Substance Use Prevention On North Carolina Campuses

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NCHEC
NORTH CAROLINA HIGHER EDUCATION CONSORTIUM

APNC
Addiction Professionals of North Carolina

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1. Executive Summary

Despite extensive national efforts and widespread public concern, substance use disorders among college-aged students persist as a significant behavioral health and well-being challenge. APNC has observed a consistently high rate of alcohol use among the collegiate population, accompanied by an alarming increase in vaping and cannabis consumption, reaching an unprecedented level. The evidence unequivocally demonstrates the detrimental effects these behaviors have on North Carolina's students, campuses, and surrounding communities, underscoring the urgent need for more robust, more unified prevention strategies.

North Carolina has witnessed the emergence of several promising state-level initiatives aimed at tackling these concerns. Despite these efforts, several recurring gaps and challenges have become apparent. These include staff shortages and burnout, high staff turnover rates, inadequate resources, insufficient prevention knowledge, limited support from leadership, and a pressing need for enhanced collaboration.

With these gaps in mind, combined with the Substance Abuse and Mental Health Services Administration's (SAMHSA) philosophy of braided funding and the goal of bridging prevention and recovery, the updated recommendations are broken into five distinct categories encompassing a comprehensive range of strategies and actions to address substance use disorders among college-age students. By categorizing the recommendations, stakeholders, and decision-makers can easily navigate the proposed solutions, facilitating effective implementation and coordination.

The five categories of the updated recommendations are:

1. *North Carolina Department of Health and Human Services (NCDHHS)*: Emphasizes the collaboration between NCDHHS and educational institutions, local communities, and other stakeholders to foster a collective effort in combating substance use challenges.
2. *Addiction Professionals of North Carolina (APNC) - North Carolina Higher Education Consortium (NCHEC):* Highlights the significance of providing comprehensive support services to Wellness and Alcohol and Other Drug (AOD) staff, including securing support from state leadership to prioritize collegiate prevention efforts, strengthening the future workforce, and striving towards the establishment of statewide collegiate prevention standards.
3. *North Carolina Higher Education Wellness and AOD Coalition (NCHEW):* Focuses on the importance of Wellness and AOD staff's active participation in the coalition, mutual support among stakeholders, fostering collaboration, and robust data collection efforts.
4. *North Carolina College and University Campuses*: Underscores the importance of ongoing prevention collaboration and implementation within college campuses, encompassing various departments such as administration, health & wellness, law enforcement, faculty, athletics, and Greek life.
5. *Campus and Community Policies and Practices:* Addresses the importance of establishing clear policies and practices on campuses and within North Carolina that discourage risky substance use and promote a safe and supportive environment.

2. Introduction

In 2019, the Division of Mental Health / Developmental Disabilities / Substance Use Services (DMH/DD/SUS) launched the Collegiate Policy Advisory Committee (CPAC). The Advisory Committee was facilitated by Addiction Professionals of North Carolina (APNC) and the NC Institute of Medicine (NCIOM). CPAC oversaw the creation of a set of recommendations on how to effectively reduce substance use disorders amongst college-age students, consolidating information on the substance use prevention activities associated with numerous government agencies, and identifying the best ways to move forward collectively. The recommendation report was completed in June 2020. CPAC held its last meeting in November of 2021.

This report's first of 50 recommendations was the development of a centralized, statewide organizational structure. In the Fall 2022, APNC secured a Special Projects grant, launching the NC Higher Education Consortium (NCHEC) and fulfilling this first recommendation. While many other recommendations were started over the years, the COVID-19 pandemic changed the landscape and needs of North Carolina's campuses. Due to this, between 2021 and 2022, the APNC team launched a needs assessment, conducted key informant interviews, and solicited campus feedback to update the original set of recommendations. Campuses involved are part of a statewide coalition for substance use disorder prevention and recovery professionals in higher education. This coalition is known as the NC Higher Education Wellness and Alcohol & Other Drug Coalition (NCHEW).

This report will explore the importance of a statewide strategy for prevention in higher education and present key recommendations for filling gaps. Several themes appeared from the final recommendations, including the need for:

- focused efforts on increasing collaboration both among the state as well as within campuses
- creation of more robust prevention policy and funding
- centralization of statewide data on student use and behaviors, and
- the distribution of consistent and evidence-based prevention knowledge.

As students adjust to a post-pandemic life, mental health and substance use disorders concerns are escalating on college campuses. With only 32% of students reporting positive mental health and 83% reporting emotional and mental difficulties that have affected their academic performance, ensuring the campus workforce is prepared, knowledgeable, and supported is vital.[1] This report will showcase the importance of full collaboration among statewide efforts to achieve these goals.

1.Eisenberg D, Ketchen Lipson S, Heinze J, Zhou S. The Healthy Minds Study: 2021-2022 Data Reports. The Healthy Minds Study; 2022. https://healthymindsnetwork.org/wp-content/uploads/2023/03/HMS_national_print-6-1.pdf

3. Scope of Problem

Despite extensive national efforts and widespread public concern, the issue of substance use disorders among college-aged students persists as a significant behavioral health and well-being challenge, impacting both campus communities and the wider public. Alarming national statistics reveal the extent of the problem, with a staggering 81.8% of young adults engaging in past-year alcohol use, accompanied by an increase in binge drinking (defined as consuming five or more drinks in a row within the past two weeks) and high-intensity drinking (defined as consuming ten or more drinks in a row within the past two weeks).[2] Notably, the prevalence of nicotine vaping among young adults has nearly tripled since it was first measured four years ago.[2] Additionally, in 2021, cannabis use among young adults reached record-high levels, surpassing all previous records since the availability of such indices began in 1988.[2] These findings align with the results of APNC's comprehensive needs assessment, which identified these substances as areas of particular concern within North Carolina's collegiate population.

The detrimental effects of alcohol contribute to a significant number of incidents among college students each year, with over 500,000 injuries, 600,000 assaults, and more than 1,500 fatalities reported.[3] The negative consequences of alcohol use extend beyond these figures, as indicated by experiences such as "blacking out," encountering legal trouble with the police or campus authorities, and requiring medical attention, as depicted in figure 1.[4] Furthermore, cannabis and other drug use can disrupt college enrollment.[5]

2. Patrick, M. E., Schulenberg, J. E., Miech, R. A., Johnston, L. D., O'Malley, P. M., & Bachman, J. G. (2022). Monitoring the Future Panel Study annual report: National data on substance use among adults ages 19 to 60, 1976-2021. Monitoring the Future Monograph Series. University of Michigan Institute for Social Research: Ann Arbor, MI. doi:10.7826/ISRUM.06.585140.002.07.0001.2022
3. Substance Abuse and Mental Health Services Administration. Facts on College Student Drinking. Substance Abuse and Mental Health Services Administration; 2021. https://store.samhsa.gov/sites/default/files/pep21-03-10-006.pdf
4. American College Health Association. National College Health Assessment: Spring 2022.; 2022. https://www.acha.org/documents/ncha/NCHA-III_SPRING_2022_REFERENCE_GROUP_EXECUTIVE_SUMMARY.pdf
5. Arria AM, Caldeira KM, Bugbee BA, Vincent KB, O'Grady KE. The academic consequences of marijuana use during college. Psychol Addict Behav. 2015 Sep;29(3):564-75. doi: 10.1037/adb0000108. Epub 2015 Aug 3. PMID: 26237288; PMCID: PMC4586361.

Figure 1: College Students Who Drank Alcohol Reported Experiencing The Following In The Last 12 Months[6]

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non-conforming	Total
Did something I later regretted	18.1	19.5	16.5	18.9
Blackout (forgot where I was or what I did for a **large period of time and cannot remember,** even when someone reminds me)	11.4	11.5	8.4	11.3
Brownout (forgot where I was or what I did for **short periods of time, but can remember** once someone reminds me)	20.4	23.3	20.0	22.3
Got in trouble with the police	1.0	0.6	0.8	0.7
Got in trouble with college/university authorities	1.2	0.9	1.2	1.0
Someone had sex with me **without my** consent	0.9	1.8	2.5	1.6
Had sex with someone **without their** consent	0.2	0.1	0.7	0.2
Had unprotected sex	11.1	11.8	9.0	11.4
Physically injured myself	6.4	7.3	7.6	7.1
Physically injured another person	0.8	0.4	0.9	0.6
Seriously considered suicide	2.5	2.3	7.2	2.7
Needed medical help	0.9	1.0	1.4	1.0
Reported two or more of the above	23.0	24.6	22.2	24.0

While statistics provide insight into the consequences of substance use disorders, they only scratch the surface of its overall impact. Investing in comprehensive prevention programs on college and university campuses may initially appear daunting. Still, the returns and savings exceed 100% of the initial cost.[7] Evidence-based prevention programs have demonstrated promising results, with several programs showing a high likelihood that the benefits outweigh the costs.[8]

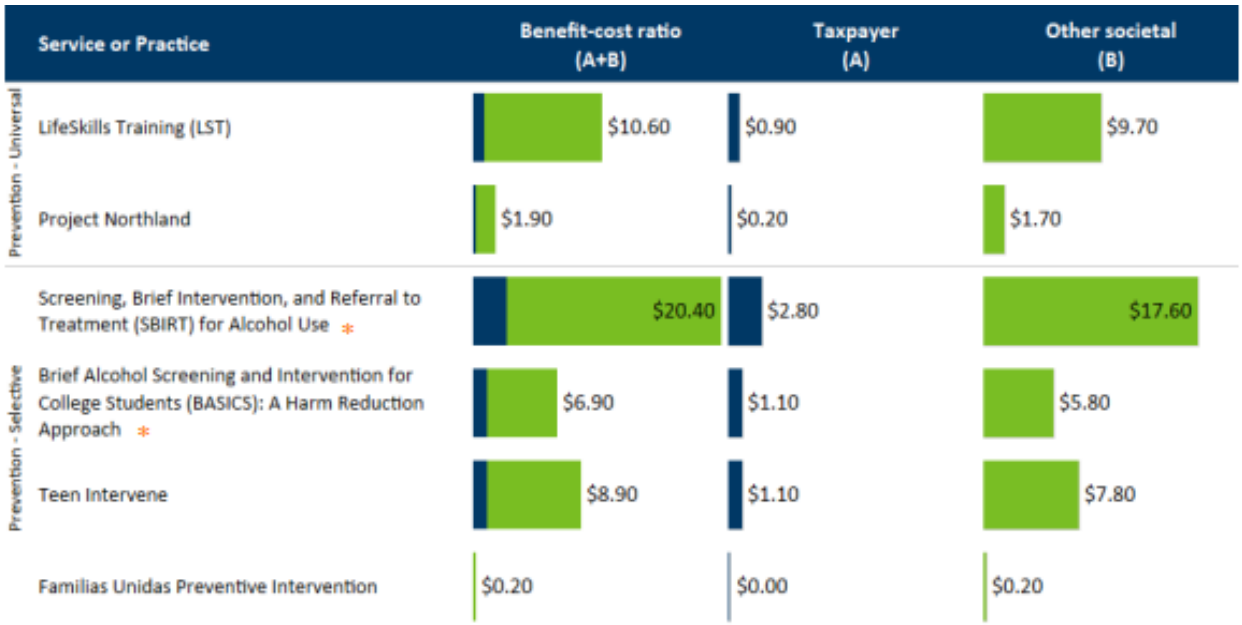
Figure 2: *Evidence-Based Collegiate Prevention Programs Alongside Cost-Benefit Analysis*[9]

Program name	Date of last literature review	Total benefits	Taxpayer benefits	Non-taxpayer benefits	Costs	Benefits minus costs (net present value)	Benefit to cost ratio	Chance benefits will exceed costs
Early college high school (for high school students)	Feb. 2018	$72,471	$13,568	$58,903	($4,175)	$68,296	$17.36	92 %
College in the high school (for high school students)	Feb. 2018	$24,726	$5,113	$19,612	($284)	$24,442	$87.02	100 %
College advising provided by counselors (for high school students)	Jan. 2018	$24,404	$5,043	$19,361	($822)	$23,582	$29.70	97 %
Dual enrollment (for high school students)	Dec. 2017	$22,396	$5,418	$16,978	($1,589)	$20,807	$14.10	100 %
Summer outreach counseling (for high school graduates)	Dec. 2016	$15,628	$3,206	$12,421	($101)	$15,526	$154.33	89 %
Performance-based scholarships (for high school students)	Dec. 2016	$5,335	$962	$4,372	($1,583)	$3,752	$3.37	71 %
Text message reminders (for 2-year college students)	Dec. 2016	$3,697	$477	$3,220	($37)	$3,660	$100.26	96 %
Text message reminders (for high school students and graduates)	Jan. 2018	$3,352	$637	$2,715	($10)	$3,342	$336.40	59 %
Student success courses (for 4-year college students)	Sep. 2017	$3,508	$705	$2,802	($620)	$2,888	$5.66	64 %
College advising provided by a peer mentor (for high school students)	Dec. 2016	$1,939	$484	$1,455	($825)	$1,113	$2.35	51 %
Student success courses (for 2-year college students)	Sep. 2017	$620	$48	$572	($290)	$329	$2.13	66 %
Learning communities—linked developmental and student success courses (for 2-year college students)	Jul. 2017	$183	$51	$132	($401)	($218)	$0.46	36 %
Brief information interventions (for high school students)	Nov. 2017	($155)	($22)	($133)	($76)	($230)	($2.04)	43 %
Learning communities—linked developmental and college courses (for 2-year college students)	Jul. 2017	$265	$98	$167	($914)	($649)	$0.29	17 %
Text message reminders (for 4-year college students)	Dec. 2016	($1,037)	($134)	($903)	($37)	($1,074)	($28.14)	12 %
Performance-based scholarships (for 4-year college students)	Dec. 2016	($198)	$154	($352)	($2,959)	($3,157)	($0.07)	11 %
Performance-based scholarships (for 2-year college students)	Dec. 2016	($1,104)	$10	($1,114)	($2,771)	($3,876)	($0.40)	1 %
Intensive advising (for 2-year college students)	Nov. 2017	($3,670)	($224)	($3,446)	($854)	($4,525)	($4.30)	17 %

6. Image of findings about college students past year drinking adverse experiences from Spring 2022 Reference Group Data National College Health Assessment Report, by the American College Health Association (https://www.acha.org/documents/ncha/NCHA-III_SPRING_2022_REFERENCE_GROUP_DATA_REPORT.pdf)
7. Miller, T. and Hendrie, D. Substance Abuse Prevention Dollars and Cents: A Cost-Benefit Analysis, DHHS Pub. No. (SMA) 07-4298. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2008.
8. Washington State Institute for Public Policy. https://www.wsipp.wa.gov/BenefitCost
9. Image of chart of evidence-based collegiate prevention programs alongside cost-benefit analysis by the Washington State Institute for Public Policy (https://www.wsipp.wa.gov/BenefitCost)

Examples such as the Brief Alcohol Screening and Intervention for College Students (BASICS) and Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Alcohol Use in Minnesota have proven cost-effective compared to treatment as usual, yielding substantial returns.[10]

Figure 3: Comparison of Benefit-Costs Ratios for Prevention and Early Intervention Services[11]



It is important to recognize that the immeasurable effects of prevention programming on individuals' health and well-being cannot be solely quantified in monetary terms. Embracing this perspective allows a fuller appreciation for the value and transformative impact of prevention efforts.

10. Merrick W, Elder, Bernardy. Adult & Youth Substance Use Benefit-Cost Analysis. Published September 2017. Accessed June 29, 2023. https://mn.gov/mmb-stat/results-first/substance-use-report.pdf

11. Image of chart of evidence-based collegiate prevention programs, SBIRT and BASICS, alongside cost-benefit analysis for the state of Minnesota from Adult and Youth Substance Use Benefit-Cost Analysis by the Minnesota Management & Budget (https://mn.gov/mmb-stat/results-first/substance-use-report.pdf)

4. Higher Education Prevention Landscape

As North Carolina grapples with the pressing issue of substance use disorders among college students, a wide range of promising initiatives have emerged to address this challenge. This section aims to shed light on the state-level infrastructure that offers crucial support in North Carolina, as well as the pivotal role played by expansive college organizations operating within the state. Furthermore, it underscores the pressing necessity for collaboration among all stakeholders to effectively address this issue.

4.1 DMH/DD/SUS

State Level Infrastructure Support

In 2019, the North Carolina Department of Health and Human Services (NCDHHS) allocated funding to establish the College and University Policy Advisory Committee (CUPAC). The result of this committee was a set of 50 recommendations to guide collegiate prevention across the state.

To address the changes caused by the COVID-19 pandemic, NCHHS provided funding to APNC in 2021 to conduct a needs assessment that would examine the impact of COVID-19 on the behavioral health of colleges and universities across the state and their ability to implement the initial recommendations from CUPAC. The findings of this assessment shed light on the challenges faced by North Carolina's college, university, and community college campuses in meeting the behavioral health needs of their student bodies. In a post-pandemic world where collegiate behavioral health has reached a critical state, the evaluation of campus capabilities reveals a widening gap between student needs and the capacity of counseling and wellness staff to effectively address them.

To tackle these challenges head-on, NCDHHS funded the state's first Higher Education Consortium. This innovative service aims to provide alcohol and substance use prevention and recovery resources to colleges and universities statewide, thereby better supporting the behavioral health needs of students. NCDHHS continues to prioritize the health and well-being of students.

4.2 The North Carolina Higher Education Consortium

Collegiate Organizations Working on a Statewide Scale

The North Carolina Higher Education Consortium (NCHEC) stands as the pioneering accomplishment of the College and University Policy Advisory Committee, fully realized and implemented in accordance with the original recommendations set forth by the group. Administered by staff of the Addiction Professionals of North Carolina (APNC) and benefiting from partial funding from the Department of Health and Human Services Division of Mental Health, Intellectual Developmental Disabilities, and Substance Use Services (DMH/DD/SUS), the consortium has been actively delivering its programming since October 1, 2022.

Designed as a comprehensive statewide entity, the Consortium serves to support campus wellness staff, propelling collegiate prevention efforts forward in North Carolina with strategic intent. Its current portfolio of programming encompasses a diverse range of initiatives aimed at empowering campuses, including peer learning and networking opportunities, professional development and continuing education training, provision of mini-grants dedicated to primary prevention programming, facilitation of a tailor-made resource hub catering to campus-specific needs, and responsive provision of technical assistance upon request. It is worth noting that the Consortium maintains a robust partnership with NCHEW, reinforcing their mutual commitment to fostering student well-being.

The incorporation of evidence-based strategies is of paramount importance in shaping the Consortium's approach. Aligned with prevention strategies endorsed by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP), the Consortium actively promotes and empowers college and university campuses to adopt a range of practices, in parallel with the practices embraced by 38 higher education substance use coalitions nationwide. Figure 4 shows a selection of strategies implemented by campuses across the state and country.

Figure 4:

Strategy	Summary (As defined by CSAP)	Example of Strategies
Information and Dissemination	Information dissemination is defined as one-way communication from the source to the intended audience.	-Student handbooks and campus websites containing campus policy around drinking and other substance use -Brochures on available prevention programs and services for oneself or peers -Social media post on how students can become more involved in prevention on their campus -Social norms campaigns which aim to provide students with unbiased and factual information regarding alcohol or substance use patterns among their peers.
Education	Education is described as two-way communication with interaction between the educator and the participants. Educational activities aim to "improve critical life and social skills," which includes "decision making, refusal skills, critical analysis, and systematic judgment abilities."	-Peer educators disseminating vital health information, resources, and promoting prevention education and outreach initiatives among their peers. -Engaging parents in conversations during orientation, equipping them with effective tips, and providing them with practical scripts to facilitate open and constructive communication with their college-aged child regarding substance-use situations. -Computer- facilitated education modules, like AlcoholEdu, that educate students on the effects of alcohol and understanding the link between drinking and academic and personal success.
Alternatives	Alternative activities provide opportunities for the priority population to participate in safe and healthy activities that exclude substance use. The assumption is that constructive and healthy activities provide positive alternatives to drug use and other unhealthy choices	-Partnership with Student Leadership and Engagement (or related department) to create student service opportunities -Alcohol and substance free events, particularly during high-risk times like first week of classes, football games, Halloween, and midterms and finals

Problem Idea and Referral	This strategy includes activities or services that are geared toward behavior change, but not through therapy. Screening is to identify whether or not an individual can be served by primary prevention services or must be referred out to treatment	-SCREENU, a confidential alcohol risk assessment tool that employs evidence-based strategies known as SBIRT (Screening, Brief Intervention, and Referral to Treatment). -Brief Alcohol Screening and Intervention for College Students (BASICS), a program designed specifically for college students who engage in heavy alcohol consumption and have encountered or are susceptible to alcohol-related challenges. -eCHECKUP TO GO, a program designed to reduce student cannabis use by providing personalized insights into their substance use habits and the risk factors associated with such use.
Community-based Processes	Community-based processes encourage planning necessary to implement effective prevention strategies and programs in a community. Activities in this strategy include organizing, planning, and enhancing the efficiency and effectiveness of service implementation, interagency collaboration, coalition building, and networking	-Campus Community Coalitions, comprising diverse stakeholders from both the campus and the surrounding community, unite under a shared vision of cultivating a safer and healthier environment for students and residents alike. -Partnerships with off-campus clinical health care providers, particularly for campuses that do not have health centers like community colleges.
Environmental	Environmental prevention strategies focus on community-level impact, instead of focusing solely on individuals. Environmental prevention strategies include policies or regulations, media strategies, compliance efforts, social norms marketing, community development, and neighborhood mobilization.	**<u>On Campus</u>** -Policies prohibiting alcohol and substance use on campus -Restrictions on alcohol use at specific places or events -Banning of alcohol sales at specific places or events -Establishment of a medical amnesty policy **<u>Off-Campus</u>** -Regulating alcohol density -Limiting the days and hours of alcohol sales reduces the availability of alcohol -Compliance checks for alcohol outlets -Restrictions of price alcohol promotions and discounts

4.3 NC Community College System

The North Carolina Community College System oversees a substantial network of 58 public community colleges, establishing it as the third-largest community college system in the United States.[12] With an annual enrollment of over 735,000 students[10], the system serves a significantly larger number of schools and students compared to the UNC System.

The community college demographic is characterized by a growing population of non-traditional students, which makes it less apparent to identify the consequences of substance use on campus. Like four-year public schools, the issue of scale arises for individual campuses. Smaller colleges face resource limitations due to fewer staff and fewer resources, while larger campuses encounter the need for expanded prevention services to accommodate their larger student population.

Recognizing these challenges, the North Carolina Community College System has outlined strategic priorities for 2022-2026[13,] with a central goal focused on providing comprehensive resources both inside and outside the classroom to ensure student success.

To accomplish this, community colleges aim to enhance collaboration with government and educational partners, non-profit organizations, and businesses. By establishing these partnerships, they can connect students with wraparound services that support their success and completion. Furthermore, community colleges intend to pursue statewide funding to enhance access to wraparound services and provide greater support for student well-being.

4.4 NC Independent Colleges and Universities

TThe North Carolina Independent Colleges and Universities (NCICU) serves as the central coordinating office for 36 private, non-profit colleges across the state, collectively catering to 86,125 students. Acknowledging the growing apprehension surrounding mental health among students, staff, and faculty, Hope Williams, President of NCICU, has emphasized the need to address this issue. In response, NCICU joined forces with the UNC Systems Office and NC Community College System to launch the 2022 Behavioral Health Convening, a collaborative initiative

12. Admin. Get the Facts. NC Community Colleges. Published August 9, 2016. https://www.nccommunitycolleges.edu/get-facts
13. Admin. Strategic Plan. NC Community Colleges. Published February 20, 2018. https://www.nccommunitycolleges.edu/strategic-plan
14. North Carolina Independent Colleges and Universities, 2021 North Carolina Independent Colleges and Universities. (2021). Find Your College. https://ncicu.org/find-your-college/

centered around mental health. As part of this endeavor, they actively promoted Mental Health First Aid®, a training program designed to equip individuals with the knowledge and skills to identify and provide appropriate referrals during behavioral health crises.

4.5 UNC System

The University of North Carolina (UNC) System assumes the vital role of overseeing the state's 17 public universities, collectively enrolling approximately 240,739 students.[15] The current UNC System President, Peter Hans, who was selected in 2020, has led the system throughout the ongoing pandemic and acknowledges the challenges faced by students during this time. In response to these challenges, ongoing discussions have taken place among the UNC System Board of Governors, other UNC leaders, and university experts to develop measures addressing student well-being.

To prioritize student well-being, the UNC System encourages all institutions to participate in the Healthy Minds Survey. This survey provides valuable insights into students' experiences and perspectives regarding mental health, alcohol, and other substance use. Additionally, the System Office's Division of Student Affairs organizes the annual Behavioral Health Convening, a gathering of approximately 400 professionals in the field. During the most recent convening, President Hans announced increased efforts to address student well-being, including initiatives such as micro-grants to support students in accessing off-campus care services, enhanced training for faculty and staff to identify and assist at-risk students, and the introduction of remote psychiatric services in underserved areas with limited access to mental health resources.[16]

4.6 The NC Higher Education and Wellness Alcohol and Other Drugs Coalition

The NC Higher Education Wellness & Alcohol and Other Drug Coalition (NCHEW) serves as a valuable group that promotes professional support, collaboration, and collegiate prevention knowledge acquisition for behavioral health staff members. The coalition primarily consists of campus health promotion, wellness, and counseling staff, representing 29 campuses throughout the state, including a mix of public, independent, and community colleges. Participation in the Higher Education Coalition is driven by voluntary engagement, showcasing the dedication and commitment of its members.

15. Admin. Strategic Plan. NC Community Colleges. Published February 20, 2018. https://www.nccommunitycolleges.edu/strategic-plan
16. Pérez-Moreno H. UNC System President Outlines Mental Health Programs to Address Student Need.; 2023. Accessed June 29, 2023. https://www.wunc.org/news/2023-03-21/unc-system-president-outlines-mental-health-programs-to-address-student-need

The current chair of the coalition, Dean Blackburn, played a significant role in launching the Collegiate Advisory Policy Committee and contributing to the original set of recommendations. This proactive approach highlights the coalition's commitment to creating impactful solutions. In 2022, the coalition entered a Memorandum of Understanding (MOU) with NCHEC, aiming to facilitate more frequent statewide prevention activities with broad collegiate participation.

Through these collaborative efforts, the NC Higher Education Wellness & Alcohol and Other Drug Coalition strives to advance the field of prevention and contribute to the overall well-being of students across North Carolina.

5. Challenges and Gaps in Current Approaches

North Carolina's college and university campuses continue to grapple with meeting the behavioral health needs of their students despite commendable efforts across various sectors. As North Carolina navigates the post-pandemic landscape, the state of collegiate behavioral health has reached a critical crossroads, revealing a widening gap between student needs and the capacity of institutions and their staff.[17] After conducting extensive research for this report, APNC has identified six key challenges that demand prioritization in the coming years.

5.1 Staffing Shortage and Burnout

The scarcity of frontline behavioral health professionals poses a significant barrier to care, with staff shortages contributing to burnout symptoms among a majority of practitioners.[18] This overworked environment results in high turnover rates, ultimately affecting the quality of care provided.[19] Colleges and universities, like other institutions nationwide, also face the repercussions of staff shortages, burnout, and subsequent turnover. During recent interviews, a North Carolina campus staff member expressed a simple desire: "I want to go home before 9 o'clock at night."

Insufficient staffing presents a significant obstacle to the advancement of a comprehensive prevention program. When overwhelmed by the pressing demands right in front of them, staff members find it exceedingly challenging to go beyond fulfilling the minimum requirements. Moreover, supervisors have expressed that being entrenched in day-to-day tasks leaves "no room to step up and create that [future program] vision."

17. Czeisler MÉ , Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: http://dx.doi.org/10.15585/mmwr.mm6932a1

18. Addiction Professionals of North Carolina (2022a). State of North Carolina's behavioral health workforce: Survey results. https://www.apnc.org/wp-content/uploads/2022/04/APNC-Behavioral-Health-Frontline-Workforce-Survey.pdf

19. Walden, D., Rockland-Miller, H., Carleton, K., & Marathe, P. (2021). Provider burnout in counseling centers due to COVID-19: Implications and recommendations for improving work satisfaction and overall wellbeing [White paper]. Mantra Health. https://mantra-health.com/post/white-paper-provider-burnout-in-counseling-centers

5.2 Turnover

The Collegiate Needs Assessment conducted by APNC[20] revealed that a significant number of substance use-specific staff, including prevention specialists, resigned from participating schools between January and June 2022. Additionally, over half of the schools experienced a loss of health and wellness personnel in the previous year[20]. While most participating schools reported providing prevention programming, 29% lacked dedicated staff for these efforts.

5.3 Resouces

Many institutions face challenges due to a lack of resources for prevention, including personnel, time, and knowledge.[20] In the needs assessment, participating colleges and universities reported a median of four counseling staff members with an average caseload of 98.6 students, leaving little to no time for prevention initiatives.[20] The absence of dedicated prevention positions further compounds the problem, hindering the ability to assess, plan, and implement prevention programs effectively. Insufficient funding also obstructs programming and successful interventions, as highlighted in recent interviews, where one campus member stated, "A lot of days for me, it just feels like an uphill climb."

Numerous programs in North Carolina have expressed concerns about the detrimental impact of insufficient funding on their programming and ability to be successful in their interventions. In a recent interview, one campus administrator highlighted the disparity between policy requirements and the lack of accompanying funding resources provided by leadership, noting this situation hinders the hiring of essential staff, limits access to professional development opportunities, and obstructs the implementation of evidence-based programming on many campuses. The lack of adequate funding not only hampers the effectiveness of prevention efforts but also undermines the overall well-being of students.

5.4 Lack of Prevention & Data Driven Decisions

A significant gap in evidence-informed prevention knowledge hinders campuses' efforts to address substance use disorders among students. The prevalence of alcohol misuse among college students, coupled with its adverse consequences, underscores the necessity for comprehensive, evidence-informed prevention initiatives.[21] However, some schools in North Carolina lack the requisite prevention background and proper certification among their Alcohol and Other Drug (AOD) or related prevention professionals.[20] The urgency for

20. Addiction Professionals of North Carolina (2022a). State of North Carolina's behavioral health workforce: Survey results. https://www.apnc.org/wp-content/uploads/2022/04/APNC-Behavioral-Health-Frontline-Workforce-Survey.pdf
21. Welsh, J., Shentu, Y., & Sarvey, D. (2019). Substance Use Among College Students. Focus: The Journal of Lifelong Learning in Psychiatry, 17(2), 117. https://doi.org/10.1176/appi.focus.20180037

comprehensive, evidence-informed prevention measures becomes evident when considering the risks and high caseloads associated with substance and alcohol misuse.

Furthermore, many campuses heavily or exclusively rely on student engagement to drive prevention efforts, leading to the implementation of initiatives such as alcohol impairment simulation goggles, commonly referred to as "drunk goggles." Despite good intentions, these initiatives do not align with evidence-informed approaches recommended by the North Carolina Substance Abuse Prevention Block Grant Approved Strategies, highlighting the need for education on data-driven versus engagement-driven initiatives.

The emphasis on engagement over evidence also raises concerns regarding the lack of data-driven initiatives. Numerous campuses express uncertainty about how to effectively utilize collected data, if any is collected at all. To gain a better understanding of North Carolina's current state and ensure data-driven decision-making, it is crucial for prevention professionals to acknowledge the significance of campus data and acquire the necessary skills to utilize it effectively. Additionally, the state should strive to aggregate data for a statewide baseline, facilitating informed decision-making and evaluation of prevention efforts across campuses.

5.5 Lack of Support from Campus Leadership

Through in-depth interviews and comprehensive assessments conducted on various campuses, a clear pattern emerged highlighting a lack of buy-in from campus leadership. Staff members expressed their frustration, emphasizing their inability to influence decision-makers and the obstacles posed by certain campus departments. One campus even described its communications department as a significant barrier, impeding their efforts to launch paper campaigns, implement timely website updates, and display necessary signage. Another interviewee shed light on the prevailing silos and isolation within their campus, noting that many departments are reluctant to intervene in situations, adopting the mindset of "that's the counselor's responsibility."

The fear of missteps in forming meaningful collaboration and reluctance to engage in prevention practices further burdens already overworked professionals. This lack of support hampers the establishment of a cohesive campus culture. It is essential for campus administration to transcend stigmatizing beliefs and recognize the pivotal role that prevention plays in safeguarding the lives of students. Unfortunately, numerous North Carolina campuses are currently grappling with this battle, as chancellors and presidents avoid discourse regarding substance use disorders out of concern that it might tarnish the reputation of the institution.

In one distressing case, a campus was prohibited from acknowledging their commendable achievements in securing multiple grants for substance use disorder prevention and recovery, as leadership refused to acknowledge any presence of substance use disorders on campus.

To foster a supportive and resilient environment, it is imperative for campus administration to shift their perspective, valuing prevention efforts and acknowledging their potential to impact students' lives positively. By confronting stigma and embracing open conversations about substance use disorders, campuses can create a safer and more inclusive environment.

5.6 Need for Collaboration

Amidst these numerous challenges, a common thread emerges that prevention professionals on campus are grappling with overwhelming workloads, a sense of isolation, and an uphill battle they cannot surmount alone. To propel their objectives, programs, and initiatives forward, it is crucial for North Carolina to adopt a paradigm in which collegiate prevention becomes a collective responsibility. The state must foster an environment on college campuses that breaks down silos, amplifies the voices of prevention professionals, and garners unwavering support and funding from the state and legislators. Furthermore, there is a pressing need for comprehensive education aimed at campus leadership and governing bodies to enhance their understanding of the vital role prevention plays.

By fostering effective collaboration across these various sectors, campus professionals can gain access to new resources, achieve optimal staffing levels, carve out time for ongoing learning, and expand their essential skills and knowledge base. This concerted effort will enable them to propel evidence-based prevention initiatives forward and pave the way for meaningful progress. It is through this collective dedication and synergy that we can empower prevention professionals to make a lasting impact on campus communities.

6. Key Recommendations

NCDHHS Leadership & Departments

1. Provide ongoing funding for NCHEC to have full-time dedicated staff to advance the data collection, data interpretation, and professional development needs of participating campuses.
2. Create opportunities for collaboration between colleges, universities, and state agencies.
3. Provide ongoing universal, selective, and indicated prevention funding and resources for colleges and universities to implement, disseminate, and monitor prevention and wellness initiatives. This support should encompass various aspects, such as funding for dedicated staff, facilitating professional development opportunities, and providing financial resources for the implementation of statewide surveys.
4. Ensure that colleges and universities gather consistent data to identify substance use and wellness concerns.
5. Support and fund initiatives to cross-train departments within a campus including police, faculty, staff, and athletics.

APNC/NCHEC

1. A statewide organizational structure should continue to serve a coalition of campuses that are collaborating in the prevention of substance use.
2. Statewide leadership, such as the Board of Governors, should be requested to strongly encourage institutional participation.
3. Statewide leadership, such as the North Carolina Community College, North Carolina Independent College, and UNC Systems Offices should be requested to strongly encourage institutional participation.
4. Ensure that statewide organization consistently conducts site visits, utilizing consistent data to actively guide the review and update of recommendations regularly, with intervals set every three years.
5. Adopt a common standard survey instrument that would allow for the collection of consistent data across the state and data sharing with NCHEC. Assist campuses with dissemination planning.
6. Assign NCHEC dedicated staff to support campuses in data analysis and data visualization.
7. Improve the evaluation aspect of the Strategic Prevention Framework (SPF) model by analyzing key performance indicators and assessing how well strategies are being implemented.
8. Increase the use of data visualization tools.
9. Promote the use of storytelling to make data findings more accessible.
10. Increase substance use disorder prevention, treatment, and recovery education as a standard curriculum component across foundational courses as well as healthcare-related academic departments similar to other healthcare professions including Public Health.

11. Enhance financial scholarships for internship programs in the prevention field.
12. Ensure the resources developed at the universities associated with recent Health Resources and Services Administration and SAMHSA grants are available to the broader NC system via online offerings.
13. Increase statewide awareness of the national social work curricular standards in the Curricular Guide for Substance Use, currently being completed by SAMHSA, Council on Social Work Education, and the American Academy of Addiction Psychiatry State Targeted Response Technical Assistance Consortium.
14. Operationalize functions associated with social determinants of health that an integrated social work education could support in building a community of health (stigma-reduction, trauma-informed, protective factors, community processes, and policy advocacy).
15. Provide support/resources for faculty and staff to be knowledgeable about substance use issues and to be aware of actions they can take i.e. ally training and stigma reduction education.
16. Provide mentoring support by substance use professionals to students entering the field, e.g. the Leadership Academy.
17. Strive for enhanced collaboration with community-based substance use and off-campus clinical health care providers.

North Carolina Higher Education Wellness and AOD Coalition

1. All participating institutions in statewide collaborative as a member criteria should be required to regularly survey students using a consistent data collection method, in order to establish a statewide data-sharing process.
2. Membership in the statewide collaborative should be highly recommended, with formal agreements with the highest level of leadership possible from each institution.
3. Build consistent approaches across campuses.
4. The coalition will involve campus administration from the outset and encourage their active participation on a biannual basis.

NC Collegiate Campuses

1. **Administration**
    a. Assume responsibility in taking the lead to create social norms and culture change on campuses.
    b. Resolve concerns related to the negative reputation or stigma associated with substance use trends on college/university campuses, especially on commuter campuses.
    c. Commit to data collection and data-sharing strategies within the statewide collaborative.
    d. Commit to learning and understanding the full federal compliance and legal liabilities regarding the Drug-Free Schools and Communities Act.

2. **Health and Wellness Staff**
    a. Participate in statewide coalition
    b. Utilize the knowledge of social determinants of health to implement effective strategies that enhance behavioral health, which is connected to increased academic performance, sense of belonging, and to improved retention rates.
    c. Increase the promotion of environmental interventions/strategies that enhance protective factors, such as implementing policies like tobacco-free campus or enforcing laws and policies that limit the availability of alcohol.
    d. Whenever possible, increase focus on the umbrella of a substance use, rather than single substance initiatives, and increase attention to poly-drug use.
    e. Evaluate mechanisms to increase off-campus AOD awareness for both residential and commuter campuses, looking especially at neighborhoods around the college.
    f. Focus on linkages between efforts along the full continuum of care (prevention/harm reduction/early intervention, treatment/recovery).
    g. Utilize and balance an intervention design that is multi-level (individual-community-societal).
    h. Employ storytelling as a technique to make data findings more accessible.
    i. Promote greater student involvement in developing and implementing campus prevention and recovery support strategies, with a strong emphasis on fostering diversity, equity, inclusion, and belonging.
3. **Law Enforcement**
    a. Elevate expectations for collaboration between campus safety and health/wellness.
    b. Evaluate processes to increase off-campus awareness of alcohol and other drug (AOD) resources for both residential and commuter campuses, looking especially at neighborhoods around the college.
    c. Form partnerships with local law enforcement agencies around substance use prevention and enforcement strategies.
    d. Campus law enforcement should be trained yearly in trauma-informed care and other related AOD training.
    e. Campus safety personnel should be educated on evidence-based

approaches.

4. **Faculty**
   a. Increase desire to be the frontline in creating a culture of wellness.
   b. Form partnerships with health and wellness staff around substance use prevention and mental health strategies.
   c. Faculty should be trained yearly in trauma-informed care or other related AOD training.
   d. Incorporate an informative Alcohol and Other Drug (AOD) syllabus statement, prepared by the dedicated AOD health and wellness staff, into all course syllabi.
5. **Athletics**
   a. Establish collaborative partnerships with health and wellness staff to implement cost-effective or free substance use prevention and mental health initiatives.
   b. Establish designated seating sections catered to students in recovery, sober supporters, or individuals seeking an alcohol-free environment, fostering inclusivity and accommodating diverse preferences.
   c. Commit to learning and understanding the risks associated with selling alcohol at sporting events and collaborate with the health and wellness staff to proactively mitigate potential harm.
6. **Greek Life**
   a. Form partnerships with health and wellness staff around substance use prevention and mental health strategies.
   b. Increase the knowledge of fraternity and sorority staff and leadership to effectively manage alcohol and substance use-related incidents.

North Carolina State and Campus Policies and Practices

1. Advocate for the establishment of a percentage of sporting alcohol sales that will contribute towards funding alcohol and other drug prevention & recovery initiatives.
2. Advocate for the implementation of a mandated North Carolina Alcohol Server and Seller training for stadiums.
3. Advocate for statewide adoption of Tobacco-21 legislation, inclusive of tobacco policy best practices.
4. Advocate for creation of statewide policy mandating a minimum age of 21 years for purchasing Delta THC or THCA products.
5. Promote NC readiness for the adoption of tobacco licensing.
6. Advocate for policy and funding for dedicated prevention staff that aligns with the size of each campus.
7. Advocate for the inclusion of a new seat on the Board of

Governors to be specifically designated for either a campus Alcohol and Other Drug (AOD) professional or the Chairman of the North Carolina Higher Education Wellness and AOD Coalition.

8. Advocate for policies that facilitate the widespread availability and convenient distribution of risk mitigation resources, encompassing essential tools like naloxone and fentanyl testing strips.

7. Conclusions and Next Steps

The state of North Carolina has already witnessed remarkable achievements, such as the establishment of the NC Higher Education Coalition (NCHEC), which has played a pivotal role in fostering peer learning, providing continuing education opportunities for campus professionals, and building a sense of community among higher education institutions in the state. Coalition members have expressed their overwhelming support, describing it as "phenomenal" and highlighting the sense of belonging it offers. They have found value in sharing challenges, brainstorming solutions, and equipping themselves with the necessary information to effectively advocate with campus leadership.

Looking ahead to the next three years, there are four key areas that demand prioritization. Firstly, efforts must be directed towards fostering collaboration at both the state level and within individual campuses. This will enable a stronger collective approach to prevention initiatives. Secondly, there is a need to develop robust prevention policies and secure adequate funding to support these efforts. Thirdly, the centralization of statewide data on student substance use and behaviors will provide critical insights for informed decision-making. Lastly, it is essential to ensure the consistent distribution of evidence-based prevention knowledge across campuses.

To achieve these goals, it is imperative to garner the support and commitment of systems offices, the Board of Governors, and university administrations. Leadership must take decisive action to create a unified direction and cultivate a supportive environment for campus prevention and the professionals involved. Moreover, campuses should be encouraged and given the opportunity to actively participate in the NC Higher Education Wellness Coalition. This coalition serves as an invaluable platform for education, facilitating the aggregation of statewide data, and promoting standardized approaches to collegiate prevention.