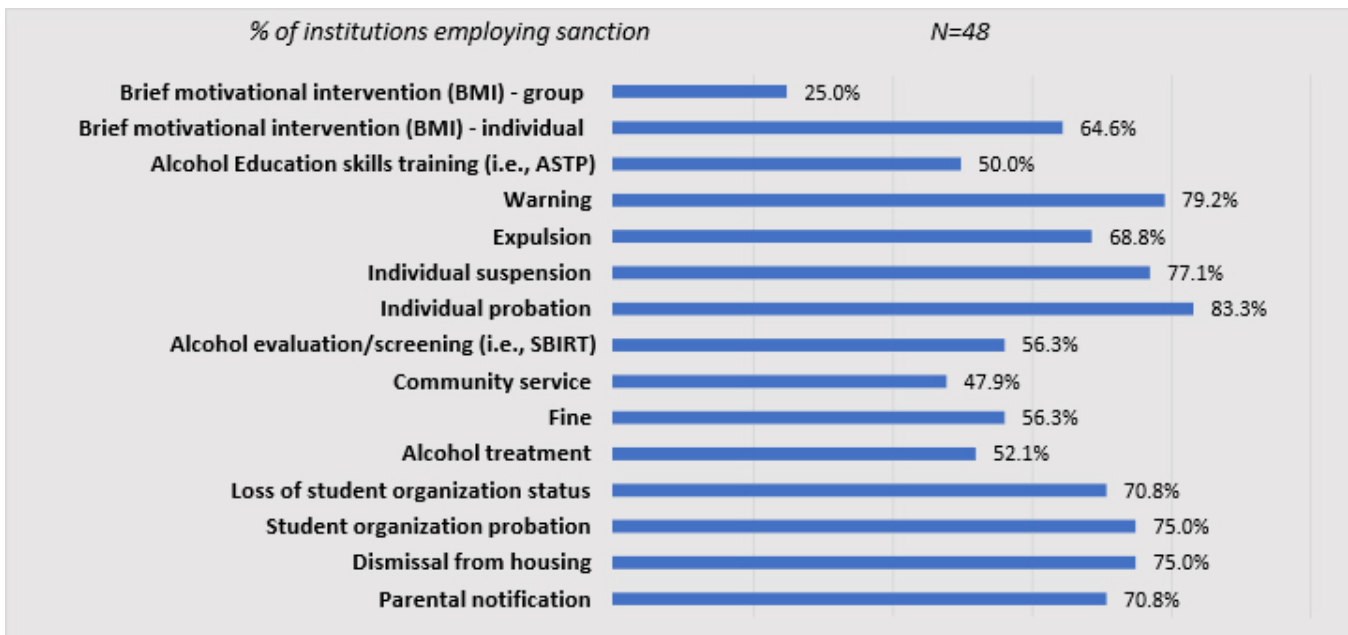
Figure 11: Ways Students Are Informed of Medical Amnesty and Good Samaritan Policies



The institutions use a variety of ways to inform students about their Medical Amnesty /Good Samaritan policies. 75.5% (37 of 49) include information in the student handbook and 63.3% (31 of 49) cover the policies in student orientation sessions. Other ways the schools inform students are listed in Appendix B – Question 15. These include presentations to student organizations, handouts/ flyers, printed materials, and social media.

Further diversifying the ways and number of times (increasing frequency and consistency) that the message around the medical amnesty and good samaritan policies are disseminated should be considered and institutions should begin tracking where students get the information.

Figure 12: Sanctions Included in Policies, Procedures or Practices



When asked about potential sanctions included in the school’s alcohol-related policies, procedures, and practices, 48 responding administrators reported using warnings, probation, and/or suspension. When AOD focus group participants were asked which potential sanctions or consequences were most valuable, alcohol evaluation/screenings and brief motivational interventions were cited. This demonstrates a discrepancy between AOD campus professionals beliefs and institutional practice.

### Prevention and Education

When exploring responding institutions of higher education’s alcohol prevention practices, the following findings emerged.

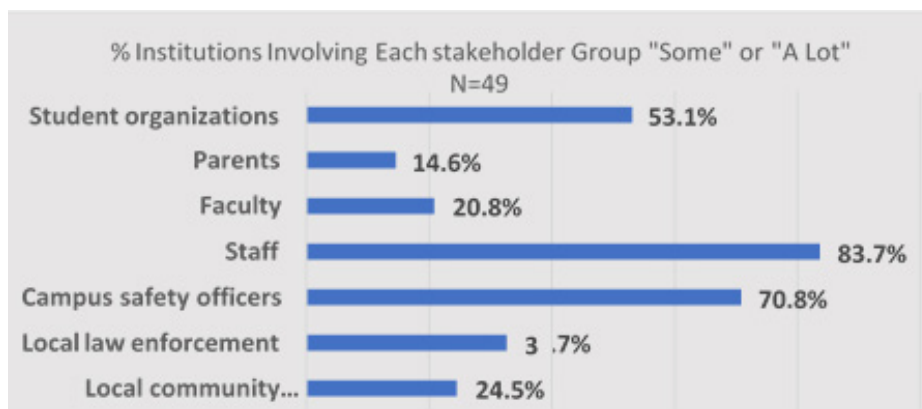
First, approximately two-thirds of the responding institutions do not have a formal coalition or task force in place to address campus substance use by students. Further, colleges and universities were asked to identify those programs or services currently included in the campus overall alcohol prevention and education efforts. A four- point scale was used to assess the degree to which each program or service is available on campus, and 49 of the 52 institutions identified the types of prevention efforts they were using on campus. Table I summarizes the number of institutions utilizing each listed prevention strategy and the extent to which it is employed.

Table 1: Programs or Services for Prevention and Education

Program or Service	Number of Institutions Reporting Availability			
	Not Available at All	Available A little	Available Some	Available A Lot
Information/articles in campus publications	8	17	21	2
Educational handouts prepared by campus groups	7	12	27	3
Peer education	10	10	17	11
Designated driver program	38	5	6	0
Discussion groups	14	21	14	0
Safe rides program	35	8	4	2
Residence hall programs/meetings	11	4	22	10
Social norms marketing campaigns (i.e., Those Who Host, Lose the Most, data-specific messages etc.)	12	11	13	13
Workshops focusing on alcohol or other drug attitudes	4	10	26	9
Educational campaigns (i.e., Safe Spring Break, Know What's in Your Drink, etc.)	8	9	20	12
Speakers	5	16	23	5
Email information dissemination	7	23	14	5
Social media information dissemination	7	16	13	13
Packaged, internet-based educational approaches (i.e., Caring TXT, EverFi, etc.)	15	11	13	10
School-specific websites	10	25	8	3

Responses summarized in Table 1 suggest that the least used prevention and educational programs were designated driver and safe ride programs. Workshops and speakers were identified as the most commonly used program by AOD professionals. Focus group participants reported that peer education is most meaningful. This finding highlights the difference between the program offerings and their perceived impact.

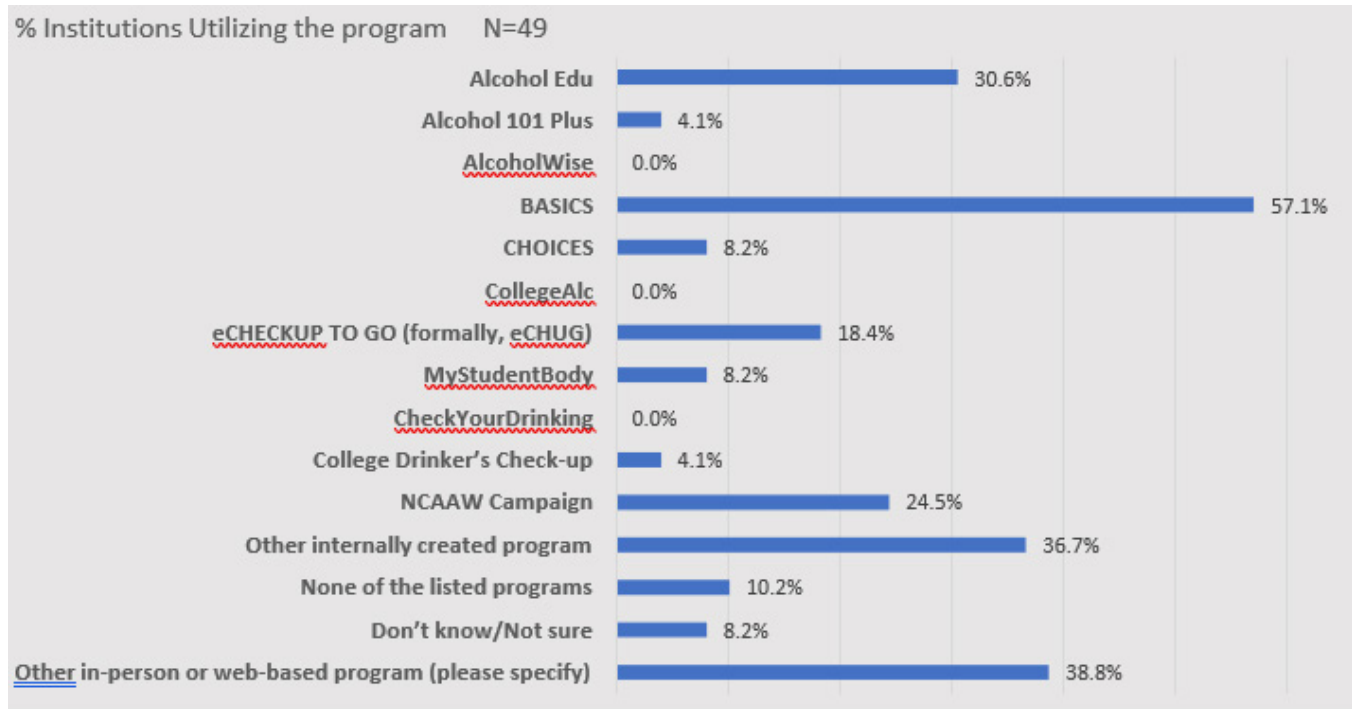
Figure 13: Stakeholder Group Involvement in Alcohol Prevention/Education Efforts



Respondents (n=49) were also asked to identify the extent to which various stakeholder groups are involved in overall alcohol prevention/education efforts. Staff and campus safety officers were identified as most involved in campus alcohol prevention efforts. Parents and faculty were the least involved of the stakeholder groups.

The percentages summarized in Figure 13 reflect the percent of institutions that selected “some” or “a lot” of involvement from each stakeholder group.

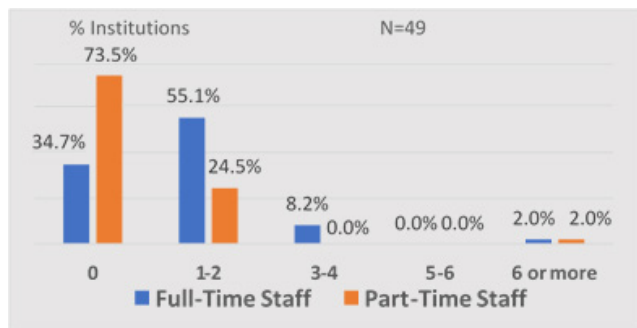
Figure 14: Alcohol Education Programs Utilized



The two most utilized programs include Brief Alcohol Screening and Intervention of College Students (BASICS) (57.1% or 28 of 49) and AlcoholEdu (30.6% or 15 of 49). Of concern is the 8.2% (or 4 of 49) of respondents that did not know or were unsure of what alcohol education programs are utilized on their campuses.

Approximately one-third of responding institutions do not have a full-time staff dedicated to campus AOD prevention. Additionally, most AOD prevention work is done on a part-time basis as an added responsibility to staff positions.

Figure 15: Full-Time & Part-Time Prevention Staff



When focus group participants were asked about staffing barriers, AOD professionals suggested that alcohol-related prevention work is routinely spread across departments. Focus group participants reported as little as 12% of their job description being attributed to campus alcohol prevention work.

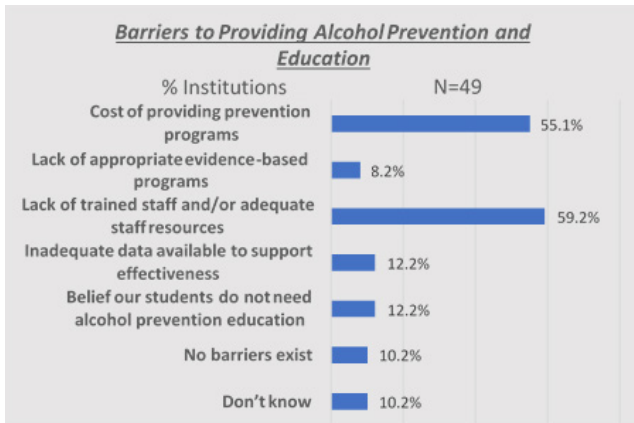
The survey also asked about graduate assistants/student workers specifically dedicated to helping deliver alcohol prevention programming. More than half (54.2% or 27 of 49) of the schools said they had no graduate assistants or

student workers engaged in delivering alcohol prevention programs, and 41.7% (20 of 49) reported 1 to 2 students doing this work on campus.

The higher education institutions were asked: What barriers exist to providing alcohol prevention and education programs to students? The two most frequently reported barriers were a lack of trained staff and/or adequate staff resources (59.2% or 29 of 49) and the cost of providing prevention programs (55.1% or 27 of 49).



Figure 16: Barriers to Providing Alcohol Prevention and Education



Focus group participants also expressed cost of prevention programs as their primary barrier to providing alcohol prevention and education. However, the definition of cost was expanded to encapsulate the amount of time professionally allotted to provide alcohol and prevention education to students.

### Support and Intervention

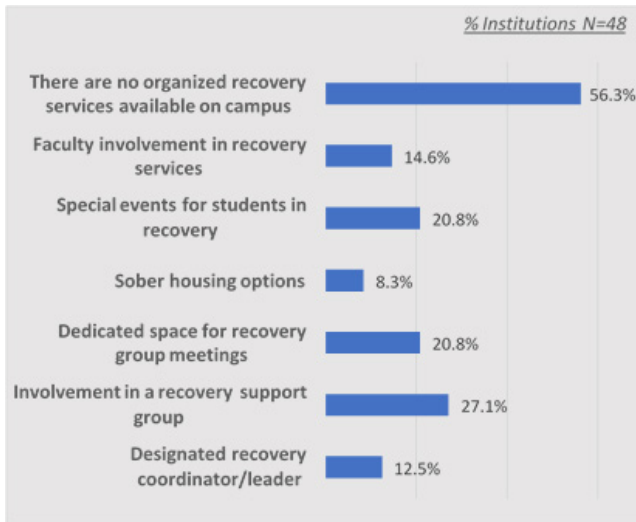
When the respondents were asked about the degree to which services for support and intervention are available to students on their campus, responses indicate that nearly all institutions provide some degree of counseling center services (46 of 49). The results seem to indicate that the students who need counseling services generally have some degree of services available to them.

Table 2: Support and Intervention Services

Services	Availability – No. of Schools		
	Not at All	A little	A Lot
Alcohol screening and referral services	9	21	19
Brief, individual motivational interviews	8	22	18
Counseling center services	3	11	35
On campus counseling provided by outside agency	37	10	2
12 step programs (AA, Al Anon, etc.)	25	22	2
Mutual support groups	27	21	1
Services for recovering students	22	21	6
Evidence based approaches (BASICS, Choices, ATSP)	16	12	20
Peer Education	13	23	13

Many of the schools also provide alcohol screening and referral services and brief, individual motivational interviews. Mutual support groups and 12 step programs were the least available services.

Figure 17: Recovery Services Available on Campuses

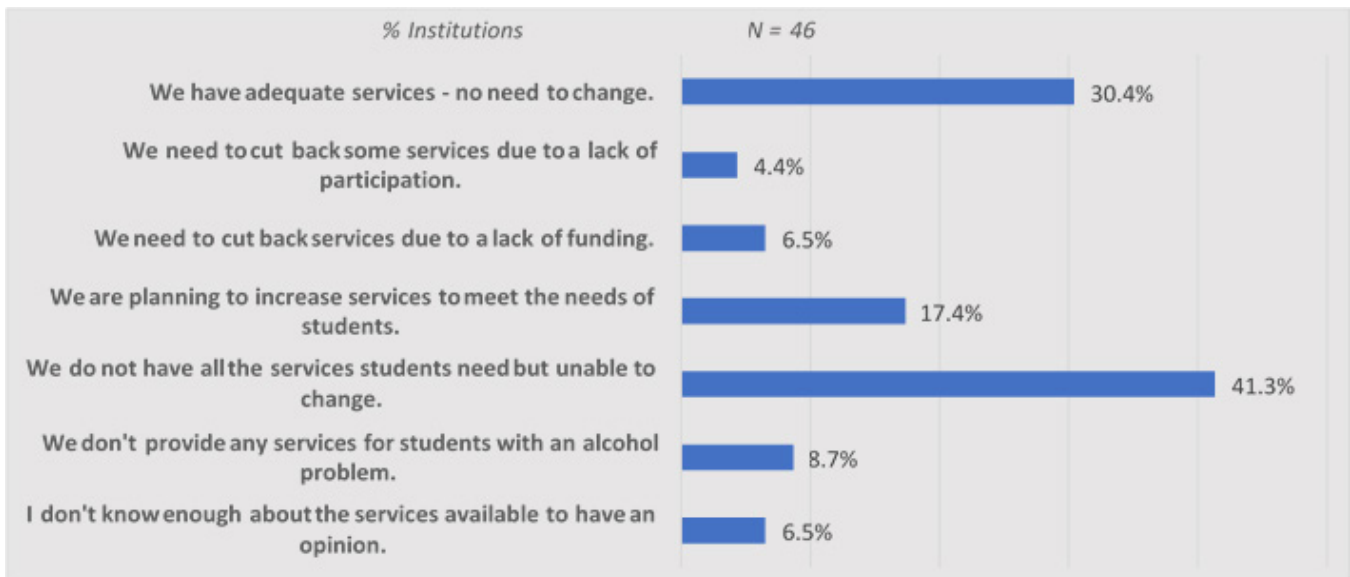


56.3% (27 of 48) of administrators report that there are no organized recovery services available on campus. Focus group participants suggested that the lack of student recovery services is often due to the low levels of student desire for the services and, if provided, there is poor student participation in recovery offerings.

Schools that do provide some type of recovery services primarily appear to focus on recovery support groups and/or special events for students in recovery.

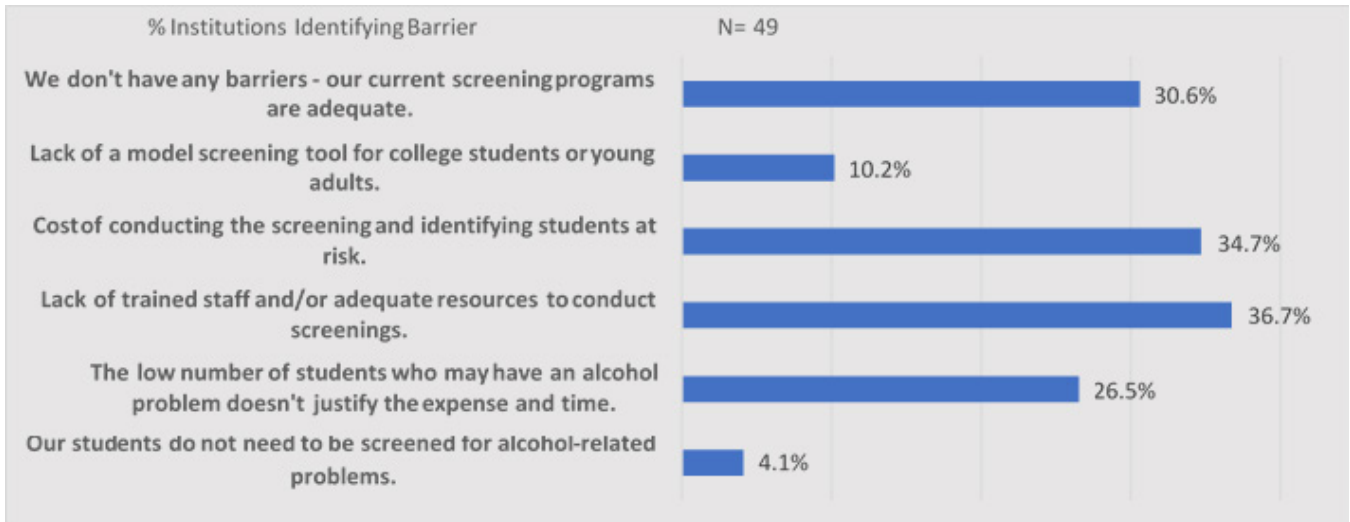
The colleges and universities were asked how they would describe the current capacity of their institution to address and respond to the needs of students who may have an alcohol problem.

Figure 18: Current Capacity to Respond to Students with An Alcohol Problem



Unfortunately, 41.3% (19 of 46) responded that they do not have all the services students with an alcohol problem need and indicated they do not have an ability to address the issue. Additionally, 8.7% (4 of 46) of respondents do not provide any services for students with an alcohol problem and 6.5% (2 of 46) administrators do not know enough about the services available to have an opinion.

Figure 19: Barriers to Alcohol Screening of Students

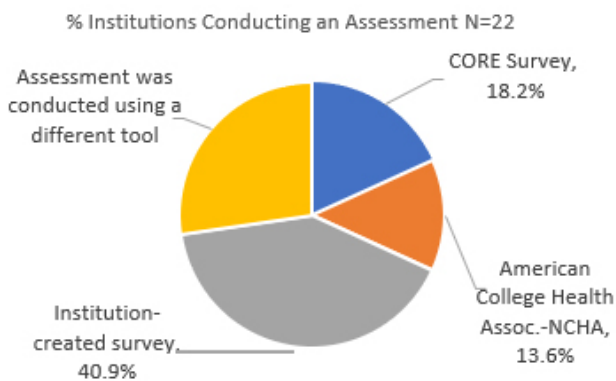


When respondents were asked to identify barriers to offering screening services to students, 15 of the 49 institutions answering the question (30.6%) responded they do not experience any such barriers. Of those barriers cited, a lack of trained staff and/or adequate resources to conduct screenings (36.7% or 18 of 49), and the cost of conducting the screening (34.7% or 17 of 49) were most noted.

### Evaluation

When evaluating responding institutions of higher education's alcohol-related data collection efforts, over half of the colleges and universities sampled have not conducted a formal needs assessment of student drinking behavior in the past 3 years

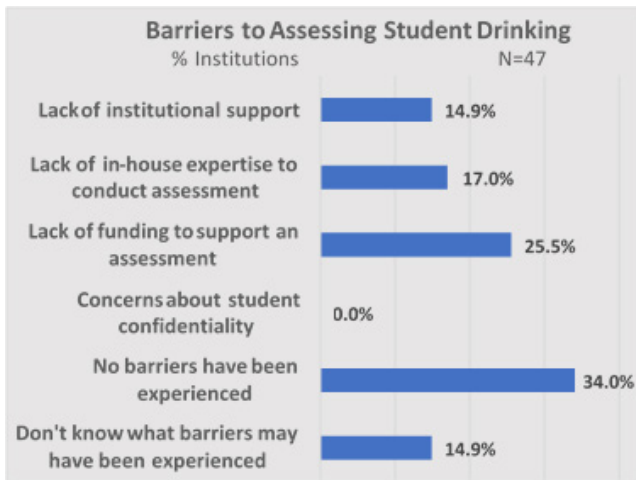
Figure 20: Assessment Tools Used



Over half of the colleges and universities sampled have not conducted a formal needs assessment of student drinking behavior in the past 3 years. The survey data was analyzed to determine to what extent various assessment tools have been used by the 22 institutions that reported assessing student drinking on campus. The most frequently reported assessment method was the creation of an institutional survey (40.9%).

Responding institutions were also asked about barriers they experienced in conducting a formal assessment of student drinking behavior. No barriers were experienced by 34% (16 of 47) of responding institutions. Among those who reported one or more barriers, the most frequently cited issue was lack of funding.

Figure 21: Barriers to Assessing Student Drinking



Open ended comments about barriers to assessing student drinking behavior tend to focus on low response rates from students and issues related to the COVID-19 pandemic which forced postponement of some planned assessments.

Colleges and universities were asked to what extent the campus pays “special attention” to a number of specified student sub-groups related to drinking behavior.

Table 3: Student Groups Receiving AOD Attention

Special Attention Re: Drinking Behavior			
Student Group	Number of Institutions		
	Not at All	A little	A Lot
First-year students	7	10	31
Students turning 21 yrs. of age	12	31	4
Fraternity/Sorority members	24	5	16
Student-Athletes	5	19	24
Women	15	24	7
Men	15	24	7
Graduate students	35	10	0
BIPOC (Black, Indigenous, and People of Color)	23	19	4
International students	26	17	3
Transfer students	25	20	1
Commuter students	24	20	3
Veterans	25	19	2
First-generation students	26	14	7
Economically disadvantaged students	29	15	2
LGBTQIA students	21	21	5

Student athletes and first-year students consistently receive the most “special attention.” Due to the impacts of the Covid-19 pandemic, the current definition of the traditional first year student will need to be expanded to include those who primarily had a remote educational experience. The student groups least likely to receive attention to their drinking behavior includes graduate students and economically disadvantaged students. Notably, 25% (12 of 48) of institutions report not paying any special attention to students turning 21 years of age.



When asked about sources of information that informs the institution about the needs of the unique populations listed, most schools appear to rely on institutional specific data and/or state and national resources. Nearly all 91.7% (44 of 48) responding rely on some combination of these data sources, while 8.3% (4 of 48) indicate they do not consult any sources of information.

The final question included in the Higher Education Alcohol Use Survey was an open-ended question asking if there was anything that was not addressed in previous questions that would further inform an ongoing discussion about student drinking on Commonwealth campuses. A total of 11 institutions offered comments and they can be found in Appendix B - Question 35.

## **Call to Action**

Based on our report findings, we divided up our calls to action into two categories: statewide and institutional efforts.

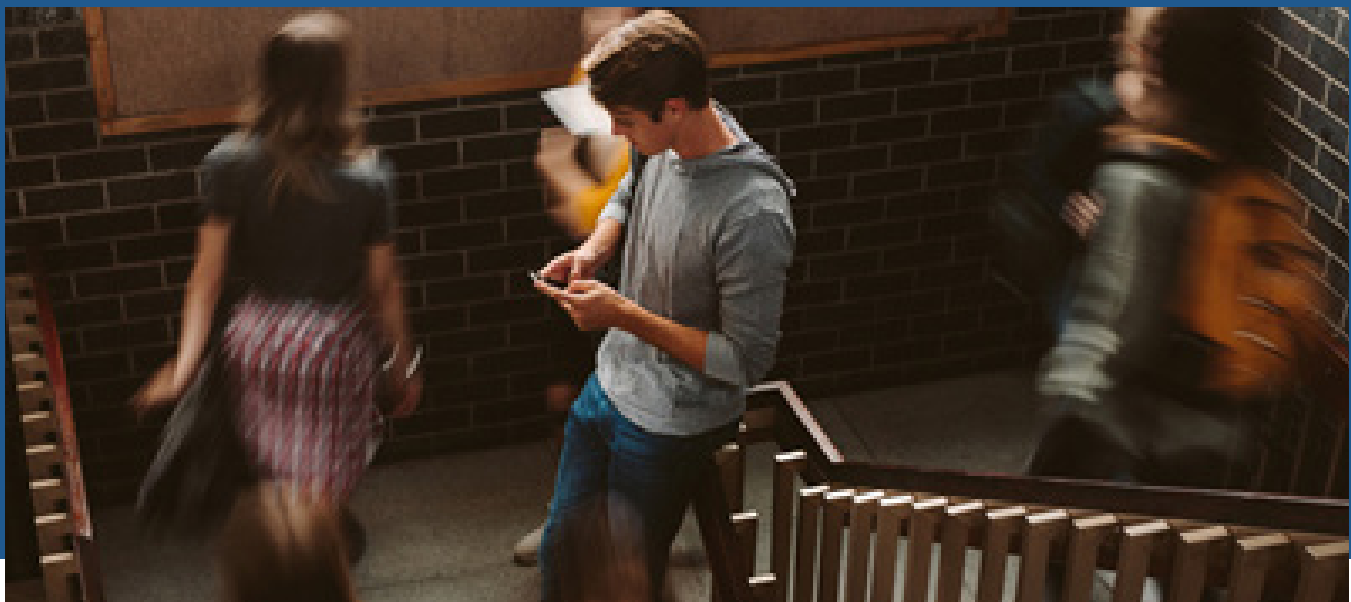
### *State-wide Actions*

- Establish a statewide collaborative that provides technical assistance support to institutions of higher education to address their alcohol issues and to identify state and national resources that can assist with prevention and intervention efforts.
- Provide support to increase the number of alcohol professionals in institutions of higher education.
- Increase access for collegiate professionals to adequate professional development and training resources (i.e., evidence-based prevention frameworks, screenings, motivational interviewing, external capacity building, etc.).
- Create a uniform alcohol assessment for institutions of higher education.
- Expand definition of youth from 18 to 24, as established by the Substance Abuse and Mental Health Services Administration (SAMHSA) and reflect the new definition in statewide funding streams.
- Expand existing funding streams to include institutions of higher education applicants.
- Support collegiate programmatic (AOD prevention, intervention, treatment, harm reduction, and recovery) costs in existing and future funding announcements.

### *Institutional Actions*

- Designate a full-time, professional to address campus alcohol efforts.
- Commit adequate funding for alcohol prevention and intervention programs, practices, and strategies.
- Establish and utilize internal alcohol taskforces and coalitions. This group should communicate regularly with campus leadership and report the use of evidenced based practices to address high risk drinking and its consequences.
- Establish and utilize external alcohol taskforces and coalitions to nurture town-gown or campus community relationships to discuss alcohol use, problem behaviors, and successful efforts to address community and campus issues.
- Diversify stakeholder representation on internal and external alcohol task forces and coalitions to include representation from (but not limited to): academic affairs, health services, student services, presidents' office, campus police, athletic department, and any other department they may be a touch point on campus.
- Improve the collection of student health data from student health centers and community hospitals.
- Establish protocol for identifying students, not just high-risk students, that need screening of potential alcohol use disorders or problem drinking habits.
- Increase availability of universal screening services, such as Screening, Brief Intervention, and Referral to Treatment (SBIRT), for students with all levels of risk.

- Increase use of evidenced based interventions focused on both the individual student and the environmental factors that contribute to heavy alcohol consumption, looking to resources, such as the National Institute of Alcohol Abuse and Alcoholism.
- Expand faculty and parent involvement in alcohol prevention and intervention efforts.
- Incorporate more evidence-based sanctions for alcohol-related conduct issues.
- Consider establishing and incorporating recovery supports (i.e., Stop the Addiction Fatality Epidemic Project’s Bridging Prevention and Recovery Program) as part of campus prevention efforts, such as. Because recovery supports take time to build and students who may benefit from them may be slow to seek them out, identifying best practices from successful recovery organizations, such as Association of Recovery in Higher Education and Stop the Addiction Fatality Epidemic Project is important to implementation and sustainability.
- Expand exploration of external, alcohol funding sources such as strengthening the relationship with campus Grants and Sponsored Programs Office to identify external funding sources.
- Conduct routine measure of student alcohol knowledge, attitudes, and behaviors.
- Compare local, collegiate alcohol data with state and national normative findings through a systematic data collection process to compare year to year changes.
- Share comprehensive data with administrators to expand the traditional reliance on a single data source as a measure of student alcohol concerns.
- Reconsider alcohol industry campus sponsorships due to the known connection between advertising and increased alcohol consumption.
- Create a comprehensive strategy for communicating (to students & parents) and internally evaluating alcohol related policies (i.e., Medical Amnesty, Good Samaritan, etc.).
- Connect with and utilize community alcohol-focused organizations (i.e., single-county authorities, community coalitions, and overdose prevention task forces) for research, funding, and training supports.



# APPENDIX A —

## Summary of Survey Data by Question

Q1. To participate in this study, please read the statement below and click the “YES” box to indicate your willingness to participate. Doing so represents giving consent.		
Answer Choices	Percent	Count
YES, I agree to participate in this study.	100.00%	52
NO, I decline to participate in this study	0.00%	0
	<b>Answered</b>	<b>52</b>
	<b>Skipped</b>	<b>0</b>
Q2. Institutional Type:		
Answer Choices	Percent	Count
Public	61.54%	32
Private	38.46%	20
	<b>Answered</b>	<b>52</b>
	<b>Skipped</b>	<b>0</b>
Q3. Institutional Location:		
Answer Choices	Percent	Count
Rural	26.92%	14
Suburban	51.92%	27
Urban	21.15%	11
	<b>Answered</b>	<b>52</b>
	<b>Skipped</b>	<b>0</b>
Q4. Size of Student Population:		
Answer Choices	Percent	Count
Fewer than 5,000 students	67.31%	35
5,000- 10,000 students	17.31%	9
10,000- 15,000 students	5.77%	3
15,000+ students	9.62%	5
	<b>Answered</b>	<b>52</b>
	<b>Skipped</b>	<b>0</b>
Q5. Institution’s Regional Location:		
Answer Choices	Percent	Count
Region 1	32.69%	17
Region 2	19.23%	10
Region 3	17.31%	9
Region 4	30.77%	16
	<b>Answered</b>	<b>52</b>
	<b>Skipped</b>	<b>0</b>

Q6. Thinking about problem behaviors experienced on your campus, how would you rank student alcohol use as compared to other problems you encounter?					
Answer Choices	Percent		Count		
Extremely Concerning	1.92%		1		
Very Concerning	11.54%		6		
Concerning	48.08%		25		
Not Very Concerning	28.85%		15		
Not Concerning at All	9.62%		5		
	<b>Answered</b>		<b>52</b>		
	<b>Skipped</b>		<b>0</b>		
Q7. To what extent do you think alcohol contributes to other problems experienced by students on your campus?					
Answer Choices	Percent		Count		
Always contributes	0.00%		0		
Contributes most of the time	9.62%		5		
Contributes some of the time	71.15%		37		
Rarely contributes	15.38%		8		
Does not contribute	3.85%		2		
	<b>Answered</b>		<b>52</b>		
	<b>Skipped</b>		<b>0</b>		
Q8. Please indicate how much you agree or disagree with each of the following statements about alcohol use by students at your institution.					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Our campus alcohol problems are minimal.	23.08%	30.77%	42.31%	3.85%	0.00%
Our campus has a comprehensive approach to alcohol use prevention.	13.73%	56.86%	25.49%	1.96%	1.96%
Our campus has clearly defined goals and objectives for prevention of alcohol use/abuse.	9.62%	57.69%	28.85%	0.00%	3.85%
Our campus is committed to finding and applying effective strategies to prevent student alcohol use.	28.85%	59.62%	9.62%	0.00%	1.92%
Our alcohol prevention efforts have been institutionalized.	9.62%	65.38%	23.08%	0.00%	1.92%
Most student alcohol use occurs off-campus in controlled settings.	1.92%	25.00%	40.38%	13.46%	19.23%
Most student alcohol use occurs in off-campus, uncontrolled settings.	13.46%	32.69%	32.69%	5.77%	15.38%
	<b>Answered</b>		<b>52</b>		
	<b>Skipped</b>		<b>0</b>		



Q9. Our campus has formally identified the principles and underlying theory of our alcohol prevention efforts based on an accepted framework such as the Substance Abuse and Mental Health Services Administration's Strategic Prevention Framework, the American College Association's Mobilize, Assess, Plan, Implement, & Track Framework, American College Health Association Framework, etc.

Answer Choices	Percent	Count
Yes	30.77%	16
No	40.38%	21
I don't know	28.85%	15
	<b>Answered</b>	<b>52</b>
	<b>Skipped</b>	<b>0</b>

Q10. Which of the following best describes the basis for the alcohol prevention strategies used on your campus?

Answer Choices	Percent	Count
College Alcohol Intervention Matrix (AIM)	15.69%	8
Best practices training	33.33%	17
Research literature	1.96%	1
Our institutional experience	43.14%	22
Experience of similar institutions	5.88%	3
	<b>Answered</b>	<b>51</b>
	<b>Skipped</b>	<b>1</b>

Q11. Does your institution have a formal policy regarding alcohol use consumption on campus?

Answer Choices	Percent	Count
Yes	100.00%	50
No	0.00%	0
	<b>Answered</b>	<b>50</b>
	Skipped	2

Q12. Please indicate if your institution has a policy or practice to address the specific situations listed below. Policy - a course of action that has been systematically adopted and formalized within the organization. Practice - a habitual way of doing something that is not institutionally documented for implementation.

	Policy	Practice	NA	Total
Is it required that an alternative (non-alcoholic) beverage be available at any public function held on campus where alcohol is served?	32.00%	26.00%	42.00%	50
Is it required that food be served at public functions at which alcohol is served?	32.65%	24.49%	42.86%	49
Are individuals who serve alcohol by the drink on campus (e.g., at registered parties) required to receive training as a server?	55.10%	8.16%	36.73%	49
Does your institution prohibit the advertisement of the availability of alcohol in the promotion of campus events?	46.67%	17.78%	35.56%	45
Does your institution require efforts to be made to restrict or confine access to alcohol by underage persons at campus functions?	66.00%	6.00%	28.00%	50
Does your institution prohibit off-campus alcohol retailers from advertising in the school newspaper?	27.66%	38.30%	34.04%	47
Does your institution prohibit the sponsorship of campus events/ promotions by the alcoholic beverage industry?	32.61%	30.43%	36.96%	46

Q12. Please indicate if your institution has a policy or practice to address the specific situations listed below. Policy - a course of action that has been systematically adopted and formalized within the organization. Practice - a habitual way of doing something that is not institutionally documented for implementation.				
	Policy	Practice	NA	Total
Does your institution receive any type of data related to prevalence of emergency room visits and/or injury resulting from alcohol consumption by students?	8.33%	41.67%	50.00%	48
Does your campus health center collect data regarding student visits that result from alcohol consumption and/or alcohol-related injury by students?	10.87%	43.48%	45.65%	46
Does your campus health center report any type of data regarding student visits that result from alcohol consumption and/or alcohol-related injury by students to anyone outside the health center?	8.70%	39.13%	52.17%	46
Does your institution inform parents regarding alcohol infractions for students under age 21?	54.00%	20.00%	26.00%	50
Are core classes intentionally scheduled early in the morning to reduce alcohol consumption the night before?	2.22%	37.78%	60.00%	45
			<b>Answered</b>	<b>50</b>
			<b>Skipped</b>	<b>2</b>
Q13. Does your campus have a written policy that guarantees students immunity from campus consequences under the PA Medical Amnesty and/or Good Samaritan laws (protecting students who assist an individual who is intoxicated or under the influence of alcohol)?				
Answer Choices			Percent	Count
Yes			83.67%	41
No			8.16%	4
Don't Know			8.16%	4
If yes, please explain any limits to your policy (for example: students may be required to attend counseling)?				22
			<b>Answered</b>	<b>49</b>
			<b>Skipped</b>	<b>3</b>
Q14. Does your Good Samaritan policy extend immunity beyond what the law requires (for example: policy covers witnesses to incident, policy covers sexual misconduct, policy covers bystanders as well as person in need, etc.)?				
Answer Choices			Percent	Count
Yes			39.58%	19
No			27.08%	13
Don't know			33.33%	16
If yes, please explain.				12
			<b>Answered</b>	<b>48</b>
			<b>Skipped</b>	<b>4</b>

Q15. How are students informed of campus policies related to Medical Amnesty and/or Good Samaritan laws? CHECK ALL THAT APPLY.		
Answer Choices	Percent	Count
Student handbook	75.51%	37
Student orientation sessions	63.27%	31
Website	53.06%	26
E-mail	30.61%	15
Not applicable - Our campus does not have a formal policy related to Medical Amnesty and Good Samaritan laws	12.24%	6
Other way students are made aware of these policies (please specify).	42.86%	21
	Answered	49
	<b>Skipped</b>	<b>3</b>
Q16. Which of the following potential consequences or sanctions are included in your school's alcohol-related policies, procedures, or practices? CHECK ALL THAT APPLY.		
Answer Choices	Percent	Count
Parental notification	70.83%	34
Dismissal from housing	75.00%	36
Student organization probation	75.00%	36
Loss of student organization status	70.83%	34
Alcohol treatment	52.08%	25
Fine	56.25%	27
Community service	47.92%	23
Alcohol evaluation/screening (i.e., SBIRT)	56.25%	27
Individual probation	83.33%	40
Individual suspension	77.08%	37
Expulsion	68.75%	33
Warning	79.17%	38
Alcohol Education that involves skills training (i.e., ASTP)	50.00%	24
Brief motivational intervention (BMI) in person - individual format (i.e., Brief Alcohol Screening and Intervention for College Students - BASICS)	64.58%	31
Brief motivational intervention (BMI) in person - group format	25.00%	12
Other (please specify)	10.42%	5
	<b>Answered</b>	<b>48</b>
	<b>Skipped</b>	<b>4</b>
Q17. Does your institution have a formal coalition or taskforce to prevent substance use issues?		
Answer Choices	Percent	Count
Yes	<b>34.04%</b>	<b>16</b>
No	<b>65.96%</b>	<b>31</b>
	<b>Answered</b>	<b>47</b>
	<b>Skipped</b>	<b>5</b>

Q18. Please indicate the extent to which each of the following strategies are currently included in your campus' overall alcohol prevention and education efforts.					
	Not at all	A little	Some	A lot	Total
Information/articles in campus publications	16.67%	35.42%	43.75%	4.17%	48
Educational handouts prepared by campus groups	14.29%	24.49%	55.10%	6.12%	49
Peer education	20.83%	20.83%	35.42%	22.92%	48
Designated driver program	77.55%	10.20%	12.24%	0.00%	49
Discussion groups	28.57%	42.86%	28.57%	0.00%	49
Safe rides program	71.43%	16.33%	8.16%	4.08%	49
Residence hall programs/meetings	23.40%	8.51%	46.81%	21.28%	47
Social norms marketing campaigns (i.e., Those Who Host, Lose the Most, data-specific messages etc.)	24.49%	22.45%	26.53%	26.53%	49
Workshops focusing on alcohol or other drug attitudes	8.16%	20.41%	53.06%	18.37%	49
Educational campaigns (i.e., Safe Spring Break, Know What's In Your Drink, etc.)	16.33%	18.37%	40.82%	24.49%	49
Speakers	10.20%	32.65%	46.94%	10.20%	49
Email information dissemination	14.29%	46.94%	28.57%	10.20%	49
Social media information dissemination	14.29%	32.65%	26.53%	26.53%	49
Packaged, internet-based educational approaches (i.e., Caring TXT, EverFi, etc.)	30.61%	22.45%	26.53%	20.41%	49
School-specific websites	21.74%	54.35%	17.39%	6.52%	46
				<b>Answered</b>	<b>49</b>
				<b>Skipped</b>	<b>3</b>
Q19. Please indicate the extent to which each of the following stakeholder groups are involved in your campus' overall alcohol prevention and education efforts.					
	Not at all	A little	Some	A lot	Total
Student organizations	14.29%	32.65%	24.49%	<b>28.57%</b>	<b>49</b>
Parents	52.08%	33.33%	14.58%	<b>0.00%</b>	<b>48</b>
Faculty	18.75%	60.42%	16.67%	<b>4.17%</b>	<b>48</b>
Staff	4.08%	12.24%	40.82%	<b>42.86%</b>	<b>49</b>
Campus safety officers	6.25%	22.92%	37.50%	<b>33.33%</b>	<b>48</b>
Local law enforcement	20.41%	46.94%	16.33%	<b>16.33%</b>	<b>49</b>
Local community coalition/taskforce	42.86%	32.65%	16.33%	<b>8.16%</b>	<b>49</b>
				<b>Answered</b>	<b>49</b>

Q20. Please select the following alcohol education programs utilized on your campus. CHECK ALL THAT APPLY.		
Answer Choices	Percent	Count
Alcohol Edu	30.61%	15
Alcohol 101 Plus	4.08%	2
AlcoholWise	0.00%	0
Brief Alcohol Screening and Intervention of College Students (BASICS)	57.14%	28
CHOICES	8.16%	4
CollegeAlc	0.00%	0
eCHECKUP TO GO (formally, eCHUG)	18.37%	9
MyStudentBody	8.16%	4
CheckYourDrinking	0.00%	0
College Drinker's Check-up	4.08%	2
National Collegiate Alcohol Awareness Week (NCAAW) campaign	24.49%	12
Other internally created program	36.73%	18
None of the listed programs	10.20%	5
Don't know/Not sure	8.16%	4
Other in-person or web-based program (please specify)	38.78%	19
	<b>Answered</b>	<b>49</b>
	<b>Skipped</b>	<b>3</b>
Q21. How many full-time employees are dedicated specifically to administering these alcohol prevention programs on campus?		
Answer Choices	Percent	Count
0	34.69%	17
1-2	55.10%	27
3-4	8.16%	4
5-6	0.00%	0
6 or more	<b>2.04%</b>	<b>1</b>
Don't know	<b>0.00%</b>	<b>0</b>
	<b>Answered</b>	<b>49</b>
	<b>Skipped</b>	<b>3</b>
Q22. How many part-time employees are dedicated specifically to administering these alcohol prevention programs on campus?		
Answer Choices	Percent	Count
0	73.47%	36
1-2	24.49%	12
3-4	0.00%	0
5-6	0.00%	0
6 or more	2.04%	1
Don't know	0.00%	0
	Answered	49
	Skipped	3

Q23. How many graduate assistants/student workers are dedicated specifically to helping deliver alcohol prevention programs on campus?				
Answer Choices	Percent		Count	
0	53.06%		26	
1-2	40.82%		20	
3-4	0.00%		0	
5-6	4.08%		2	
6 or more	0.00%		0	
Don't know	2.04%		1	
	<b>Answered</b>		<b>49</b>	
	<b>Skipped</b>		<b>3</b>	
Q24. In your opinion, what barriers exist to providing alcohol prevention and education programs for your institution's students? CHECK ALL THAT APPLY				
Answer Choices	Percent		Count	
Cost of providing prevention programs	55.10%		27	
Lack of appropriate evidence-based programs for college students or young adults	8.16%		4	
Lack of trained staff and/or adequate staff resources	59.18%		29	
Inadequate data available to support effectiveness	12.24%		6	
The belief that our students do not need alcohol prevention education	12.24%		6	
No barriers exist	10.20%		5	
Don't know	10.20%		5	
Other barrier not listed (please specify):	22.45%		11	
	<b>Answered</b>		<b>49</b>	
	<b>Skipped</b>		<b>3</b>	
Q25. Please indicate to what degree your campus includes the following services as part of your support and intervention efforts.				
	Not at all	A Little	A lot	Total
Alcohol screening and referral services	18.37%	42.86%	38.78%	49
Brief, individual motivational interviews	16.67%	45.83%	37.50%	48
Counseling center services	6.12%	22.45%	71.43%	49
On campus counseling provided by outside agency	75.51%	20.41%	4.08%	49
12 step programs (AA, Al Anon, etc.)	51.02%	44.90%	4.08%	49
Mutual support groups	55.10%	42.86%	2.04%	49
Services for recovering students	44.90%	42.86%	12.24%	49
Evidence based approaches (BASICS, Choices, ATSP)	33.33%	25.00%	41.67%	48
Peer Education	26.53%	46.94%	26.53%	49
			<b>Answered</b>	<b>49</b>
			<b>Skipped</b>	<b>3</b>



Q26. Which of the following organized substance abuse recovery services are available for students on campus? Check all that apply.		
Answer Choices	Percent	Count
Designated recovery coordinator/leader	12.50%	6
Involvement in a recovery support group	27.08%	13
Dedicated space for recovery group meetings	20.83%	10
Sober housing options	8.33%	4
Special events for students in recovery	20.83%	10
Faculty involvement in recovery services	14.58%	7
There are no organized recovery services available on campus	56.25%	27
	<b>Answered</b>	<b>48</b>
	<b>Skipped</b>	<b>4</b>
Q27. How would you describe the current capacity of your institution to address and respond to the needs of students who may have alcohol-related problems? Check the statement(s) that best describe your current capacity.		
Answer Choices	Percent	Count
We have adequate services - no need to change how we respond to alcohol issues on campus.	30.43%	14
We need to cut back some services due to a lack of participation by students.	4.35%	2
We need to cut back services due to a lack of funding.	6.52%	3
We are planning to increase services to meet the needs of students.	17.39%	8
We do not have all the services students with alcohol problems need but we are unable to change the types of services we are currently providing.	41.30%	19
We don't provide any services for students who may have an alcohol problem.	8.70%	4
I don't know enough about the services available to have an opinion.	6.52%	3
Additional comment about your institution's capacity to address alcohol-related problems on campus.		9
	<b>Answered</b>	<b>46</b>
	<b>Skipped</b>	<b>6</b>
Q28. What (if any) barriers exist to offering alcohol screening to your institution's students? CHECK ALL THAT APPLY		
Answer Choices	Percent	Count
We don't have any barriers - our current screening programs are adequate.	30.61%	15
Lack of a model screening tool for college students or young adults.	10.20%	5
Cost of conducting the screening and identifying students at risk.	34.69%	17
Lack of trained staff and/or adequate resources to conduct screenings.	36.73%	18
The low number of students who may have an alcohol problem doesn't justify the expense and time to conduct the screening.	26.53%	13
Our students do not need to be screened for alcohol-related problems.	4.08%	2
I don't know enough about what type of screening is currently available to be able to identify any barriers.	10.20%	5
	<b>Answered</b>	<b>49</b>
	<b>Skipped</b>	<b>3</b>

Q29. In the past 3 years, has your campus conducted a formal assessment of student drinking behavior?		
Answer Choices	Percent	Count
Yes	42.55%	20
No	57.45%	27
	<b>Answered</b>	<b>47</b>
	<b>Skipped</b>	<b>5</b>
Q30. If your campus has conducted a formal assessment, what type of assessment tool was used to collect data about student drinking behavior?		
Answer Choices	Percent	Count
CORE Survey (available from The CORE Institute)	9.30%	4
ACHA-NCHA (available from the American College Health Association)	6.98%	3
Institution- created survey	20.93%	9
No assessment has been conducted during the past 3 years	48.84%	21
Assessment was conducted using a different tool (please specify).	13.95%	6
	<b>Answered</b>	<b>43</b>
	<b>Skipped</b>	<b>9</b>
Q31. What barriers, if any, have been experienced by your institution that impeded your ability to conduct a formal assessment of student drinking behavior? CHECK ALL THAT APPLY.		
Answer Choices	Percent	Count
Lack of institutional support	14.89%	7
Lack of in-house expertise to conduct assessment	17.02%	8
Lack of funding to support an assessment	25.53%	12
Concerns about student confidentiality	0.00%	0
No barriers have been experienced	34.04%	16
Don't know what barriers may have been experienced	14.89%	7
Other (please specify)	17.02%	8
	<b>Answered</b>	<b>47</b>
	<b>Skipped</b>	<b>5</b>
Q32. Does your institution systematically gather data about alcohol involvement in student conduct violations?		
Answer Choices	Percent	Count
Yes	83.33%	40
No	10.42%	5
Don't know	6.25%	3
	<b>Answered</b>	<b>48</b>
	<b>Skipped</b>	<b>4</b>

Q33. Please indicate the extent to which your campus pays special attention to the unique needs of each of the following groups related to student drinking behavior?				
	Not at all	A Little	A lot	Total
First-year students	14.58%	20.83%	64.58%	48
Students turning 21 yrs. of age	25.53%	65.96%	8.51%	47
Fraternity/Sorority members	53.33%	11.11%	35.56%	45
Student-Athletes	10.42%	39.58%	50.00%	48
Women	32.61%	52.17%	15.22%	46
Men	32.61%	52.17%	15.22%	46
Graduate students	77.78%	22.22%	0.00%	45
BIPOC (Black, Indigenous, and People of Color)	50.00%	41.30%	8.70%	46
International students	56.52%	36.96%	6.52%	46
Transfer students	54.35%	43.48%	2.17%	46
Commuter students	51.06%	42.55%	6.38%	47
Veterans	54.35%	41.30%	4.35%	46
First-generation students	55.32%	29.79%	14.89%	47
Economically disadvantaged students	63.04%	32.61%	4.35%	46
LGBTQIA students	44.68%	44.68%	10.64%	47
			<b>Answered</b>	<b>48</b>
			<b>Skipped</b>	<b>4</b>

Q34. Which of the following sources of information informs decisions by your institution regarding the needs of the unique populations listed in the preceding question? CHECK ALL THAT APPLY		
Answer Choices	Percent	Count
National data resources	66.67%	32
State data resources	39.58%	19
Institutional specific data	79.17%	38
Anecdotal information	56.25%	27
None of these sources of information	8.33%	4
Other (please specify)	0.00%	0
	<b>Answered</b>	<b>48</b>
	<b>Skipped</b>	<b>4</b>



# APPENDIX B —

## Verbatim Responses to Open Ended Comments

Open Ended Questions
<p><b>Q13. Does your campus have a written policy that guarantees students immunity from campus consequences under the PA Medical Amnesty and/or Good Samaritan laws (protecting students who assist an individual who is intoxicated or under the influence of alcohol)?</b></p>
Students using MA must meet with AOD counselor for 3-part psychoeducational sessions re: safe drinking practices
Students may be required to meet with a member of the CARE team to determine next supportive steps.
Still requires sanctioned education/actions (e.g., educational referral); repeated uses are subject to review
None
Students are required to complete alcohol education program but do not have to pay
Students may be required to attend and pay for an alcohol class.
Students will meet with Student Conduct and then may have to meet with Counseling and Psychological Services
Students are required to attend an alcohol education service, but the fee is waived.
May still be required to participate in educational programming
Comply with post event educational/counseling objectives.
Students may be required to submit to alcohol screening or counseling if determined to be appropriate.
Our campus offers only professional master's degree programs for adult learners, most of whom are working full- time. We do provide information on Penn State University's alcohol policy.
Students may be required to attend alcohol education workshop but not mandated to pay a fee.
General PA Medical Amnesty rules - may have to go through conduct but will not be cited
Students may be required to attend counseling
Students who are transported to the hospital will still go through an educational process and complete BASICS
We have a campus amnesty policy that allows for students to seek help regarding addictive behaviors, etc., and for those who are seeking to help others.
For any of the following amnesty provisions to take effect, the Director of Student Development will send the student a letter outlining the conditions of amnesty. Students will be held to the language within the letter. If any agreements made within the letter are broken by the student amnesty may be revoked. Abuse of amnesty requests can result in a decision by the Director of Student Development not to extend amnesty to the same person repeatedly.
Students are still required to meet with a conduct officer and may be referred to alcohol education and/or counseling
Required to complete an alcohol education module in order to receive Medical Amnesty.
Students may be required to attend counseling or an educational session. There are also limits on the number of times you can use this policy.
If a student seeks medical assistance for themselves or a friend because of alcohol, they speak with our office and we talk about the situation, but not formal adjudication is served.
<p><b>Q14 Does your Good Samaritan policy extend immunity beyond what the law requires (for example: policy covers witnesses to incident, policy covers sexual misconduct, policy covers bystanders as well as person in need, etc.).</b></p>
Students using GA must meet with AOD counselor for 3-part psychoeducational sessions re: safe drinking practices
All students involved may be required to meet with a member of the CARE team to determine next supportive steps.
It also protects the student who was in need of emergency attention
Police covers sexual misconduct
Case by case basis and at the discretion of law enforcement
Based on circumstances, the policy can be extended to groups and student organizations.
Policy covers a witness or individual who experiences sexual misconduct, acting in good faith, who discloses any incident of sexual misconduct for violations of alcohol and/or drug use policies occurring at or near the time of the incident(s) of sexual misconduct.

Q14 Continued on Page 35

<p>The Good Samaritan Amnesty applies to the involved party as well as a witness or bystander who contacts emergency services in good faith. There is a provision within the sexual misconduct policy which provides amnesty regarding alcohol or other drug use on the part of the complaining party (victim), though not the respondent (suspect).</p>
<p><u>For Victims</u> The University may provide amnesty to victims who could be hesitant to report to University officials because they fear that they themselves may be accused of minor policy violations, such as underage drinking, at the time of the incident. If amnesty is given, educational options will be explored, but no conduct proceedings or conduct record will result.</p>
<p><u>For Those Who Offer Assistance</u> To encourage students to offer help and assistance to others, University can pursue a policy of amnesty for minor violations when students offer help to others in need. At the discretion of the Director of Student Development, amnesty may also be extended on a case-by-case basis to the person receiving assistance. Educational options will be explored, but no conduct proceedings or conduct record will result.</p>
<p><u>For Those Who Report Serious Violations</u> Students who are engaged in minor violations but who choose to bring related serious violations by others to the attention of the University may be offered amnesty for their minor violations. Educational options will be explored, but no conduct proceedings or record will result.</p>
<p><u>Safe Harbor</u> The University may institute a Safe Harbor rule for students. The University believes that students who have a drug and/or addiction problem deserve help. If any University student brings their own use, addiction, or dependency to the attention of the Director of Student Development outside the threat of drug tests or conduct sanctions and seeks assistance, a conduct complaint may not be pursued. A written action plan may be used to track cooperation with the Safe Harbor program by the student. Failure to follow the action plan will nullify the Safe Harbor protection and campus conduct processes will be initiated.</p>
<p>Medical amnesty policy covers the intoxicated student and the student who calls for medical attention even if they have also been drinking. Sexual misconduct policy also states a student will not be charged with an alcohol violation if they were drinking prior to the assault occurring.</p>
<p>Policy covers witnesses and person in need</p>
<p>They can be anonymous</p>
<p><b>Q15. How are students informed of campus policies related to Medical Amnesty and/or Good Samaritan laws?</b></p>
<p>In specific AOD trainings for special populations, i.e., athletics, first year students, etc.</p>
<p>Imbedded into requested education programs</p>
<p>Presentations for groups, teams, clubs, social media, faculty</p>
<p>Campus marketing, social media</p>
<p>Student First Year Experience Courses</p>
<p>Required training that those under the age of 22 must complete upon starting classes.</p>
<p>Awareness campaign</p>
<p>Informational fliers in the residence halls</p>
<p>Materials are distributed to all incoming first-year students. Materials are distributed through Fraternity and Sorority Life. Staff distribute materials during presentations. Posters are displayed around campus, including in the residence halls. The information is included in the parent handbook for orientation as well as the arrival week guide.</p>
<p>Office of student conduct</p>
<p>Circulating literature</p>
<p>Educational programming efforts including social media.</p>
<p>Programming events, Risk management trainings, mobile apps/social media</p>
<p>In person events on campus (pre COVID)</p>
<p>In presentations</p>
<p>Peer Education presentations in freshman seminar course or residence halls (by request)</p>
<p>Through student intervention processes and Care Team efforts.</p>
<p>Social media campaigns, print media campaigns, student leader trainings, student organization trainings</p>
<p>Peer Health Education Team outreach, magnets in first year areas, videos incorporated in AlcoholEdu</p>
<p>Handoff Amnesty Cards to all on campus students</p>

<b>Q24. In your opinion, what barriers exist to providing alcohol prevention and education programs for your institution's students? CHECK ALL THAT APPLY</b>
We have a recovery program on campus for students in recovery but no efforts have been made for prevention.
Student engagement and involvement
Many students are not receptive to or interested in alcohol education efforts. Many students believe they already have the knowledge they need.
Student engagement in learning and utilizing alcohol prevention strategies
Student Interest in participating in these types of programs. We do not have dorms.
Our students are primarily working adults and enroll in master's degree programs on a part-time basis. We have never experienced students abusing alcohol.
Lack of buy-in from administration (e.g., there are limited Friday classes, no mandated education for first time students)
Lack of unified strategic approach with higher administrative support
Data is there and beginning to be collected but that's a work in progress
Sheer size of our student body
Student need/interest. Over 50% of our students are 24 or older. We've had more issues with vaping than alcohol.
<b>Q27. How would you describe the current capacity of your institution to address and respond to the needs of students who may have alcohol-related problems? Check the statement(s) that best describe your current capacity.</b>
At this time, we do not have recovery/substance free university-based housing, and do not have a dedicated area for recovery students to meet. We have been working to secure these for a couple years. Students had been meeting periodically in other rooms on campus when available and had hosted/collaborated to hold substance free events on campus a few times a semester. A dedicated recovery area was being developed and discussions to identify possible areas to explore for housing. The pandemic has stalled new projects (dedicated space for CRP students, housing), and there are currently limitations on the ability to use on campus spaces or to host in person events due to the pandemic. Our dedicated coordinator left the position but is being supported in interim by remaining staff and we continue individual support for students. Our counseling center has continued to offer d/a assessments, groups and individual counseling, or referrals where appropriate.
Services provided via counseling services - referral only unless conduct situation and mandated to participate in some type of off campus program.
We do not have all the services students with alcohol problems need, but we would like to increase services to fit needs.
We have a Collegiate Recovery program that works with student with addictions.
Would like to offer services for students in recovery
I wouldn't say we are unable, so much as it isn't prioritized in a pro-active manner.
Only a small number of students have come forth in recovery and we have offered a variety of services to them. With Covid, they want to meet in person and we are trying to make that possible for them. The Church across the street from campus has AA, NA, and Al-Anon so even though we don't offer it on campus it is still available basically on campus for students.
Due to the lack of self-reported or evidenced issues with alcohol, there's not really a reason to add services. I would however like to offer some of these services as I believe students would use them as part of our holistic student support model.
<b>Q30. If your campus has conducted a formal assessment, what type of assessment tool was used to collect data about student drinking behavior?</b>
PASSHE AOD SUURVEY
My Student Body yearly for freshmen, institution-created for all student's biennial
2018-2019 Health Minds Study
Not sure but it we did the screening through The Council of Bucks County
AOD coalition-based survey
EverFi Assessment on 4 pillars - and the ACHA in Spring 2018 (coming up again in Spring 2021)



<p><b>Q31. What barriers, if any, have been experienced by your institution that impeded your ability to conduct a formal assessment of student drinking behavior? CHECK ALL THAT APPLY</b></p>
<p>Poor experience with using the core and needing to identify a new survey &amp; obtain IRB approval</p>
<p>Pandemic: were preparing to proceed with CORE survey in spring 2020; due to pandemic, it has been delayed.</p>
<p>Low response rates</p>
<p>Low levels of participation by students; non-representative sample</p>
<p>We were prepared to do ACHA in Spring 2020 and then COVID hit and we knew the data would no longer be accurate with students living at home; we plan to do in Spring 2021 assuming that we are back in person</p>
<p>We completed the CORE survey 4 years ago. Need to do so again.</p>
<p>Students are over-surveyed; thus, response rates are very low, regardless of the incentives.</p>
<p>COVID-19 disrupted our plans to use the ACHA-NCHA Survey in Spring 2020</p>
<p><b>Q35. Given the purpose of this study as stated above, is there anything that was not addressed that you think would further inform an ongoing discussion about student drinking on Commonwealth campuses.</b></p>
<p>The pandemic impacts: programming and outreach has shifted to virtual and/or socially distanced, which has had its own unique challenges many institutions have not had to previously try to account for. Since the pandemic may likely continue to impact programming for at least for a while longer (virtual, limited gatherings, adjusting events/programs/activities for distancing, etc.), I think this would be a valuable area to explore. I feel that budget cuts/limitations, hiring freezes, etc., are also likely affecting many campuses and their programs as well, which places a strain on resources, so collaboration with campuses in same area or region is another topic that could be beneficial to discuss/explore.</p>
<p>We do not have a residence hall or Greek Life. We have not had an alcohol infraction on campus in three years. Alcohol is not allowed in student functions on or off campus.</p>
<p>Services for students that are neither sober nor alcoholics and their access for support outside of traditional d/a services.</p>
<p>Are campuses interested in forming a statewide or regional consortium to share information, ideas, etc., about student drinking.</p>
<p>We are a commuter college with no dorms. Our alcohol infractions have been probably under 5 in 10 years. We have done the alcohol screenings and drunk driving simulators. More of specific events and not on-going prevention programs.</p>
<p>At our institution, there is a distinct lack of resources dedicated to AOD issues as a whole- it's seen as a luxury in the face of significant other financial and resource concerns.</p>
<p>Our campus is unique within the Penn State system. As I have written where I could within this survey, most of our students are working adults who enroll on a part-time basis and we only offer professional master's degrees. We do offer mental health counseling services for students, and they are encouraged to seek counseling for any issues they may be dealing with, including alcohol abuse. We also provide the University's policies on alcohol and drug abuse at our new student orientation each year. We also have a week-long orientation program for new international students where we address PA laws around alcohol and substance abuse and provide important local resources for them.</p>
<p>We are a small private campus with a very strict alcohol policy. Although we are confident there are issues/needs with alcohol our environment may look different than other institutions. Resourcing, both financially and in staff, is our largest hurdle to doing more in this area.</p>
<p>The intersectionality of alcohol abuse with other substance abuse (including prescription drugs) and with mental health challenges. Also, the role of local establishments (retail and wholesale) in the provision of alcohol on/around campuses. When a campus environment is absolutely completely saturated with alcohol, access is simple, and students have enough money to afford cheap drinks, it's hard to expect to make much of a dent. I know broccoli is good for me, but if you stick me in a room of endless, free chocolate, with one little corner for veggies, I'm going to eat the chocolate every single time, no matter how many negative consequences I might experience.</p>
<p>Yes ... it would be helpful to assess community support and resources. Keg regulation, alcohol sales limits, climate and enforcement of underage drinking laws of bars and clubs, local ordinance, etc.</p>
<p>Most of these questions are related to residential institutions. Commuter institutions probably don't have as many issues with alcohol on campus but could use more resources in helping students know what services or supports are available to those with off-campus drinking issues or resources for helping parents talk to their children as many of our students have children of their own.</p>

# APPENDIX C —

## Focus Group Interview Guide

### I. Introduction to the session

### II. Core CPA NA Questions

#### A. Scope of the Problem

1. Thinking about problem behaviors experienced on your campus, describe your institution's concerns with alcohol use and abuse.
  - a. What gives you that impression?
2. Based on your experiences with campus alcohol use, is use most likely to occur in controlled or uncontrolled settings?
  - a. How do you know?
3. When you hear the term "effective" in relation to campus prevention strategies, what comes to mind?
  - a. How are you currently measuring your "effective prevention strategies?"

#### B. Prevention/Education

1. Does your institution have a formal coalition or taskforce to prevention substance use issues?
  - a. If yes, describe it's benefits to your campus's alcohol prevention and education efforts.
  - b. If no, why not?
2. Based on the list of current alcohol prevention and educational strategies, which of the following do you find most valuable? (Write the question in the text box- top three.)
  - a. Make sure to have Q18 responses review
3. When thinking about the utilization of an alcohol education program, what criteria are you most likely to consider when making that decision (i.e., cost, time, etc.).
4. Do you feel that you currently have adequate ATOD staffing on your campus?
  - a. If yes, explain.
  - b. And if no, what barriers to staffing are being experienced?

#### C. Support/Intervention

1. Based on the list of campus support and intervention efforts, which do you most value as a response to student alcohol use? (Write in question- use chat box to put in top three)
  - a. Make sure to have Q25 responses numbered
2. Based on the list of campus support and intervention efforts, which of the following are most utilized to address student alcohol use? (Write in question- use that chat box for top three)
  - a. Make sure to have Q25 responses numbered
3. If you have indicated that your campus provides recovery support services, who provides them?
  - a. If you do not have recovery support services, what barriers are you currently experiencing?

#### D. Evaluation

1. Are you aware of your institution's efforts to systematically gather data about alcohol involvement in student conduct violations?
  - a. If yes, what is the % of student conduct violations that involve alcohol?
  - b. If no, why not?

#### E. Policy

1. Of those who reported a campus health center practice associated with collecting data regarding student visits that results from alcohol consumptions and/or alcohol-related injury by students, how was that institutionalized?
  - a. For those who didn't, what barriers are being experienced?
2. Of those who reported a campus policy and/or practice associated with receiving reports of emergency room visits and/or injury resulting from alcohol consumption by students, how did you achieve that partnership?
  - a. For those who didn't, what barriers are being experienced?
3. Based on the list of potential consequences and sanctions, which do you most value as a response to student alcohol use? (Write in question- use chat box to put in top three)
  - a. Make sure to have Q16 responses numbered
4. Based on the list of potential consequences and sanctions, which of the following are most likely to be applied to student alcohol use? (Write in question- use that chat box for top three)
  - a. Make sure to have Q16 responses numbered

### III. Conclusion Question:

- A. Is there anything that I did not think to ask, which you think would be helpful to add for the purpose of this inquiry?





## **PENNSYLVANIA HIGHER EDUCATION NEEDS ASSESSMENT**

Report of Findings from the Survey of Higher Education Institutions  
in Pennsylvania Regarding Alcohol Use on Campus

