University of Virginia
Biennial Review
2020-2022

In Compliance with the U.S. Department of Education's
Drug-Free Schools and Communities Act (DFSCA) and
Drug and Alcohol Abuse Prevention Regulations
REVIEW CONTENTS

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2020-2022 BIENNIAL REVIEW

I. Introduction, Background, and Legislative Requirements

This report constitutes the University of Virginia’s ("UVA" or the "University") biennial report as required by the Drug-Free Schools and Communities Act Amendments of 1989 ("DFSCA"). This law requires the University to distribute an annual notice outlining UVA’s alcohol and other drug ("AOD") policies and penalties as well as to compile a biennial review and assessment of UVA’s AOD programs and policies. This report includes information on the University's AOD programs for January 1, 2020 – December 31, 2021. The COVID-19 pandemic significantly impacted AOD initiative planning and implementation over the course of these two years. No or smaller group sizes, the shifts between virtual/in-person/hybrid work and class options, and managing additional priorities and crises is necessary context for the following information.

II. Descriptions of UVA’s Alcohol and Other Drug (AOD) Program Elements

The University of Virginia uses the evidence-based prevention model developed by the National Academy of Science’s Institute of Medicine, which states that programs should be tailored to meet the specific needs of three prevention populations: universal (all students/employees); targeted (students/employees at higher risk for substance misuse) and indicated (students/employees with demonstrated high-risk behaviors). Interventions are aimed toward these three populations, and the University coordinates with multiple partners including students, parents, faculty/staff, alumni, and the local community. Overall, initiatives have the goal of promoting the health, safety, and quality of life of all University of Virginia students and employees in partnership with the University and Charlottesville communities.

Regarding students, the Division of Student Affairs has five critical functions, one of which is “Health and Wellness.” Within this function, AOD initiatives are “critical to promoting healthy living and individual
and group responsibility and accountability, and to reducing and/or eliminating negative outcomes including more serious consequences such as hazing, interpersonal violence, and sexual misconduct."

Regarding employees, the University of Virginia's award-winning employee well-being program, Hoos Well, seeks to improve the lives of the UVA employee community with a simple philosophy: enable the well to remain well and help those with health risks or chronic conditions to improve their health. Hoos Well has programs designed to reward wellness lifestyle practices, such as completing a health assessment, tracking healthy habits, etc. Hoos Well also has a website with virtual tools towards improving the physical, emotional, and financial well-being of each employee. For employees already negatively impacted by stress, potentially leading to the abuse of AOD, the University of Virginia has a dedicated team, the Faculty & Employee Assistance Program (FEAP) team, that readily provides intake and assessment counseling services (available face-to-face or telephonically) to help ensure employees understand their best options for seeking treatment. FEAP counselors will help determine the most effective help (and referral services) for the employee’s particular needs based on an intake assessment. Anyone affected by another's drinking can also access FEAP. Counselors are available during the workday, or during the night, weekends, and holidays for urgent assistance. The Clinician Wellness Program in UVA Health promotes personal and professional wellbeing of clinicians (faculty, trainees, APPs) and non-clinician School of Medicine faculty, coordinating the assessment and treatment of those with a substance use disorder.

What follows is a general outline of current prevention, intervention, and recovery support efforts for students and employees listed by the categories of universal, targeted, and indicated. Additional information on these programs is available in the appendices.
Universal Prevention Interventions Available to All

For Students

Several interventions focused on enhancing the already high level of student involvement in prevention activities. For example, the Peer Health Educators (PHEs) within Student Health and Wellness (whose main website received 7,211 unique page views from 2020-2022) continued to be active in providing information to the general student body through formal programs and awareness initiatives. Their foundational principles of positive, inclusive, and empowering messaging aim to equip students with the information, tools, and resources to make informed decisions that align with their goals and values around a variety of topics, including substance use. For example, the PHEs developed and posted a series of social media videos – “Hoos Want to Know.” These videos have been viewed over 3,000 times. An additional “Hoos Want to Know: Vaping Edition” video was funded by the UVA Parent’s Fund. New online tools to explore personal drinking choices and resources (“Rethinking Your Drinking During COVID”) and address barriers to bystander intervention (“Call, Care, Cooperate: What Should Hoos Do in Alcohol or Other Drug Emergencies”) were developed and posted on the PHE website, included in multiple Wahoo Weekender editions, hyperlinked in an all-student email from Student Affairs, and shared on Student Health and Wellness and PHE Instagram accounts (with an approximately 2,500 follower base). Also, a new workshop “Hoos Socializing Safely” was developed and presented virtually by PHEs during the fall 2021 semester covering COVID safety information and providing students tools to make lower risk decisions when planning social gatherings (including special considerations for events that may include alcohol). The workshop was presented five times and open-ended feedback was used to inform the development and improvement of this pilot program. The program was not continued as COVID considerations became more mainstream. Lastly, the Wahoo Weekender, a PHE-created weekly e-mail newsletter distributed to students who register with the list serv, highlights substance-free events at UVA and in the Charlottesville community. Subscribers to this newsletter doubled during the 2020-2022 time
frame (2,284 subscribers in 2022, up from 1,230 in 2020). See Appendix A for a sample of PHE interventions. These components could be improved in the future with additional advertising and integration into other mainstream University structures, and consideration of Wahoo Weekender auto-subscription for new students.

Student Health and Wellness (SHW) also demonstrated an online presence to provide relevant and accurate AOD information and resources, including an AOD-specific page (881 unique page views), a cannabis-specific page (newly created in Fall 2021 given cannabis state law changes and with 424 unique page views), "Guides for Well-being" page (new in Spring 2020 with 1,766 unique page views), and free online substance misuse screening tools.

The University Programs Council (UPC) is a student-led Agency organization that works closely with Student Engagement staff to provide a variety of entertaining and education activities and events, including late night programming. Late Night focuses on Thursday through Saturday events and provides alternative, substance-free activities for students on the weekends. Between 2020-2022, there were 41 Late Night Events hosted by UPC, starting after 7pm and going until at least 10pm. 12,417 students attended those events (including two larger concerts at John Paul Jones Arena). There are future plans to acquire software to better track attendance at these events.

The Vice President and Chief Student Affairs Officers sent periodic mass email communications to all students, including reminders about the safe and legal use of alcohol and use of other drugs (see Appendix B for sample message). The “Use of Alcoholic Beverages and Prohibition of Other Drugs Policy” was sent to 39,238 individuals and had an open rate of 67%. The “Halloween Safety” email was sent to 24,122 individuals and had an open rate of 82%. The “Finishing the Year Strongly and Safely” email was sent to 19,185 students and had an open rate of 80%. 
In 2015, the UVA Police Department (UPD) implemented a public safety ambassador program in an area of the City of Charlottesville that is adjacent to Grounds, contains student housing, and transitions into areas occupied predominantly by city residents. This initiative aims to enhance safety options for the University community through high visibility and public engagement. Ambassadors look for and report unsafe behavior to include alcohol or drug overdoses where assistance is needed.

Ambassador services include:

- Walking, bicycle, and vehicle patrols
- Stationary positions within the patrol zone
- Walking escorts
- Providing information and directions
- Identifying individuals in distress or in need of assistance
- Alerting police to hazards, medical emergencies, or other possible criminal activity
- Engaging members of the community in conversations about safety and prevention

The following are results for 2021:

- Police calls for service: 349
- Medical assistance: 96
- Found property: 835
- Directions: 2968
- Escorts: 30

In the fall of 2021, UPD started COPS (Community Oriented Policing Squad) in the off-campus area known as “the Corner.” The area is comprised of bars, restaurants, apartments, and is largely populated by UVA students. The four-person squad works during “higher risk” times to include Thursday through Saturday, 7pm-3am. The squad also works during the day on Wednesdays and checks in and collaborates with restaurant/bar owners in addressing ongoing issues or problems. The following chart reports data for the six months pre- and six months post-implementation of COPS:
<table>
<thead>
<tr>
<th>Incident</th>
<th>Pre-COPS Total</th>
<th>Post-COPS Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggravated Assault</td>
<td>20</td>
<td>9</td>
</tr>
<tr>
<td>Burglary</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Disorderly</td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td>DUI</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>LLV/DIP</td>
<td>49</td>
<td>42</td>
</tr>
<tr>
<td>Motor Vehicle Theft</td>
<td>19</td>
<td>17</td>
</tr>
<tr>
<td>Robbery</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Simple Assault</td>
<td>56</td>
<td>30</td>
</tr>
<tr>
<td>Shots Fired</td>
<td>16</td>
<td>7</td>
</tr>
</tbody>
</table>

UVA and Charlottesville also offer late-night transportation options for both students and employees. University Transit Service (UTS) is a fare-free transit service that aims to provide safe, reliable, efficient, and friendly transit service to UVA students, faculty, and staff. Safe Ride is an on-demand, late-night van shuttle service, intended to operate after UTS buses are no longer in service. The service was generally provided from 12am-7:30am, 7 days/week. COVID significantly impacted service and ridership. Service returned to “normal” in Spring 2021.

<table>
<thead>
<tr>
<th></th>
<th>Safe Ride Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer 2020</td>
<td>21</td>
</tr>
<tr>
<td>Fall 2020</td>
<td>5,740</td>
</tr>
<tr>
<td>Winter 20-21</td>
<td>116</td>
</tr>
<tr>
<td>Spring 2021</td>
<td>12,839</td>
</tr>
<tr>
<td>Summer 2021</td>
<td>129</td>
</tr>
<tr>
<td>Fall 2021</td>
<td>12,057</td>
</tr>
<tr>
<td>Winter 21-22</td>
<td>602</td>
</tr>
</tbody>
</table>

The Office of the Dean of Students offered the Charge-A-Ride service for students. This program provides taxi service within the Charlottesville area to UVA students who are in a situation with no reliable or safe means of transportation and/or no money for cab fare. Students can call Yellow Cab, charge the ride to UVA, and pay via the Student Information System at a later date.
For both student and employee exposure, Gordie Center posters with the PUBS signs of alcohol overdose and how to respond were placed in all 38 UTS buses throughout 2020-2022. UTS averages 250,000 passenger trips per month. These posters were also placed in 40 restaurants near the University that participate in the “Elevate” meal plan (See Appendix C). The Gordie Center created a set of one-minute animated videos on alcohol issues including the PUBS signs of alcohol overdose, the BACCHUS Maneuver, defining a standard drink and how alcohol impacts athletic performance.

For Employees

Hoos Well provides a website with virtual tools towards improving the physical, emotional, and financial well-being of each employee. In 2019, there were 222,059 views of all wellness pages on the Human Resources website. This includes the main wellness page, the six top-level pages, and all the child pages. There were 184,538 wellness page views in 2020. Employees on the UVA Health plan and UPG Anthem are also incentivized for completing an annual health assessment which includes the statement: "I have a drink containing alcohol this many days per week" with possible responses ranging from 0-7. Aggregated data is collected and can be leveraged to assess the frequency of alcohol use and/or risk of misuse among UVA employees. The wording of this question was different in 2020 vs. 2021, which limits the ability to compare frequencies. In CY2021, the average number of drinks per week consumed by health assessment respondents was 1.46. In 2021, 7,689 employees completed the health assessment. In 2020, 12,446 employees and spouses completed the assessment (the vast majority being completed by employees). These completions reflect self-report completion of these activities via the wellness portal. A webinar on “How to Support Someone Struggling with Substance Abuse” was also offered, and the recording was made available on FEAP's website. Thirty-two people participated in the live webinar, and it is unknown how many watched the recording. Participants' evaluation of the webinar rated the quality of the content as 4.67 out of 5, and the quality of the presenter as 4.93 out of 5.
Targeted Prevention – Interventions Available to Those at Higher Risk

For Students

UVA targets four groups for targeted prevention efforts: first-year students, fraternity and sorority members, student-athletes, and students who participate in celebratory drinking events.

First-year students

All first-year, transfer, and new graduate students are required to complete the online alcohol education program “Alcohol-Wise” that includes personalized feedback and university resources in the time period immediately prior to beginning at UVA. “Alcohol-Wise” intends to clarify personal choices about drinking habits and attitudes towards alcohol consumption and how alcohol can affect academic progress and social behavior. The module serves as a prevention tool, as well as a mode of intervention for alcohol and drug use. The module design includes pre- and post-course assessments to provide measurements of behavior and knowledge change. For 2020-2022, the average pre-score was 68% and the average post-score was 87%, showing a significant gain in AOD knowledge and improvement in intended use of AOD safer strategies. If an assigned student does not complete the course, a registration hold is placed. Because of this, Alcohol-Wise has an almost 100% completion rate for all new students (undergraduate, graduate, and transfer students). 95% of UVA students who completed Alcohol-Wise strongly agreed or agreed that “the content of the course was appropriate and easy to understand,” and 85% strongly agreed or agreed that “this course will help me avoid future problems with alcohol.”

Another initiative targeted towards first-year students is the Stall Seat Journal (SSJ). Since 1999, Student Health and Wellness’ Office of Health Promotion has conducted an evidence-based social norms marketing intervention to reduce substance misuse (particularly regarding alcohol) among first-year students. The poster content is student-designed to place normative information about substance use, perceptions, behaviors, and attitudes in the context of healthy choices. The posters are displayed in every
bathroom stall of all first-year residence halls. Because first-year students are required to live on campus, exposure to the social norms campaign is approximately 100% each year. Furthermore, in the 2019 UVA Spring Survey, 90% of students reported that they found the SSJ messages believable. See Appendix D for sample SSJ AOD editions.

Beginning on the Friday of move-in weekend and continuing throughout the first weeks of classes, Wahoo Welcome provided opportunities to participate in academic and social activities that educate, inform, and officially welcome first-year students into the UVA community. Included in Wahoo Welcome is Grounds for Discussion. All first-year students attend this peer theater production that addresses a variety of college life issues, including alcohol use. The goals of Grounds for Discussion for new students include:

- Education on university resources and support
- Education on the standards of the UVA community and how to be a part of creating an environment that is welcoming for all students
- Highlighting experiences and challenges they or their peers may encounter during their time at UVA, and how they can navigate these situations
- Introduction to the complex identities, histories, and experiences that exist at UVA while showing them ways to respect and honor this diversity

From an AOD perspective, through Grounds for Discussion, students are introduced to the Office of the Dean of Students, Student Health and Wellness (Office of Health Promotion, the Collegiate Recovery Program, Counseling and Psychological Services, and Medical Services) and peer systems of support (Resident Advisors, mentors, friends, peer health educators, etc.). They are invited to consider ways to enjoy their time in college that do not involve alcohol, taught standard drink size, how to consume safely if they do choose to drink, how to identify signs of concern in their peers and where to go for help, and educated that unlike perception, many of their peers are not consuming excessive amounts. After the show, students engage in dialogue with their Resident Advisors (RAs) and their peers about these topics. The RAs discuss using a facilitation guide that is a partnership between Housing and Residence Life and
the Office of Health Promotion. Every few years, data is collected on Grounds for Discussion that shows the effectiveness of the program.

In Fall 2021 and in partnership with the Office of New Student Programs, Peer Health Educators (PHEs) presented a new session "Hoos Got Your Back: Creating a Community of Care" to approximately 100% of all incoming first-year students as part of Fall Orientation. The goal of this program was to give students an opportunity to reflect on strategies they have used and could use to maintain personal and community well-being, as well as UVA student social norm statistics and resources. This included education on how to socialize safely if alcohol is involved, the signs of an alcohol emergency, and how to respond to those emergencies as an active bystander. Post-test outcomes (n = 2900, a 71% response rate) reported that 96% of students are able to describe the "3Ds" of being an active bystander and signs of an alcohol overdose, 94% better understand their role in the health and well-being of the UVA community and the importance of taking care of themselves, and 93% gained health and well-being tools for taking care of themselves and others. A more detailed evaluation summary can be found in Appendix E. The major tenets of this program will stay the same for future years, while continuing to recruit and train exceptional student presenters to deliver the content.

Before the start of Fall classes, Housing and Resident Life (HRL) Staff (Resident Advisers and Senior Residents) received one hour of training on multiple alcohol and cannabis education issues, including how to care for an intoxicated person, intervention techniques, social norms theory, and the actual drinking norms at UVA. A recommendation for improvement would be to increase the amount of training and evaluate the effectiveness of this training in future years to ensure that these important student leaders to first-year students are receiving adequate training and support in these areas.

Additionally, in partnership with HRL, PHEs presented an interactive one-hour workshop "BAC to Basics" to most first-year dorms covering standard drink size, blood alcohol concentration (BAC), alcohol
safer strategies, and identifying and responding to AOD emergencies. During the Spring 2021 semester, approximately 25% of the first-year class attended one of these virtual workshops; during Fall 2021, 57% of the first-year class attended an in-person workshop. Learning objectives are measured by a pre- and post-test completed by participants. As a result of the program, there was a stronger intention to use safer strategies if and when choosing to drink (pre-test of 50% to post-test of 83%); participants could more accurately identify all four PUBS signs of alcohol emergencies (pre-test of 28% to post-test of 84%); and students have stronger intention to call 911 if they see a PUBS sign of alcohol emergency. A recommendation for improvement would be to increase University support and structure to offer stability for this partnership, ensuring that a majority of first-year students are consistently reached by this program. Additionally, aligning the content and objectives to build upon the “Hoos Got Your Back” Wahoo Welcome programming will improve the effectiveness and relevance of both programs.

The Gordie Center also distributed BAC cards to each first-year student, refrigerator magnets to each residence hall room and mirror clings were placed in first-year bathrooms. Each item included the PUBS signs of alcohol overdose and how to respond. The BAC cards include standard drink definitions and protective behaviors to lower BAC (Appendix C).

Fraternity and sorority members

The Greek population at UVA is approximately 4,800 members (about 27% of the undergraduate population). The University’s current relationship with Fraternal Organizations is outlined in detail in the Preamble of the Fraternal Organization Agreement (FOA): “Fraternal organizations exist separate from and independent of the University, and as such the University does not exercise direction or control over the actions of these unincorporated associations. However, recognizing the benefits of working collaboratively to achieve their respective missions, both parties have agreed to memorialize certain understandings in this Agreement.” The FOA is signed on an academic year basis, and chapters are given
until the end of each academic year to complete several educational requirements, including one alcohol misuse prevention program.

In 2020, 27/61 chapters completed their AOD FOA in the following ways:

- 6 AFA Webinars: “Reframing the Conversation from Problems to Prevention”: 125 participants
  - Remote option to help chapters think preventatively about alcohol use and risk management
- 7 Peer Health Educator (PHE) presentations: 296 participants
  - Identify standard drink size
  - Understand blood alcohol concentration (BAC)
  - Identify alcohol safer strategies
  - Learn how to identify and respond to AOD emergencies
  - Outcomes: see HRL “BAC to BASICS” program outcomes; a separate report for FSL programming was not run
- 4 Gordie Center HAZE presentations: 123 participants
  - Learn the PUBS signs of an alcohol emergency
  - Have a greater understanding of the physical, mental, and hidden harm associated with hazing
  - Help students understand and gain confidence on how to be an active bystander
  - Outcomes: 98% of students can currently correctly identify PUBS, students said they felt more empowered to be an active bystander, and students self-report a greater understanding of hazing
- 8 UPD presentations: 495 participants
  - UPD’s typical approach towards AOD violations (educational vs. punitive)
  - Expectations between police/citizens during interactions
  - AOD emergencies – calling 911 and outcomes from incident
  - Most common UVA student law violations and legal repercussions
  - AOD bystander intervention and safety
  - At this time there is no formal post-training evaluation method. This would be a recommendation moving forward to implement.
- 1 “Stress Management and Wellness” presentation: 50 participants
- 1 former FSL member talked about their AOD concerns and progress through recovery: 147 participants

In 2021, 28/62 chapters completed their AOD FOA in the following ways:

- 2 AFA Webinars: “Reframing the Conversation from Problems to Prevention”: 32 participants
- 10 Peer Health Educator (PHE) presentations: 1145 participants
- 1 Gordie Center HAZE presentation: 117 participants
- 12 UPD presentations: 1122 participants
- 1 brother-led talk/discussion
• 1 Inter/National Presentation: AOD bystander intervention; 45 participants
  o How to identify and appropriately respond to potentially harmful scenarios involving substance abuse
  o Reaffirm commitment to one another as concerned peers and as members of the organization.
• 1 Inter/National Presentation: Alcohol Skills Training Program (ASTP): 70 participants
  o Provides information regarding alcohol use and associated negative consequences
  o Teaches skills to reduce risky use and/or abstain from use altogether

The current iteration of the FOA does not outline any specific consequences or accountability measures for chapters that do not complete the AOD educational requirement. In addition, during 2020 and the Spring 2021 semester, COVID-19 gathering limitations presented numerous logistical challenges to chapters completing their FOA educational requirements.

FSL does not develop or enforce sanctions related to alcohol violations. This power is given to the University Judiciary Committee through the Board of Visitors or the Inter-Fraternity Council Judiciary Committee. The Inter-Sorority Council, Multicultural Greek Council, and National Pan-Hellenic Council do not utilize a judicial process to enforce alcohol policy violations. However, each chapter may work with their inter/national headquarters on chapter-specific alcohol-related incidents. Chapter conduct history can be found here. Risk Manager training varies by chapter. Each headquarters may require different trainings. Recommendations include maintaining the FOA AOD requirement, returning to semester training for Risk Managers, and auditing chapter completion of AOD FOA educational programs.

Student-athletes

Since 1989, the Department of Athletics and the Gordie Center have coordinated the Student-Athlete Mentor (SAM) program to provide peer-to-peer support and substance misuse prevention for student-athletes. These 50 student-athletes represent all 27 varsity sports, cheerleading and student athletic trainers, organize educational programs for their team, and serve as a confidential resource for
teammates. The nine-member SAM Council sponsored social and media campaigns, including Wellness Wednesday, and a virtual "campfire" series.

Celebratory drinking events

Research on student drinking at the University indicates that there are four distinct annual events during which, a higher percentage of students engage in hazardous drinking. These events are Halloween, the weekend of the last home football game, spring break, and the spring Foxfield horse races. Because of COVID, the Foxfield races were cancelled, Halloween 2020 and spring break/travelling were much less predominant, and so specific interventions at those times were not implemented.

The Peer Health Educators (PHEs) implemented the intervention “Hoos Hosting: Plan to be SOCIAL,” in the weeks leading up to Halloween 2021 to target students who live in higher risk, off-Grounds locations and may be hosting a party for Halloween. The PHEs distributed a magnet outlining safer hosting strategies including providing non-alcoholic beverages, food, and having a plan to prevent emergency situations. A supplementary event planning guide (Appendix A) was also distributed, and posted in various places (PHE website, SHW Instagram account, Halloween safety mass email from Student Affairs, etc.). This initiative physically reached 166 potential student party hosts in Fall 2021 and success was measured by a post-test evaluation (response rate 10%). 59% of participants displayed their educational magnet in a visible place in their apartment and 57% of respondents agreed that the Hoos Hosting program made them feel more confident in using safer hosting strategies. Given the funding and personnel resources allocated and the impact outcomes, this intervention is being reconsidered for future years.

The mission of the annual 4th Year 5K, held on the morning of the last home football game, is to create a positive tradition for students that builds community and raises awareness around alcohol safety and bystander intervention. Success in this event is measured by the number of attendees who register for this alternative activity, and the information collected from a post-test that is distributed via e-mail at the
conclusion of the event. In October 2020, for COVID safety, this event took place virtually for the first time. 972 people registered to participate, and the website received 3,161 unique page views. In November 2021, the event took place in-person and 1,235 people registered to participate. Results from 2021 post-test with responses from 202 participants reported that 86% of respondents noted an increased feeling of belongingness at UVA due to participation in the race; 67% of participants reported an increased feeling of responsibility to support fellow UVA students; and 12% of respondents said that their participation in the race caused a decrease in their alcohol consumption on race day (note: 49% of respondents said they either do not drink or did not drink at all on race day). Improvements to this program in the future could include clarifying the mission and including additional alcohol educational information throughout the lead up to the race and included in race materials.

For Employees

For employees already negatively impacted by stress, potentially leading to the AOD misuse, the University of Virginia has a dedicated team, the Faculty & Employee Assistance Program (FEAP) team, that readily provides intake and assessment counseling services (available face-to-face or telephonically) to help ensure employees understand their best options for seeking treatment. FEAP counselors will help determine the most effective help (and referral services) for the employee’s particular needs based on an intake assessment. Anyone affected by another’s drinking can also access FEAP. Counselors are available during the workday, or during the night, weekends and holidays for urgent assistance. Utilization services to those presenting with concerns related to alcohol or other drugs has remained steady. FEAP’s specific AOD website had 341 unique page views, and individuals spent an average of approximately three minutes on the page.
Indicated Prevention – Available to Those Who Demonstrate High Risk Behavior

For Students

UVA focuses on four groups for indicated prevention efforts: students with AOD policy violations, students who have been transported to the hospital for an emergency involving substance use, patients who screen positive for the AUDIT-C (Alcohol Use Disorder Identification Test-Condensed) at Student Health and Wellness, and UVA students in recovery from a substance use disorder.

Students with alcohol policy violations

The Office of the Dean of Students (ODOS) receives information about alcohol and other drug policy violations primarily from police reports and student criminal disclosures. Professional staff in ODOS, most often the person serving as the Dean on Call when an incident is reported, are responsible for follow up on these reports and disclosures. Follow up entails a meeting with the student to discuss the reported incident and make referrals to University resources and, in severe cases, refer to the University Judiciary Committee (UJC) for adjudication and disciplinary action. In most cases, an ODOS staff member has an educational conversation with the student and then refers the student to WahooWell (see program description and outcomes below). In the event of an arrest involving significantly concerning or disorderly conduct, or if a student has multiple documented AOD policy violations, the student is referred to resources, including WahooWell, and the case may be referred to the UJC for disciplinary action. ODOS staff will initiate a parental notification if the student is under the age of 21 and/or tax dependent, and a qualifying event has occurred. Qualifying events include arrests, multiple AOD policy violations indicating a pattern of concerning behavior, and other severe incidents involving substances.

All case data involving student violations of AOD policies is stored in an incident management database and includes data for cases managed by ODOS and Housing and Residence Life (HRL) with little to no delineation (See Appendix F). From January 2020 through December 2021, there were 467
documented cases of AOD policy violations involving students. These cases involved 693 unique, known students although there were 41 cases in which the involved student(s) was not identified. There were 66 students who had multiple AOD cases in this time frame indicating a recidivism rate of 9.5%. Documentation of a referral to WahooWell exists for 310 students. Unfortunately, there is significant inconsistency in how WahooWell referrals are documented in the database. This, as well as delineating cases managed by ODOS or HRL, are two areas of improvement for response to student AOD policy violations.

In terms of on-campus liquor law and drug abuse violations, the Annual Security Report notes that for 2020, there were two on-campus liquor law violation arrests, and five drug abuse violation arrests. There were 309 liquor law violations and 34 drug abuse violations that were referred for disciplinary action. These referrals were made to the Office of the Dean of Students. Note that every alcohol-involved medical transport is labeled as a liquor law violation and there is a subsequent referral. It should also be noted that if a UPD officer has an encounter with a citizen in regard to an alcohol violation and the behavior is corrected and no criminal charges are placed, it will still be counted as liquor law violation with a referral. UPD’s approach towards low level alcohol violations (first offense, open container, underage possession) is to try first to correct the behavior without arrest/criminal charges.

The following information is from the University Judiciary Committee (UJC):

<table>
<thead>
<tr>
<th>Total Fall 2020 Alcohol/Drug Policy Violations (UJC)</th>
<th>Total Spring 2021 Alcohol/Drug Policy Violations (UJC)</th>
<th>Total Fall 2021 Alcohol/Drug Policy Violations (UJC)</th>
<th>Total Spring 2022 Alcohol/Drug Policy Violations (UJC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>12</td>
<td>3</td>
<td>0</td>
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</tbody>
</table>
### UJC Sanctions for Alcohol and Drug Policy Violations

<table>
<thead>
<tr>
<th></th>
<th>Wahoo Well</th>
<th>Presentation</th>
<th>Community Service</th>
<th>Essay</th>
<th>Dean or Advisor Meeting</th>
<th>Suspension in Abeyance</th>
<th>Expulsion In Abeyance</th>
<th>Disciplinary Probation</th>
<th>Other</th>
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<td>3</td>
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<tr>
<td>Spring 2022</td>
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This data reflects the number of cases involving Standard 6 charges pertaining to STU-001 between Fall 2020 and Spring 2022. While there were 30 total cases, this reflects 148 accused students with a 94% sanction completion rate by initial deadline and 100% total sanction completion rate. The average amount of sanctioned community service was 19 hours, and the average essay length was 771 words. This data also reflects a heightened UJC case load due to COVID-19 restrictions. Although these cases all include STU-001 charges, many violations were discovered and brought to the Committee due to COVID-19 violations. Additionally, the wide range of sanctions reflects aggravating factors and the diversity of cases brought to the UJC.

WahooWell (5,057 unique page views) is a prevention and early intervention program for college student health and well-being, including substance misuse. Its framework stems from a combination of evidence-based approaches, and students may access WahooWell through universal, targeted, or indicated pathways. The universal pathway provides access to any student who is interested in self-referred or who receives an informal referral from a friend or professional on Grounds. The indicated early intervention pathway provides access to any student who has experienced a substance-related incident, violated an AOD policy, or screened positive on the AUDIT-C during their appointment with Student Health and Wellness Medical Services.

The goal of WahcoWell is to empower students to evaluate, gain new knowledge, and make changes that enhance their well-being generally and along three specific areas: stress, sleep, and social health,
including their use of substances. This more holistic foundational underpinning (as compared to the BASICS program from previous years) has increased early access and utilization of substance misuse support for students. Students take a pre- and post-test to evaluate the outcomes of the program. From January 2020 to January 2022, WahooWell facilitators saw 432 unique students and 695 total appointments (as compared with 267 unique students and 355 total appointments from 2018-2020).

In AY 2020-2021, over half of participants said they were better able to set and achieve goals after participating in WahooWell, with 70% noticing a positive impact on their well-being. Furthermore, 82% recognized areas they would like to change but had not considered before, and better understood the connections between their thoughts, actions, and well-being as a result of WahooWell. Regarding substance misuse prevention, 47% felt better able to manage their substance use, 65% of which were not initially interested in addressing it. Overall, 48% saw an improvement in their AUDIT-C (substance misuse risk scale) scores following participation in WahooWell. Additionally, from the lens of holistic well-being as a protective factor for substance misuse, stress management, sleep, and resiliency improved for participants. Many participants saw a decrease in stress (55%), increase in ability to manage stress (63%), increase in confidence in changing sleep (52%), and an increase in sleep hygiene scale scores (56%). Overall, 64% of all participants had an increase in their resiliency scale scores after participating in WahooWell. See Appendix G for more evaluation information. WahooWell's framework, meeting structure, content, and evaluation methodology should remain the same as all measures point to an increase in both participation and positive outcomes.

Areas for improvement include:

- Expand resources to provide more early access to health and well-being information through online and printed material
- Develop group opportunities and targeted interventions for academic classes, Greek life students, first-year students, and other established student clubs and organizations
- Increase staffing to allow increased universal access through broader marketing
initiatives
- Secure a survey product that provides evidence-based personalized feedback to students

Students who have been transported to the hospital for an emergency involving substance use

The Department of Student Health and Wellness continued to partner with the UVA Health System Emergency Department to include WahooWell referral postcards in students’ hospital discharge paperwork when substance use was involved in an emergency room visit (see Appendix G). Also, if a student reports Student Health and Wellness (SHW) as their primary care provider, SHW sends a secure follow up email to the student through the HealthyHoos portal, outlining potential resources including WahooWell. Emergency Department direct referrals and student traffic for 2020-2022 have been very inconsistent due to COVID. For example, in Fall 2019, there were approximately 33 WahooWell completions, in the entire 2020-2021 academic year there were six completions, and in Fall 2021 there were approximately 34 completions (although there were significantly more student AOD Emergency Department visits that semester, so that equaled an approximate 34% follow up rate). Students, WahooWell completions drastically increase when the Emergency Department visit is coupled with a conversation with a dean in the Office of the Dean of Students. Once COVID-related responsibilities among hospital staff decrease, it is anticipated that regular referrals will become consistent again.

Student patients who visit Student Health and Wellness (SHW) and screen positive on the AUDIT-C (Alcohol Use Disorder Identification Test-Condensed)

Universal screening, brief intervention, and referral to treatment (SBIRT) in college health center settings is an evidence-based practice for earlier identification and coordination of care for students who indicating a higher risk for developing a problem with substance use. While SHW staff have always had the ability to refer to WahooWell, a more standardized SBIRT process was implemented in Fall 2021. Students are now annually screened in Medical Services using the AUDIT-C. If a student scores at least 5
(female) or 7 (male) o--discusses an AOD-related injury or illness with their provider, that student is referred to WahooWell verbally and through the Healthy Hoos portal. Although additional COVID-related responsibilities in Medical Services have caused inconsistencies with the SBIRT process, there are significantly more referrals post-standardization. Pre-standardization, in 2019-2020, there were 14 Medical Services referrals, in 2020-2021 there were 8 referrals, and post-standardization there have been 38 referrals (a 475% increase from the previous year). The follow-up rate on those referrals is approximately 34%. The addition of this intervention has resulted in an overall increase in students preventatively accessing WahooWell. Future improvements include performing screenings even more consistently, and increasing staff SBIRT professional development to increase student completion rates.

Counseling and Psychological Services (CAPS) is the primary mental health clinic for UVA students. CAPS provides a range of mental health services, including crisis intervention, psychotherapy (individual and group), psychiatric medication, and care management. In 2019, CAPS hired a Recovery and Substance Use Counselor to provide additional clinical AOD experience and serve on the SUD treatment team described below. CAPS also administers two assessments aimed at measuring alcohol use among students – the Counseling Center Assessment of Psychological Symptoms (CCAPS), which includes an Alcohol Use subscale, and the Alcohol Use Disorders Identification Test-Concise (AUDIT-C). These assessments allow CAPS clinicians to identify students at screening and intake who may be struggling with hazardous drinking and/or at risk of developing an alcohol use disorder.

The CCAPS is administered at the start of treatment and then again during every counseling session thereafter and includes a subscale containing four questions specific to assessing alcohol use. Scores range from 0-4 with higher scores indicating increased risk for alcohol use concerns. The below chart includes UVA students’ average scores on the Alcohol Use subscale for every student who was administered the CCAPS at least two times in AYs 2020 and 2021. These scores are shown in comparison to the national
benchmark for students at other universities who were also administered the CCAPS a minimum of two times.

<table>
<thead>
<tr>
<th>CCAPS Alcohol Use Subscale Scores</th>
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<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Pre/Post UVA</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td>AY20 1.57, .83</td>
</tr>
<tr>
<td>AY21 1.49, .83</td>
</tr>
</tbody>
</table>

The AUDIT-C is administered during the initial CAPS phone screening to all students wishing to initiate treatment at CAPS.

CAPS also hosts two Mental Wellness Screening Days each academic year – one each in the fall and spring semesters. In the coming 2022-2023 Academic Year, CAPS plans to include a specific AOD screening instrument to identify students who may be struggling or at risk of developing a substance use concern. To increase expedience: referrals for treatment, the CAPS Recovery and Substance Use Counselor will allot increased time on a more consistent basis for seeing students with diagnosed or suspected substance use disorders in the coming academic year.

Additional University AOD Intervention Resources

The Maxine Platzer Lynn Women’s Center incorporates motivational interviewing and DBT-informed skills as part of its overall trauma counseling work. Although the counseling program does not explicitly track the number of co-occurring diagnoses, anecdotally, a significant portion of clients with Post-Traumatic Stress Disorder following sexual assault or other type of trauma regularly report substance misuse to cope with trauma-related symptoms. In 2020-2021, 5 of 180 Women’s Center clients identified substance misuse as the primary reason for seeking counseling. Virtually all clients reported reducing AOD use as post-traumatic stress symptoms resolved. Those clients who need more focused AOD treatment during and after trauma treatment are referred to the Student Health and CAPS psychiatry.
In 2016, Student Health and Wellness created the Substance Use Disorder Treatment and Consultation Team. This multi-disciplinary team provides holistic care and support for students navigating assessment and treatment for substance use concerns and recovery maintenance, including co-occurring issues. The team offers assessment, consultation, coordination of outpatient medical and psychological treatment, and assistance in accessing alternative resources, such as longer-term treatment in the community or residential care. Students, friends, family, faculty, staff, and other providers can confidentially consult with the Team. While the Team has shown practical significance in better identifying students in need, streamlining AOD care, and providing consultation to colleagues, it is recommended to numerically track case numbers and both short- and long-term outcomes for students discussed in the Team as well as colleague feedback on the consultation process to further demonstrate effectiveness.

There are also several courses that support AOD prevention, intervention, and recovery support efforts (Appendix H).

**Students in recovery from a substance use disorder**

The University has made significant strides in the last two years regarding supporting students in recovery from a substance use disorder. The goals of the Collegiate Recovery Program (CRP) are two-fold — To help students in recovery or considering recovery from a substance use disorder thrive through continued development of recovery and well-being education and skills, and to increase the number of students, faculty, and staff who are proactive and effective recovery allies. CRP interventions from 2020-2022 included 110 individualized care management meetings, weekly Hoos in Recovery peer support group meetings (decreasingly attended by five members virtually throughout COVID, but regular attendance is approximately 15), 16 sober social events (a mix of virtual and in-person) attended by 128 people, three student peer mentor staff, establishment of the CRP space in the Student Health and Wellness building, priority registration availability, two annual recovery scholarships starting in Fall 2021,
three recovery ally trainings with 33 total participants, a new website (with approximately 1,500 unique page views), and an average of five participants in the semester-long Recovery Scholars class each Fall and Spring. A recovery housing option will also be available Fall 2022. These services are primarily targeted to undergraduate and graduate students, however various services such as the Collegiate Recovery Program space, social events, and Hoos in Recovery meetings, are also open to alumni, faculty, and staff that are in recovery or considering recovery from substance use disorders. Overall, there were approximately twenty active CRP members by the end of Fall 2021. Some initiatives were made possible by a $25,000 annual grant from the Virginia Department of Behavioral Health and Developmental Services in 2020 and 2021.

To evaluate the effectiveness of the Collegiate Recovery Program, an anonymous survey was launched in Fall 2021. With a 60% response rate, 90% CRP members responded that as a result of CRP interventions, they are maintaining healthy relationships, practicing healthy coping skills and self-acceptance, and being held accountable to their recovery. Members are also reporting regular use of the CRP space with seven or more “drop-ins” to the space outside of a regular meeting or scheduled appointment, over the course of Fall 2021. Recommendations are to increase campus awareness and engagement of the CRP through ally trainings, explore a UVA recovery housing option, and continue CRP evaluation efforts. Of the 84% of undergraduate students who participated in the 2021 UVA-wide survey, 86% of respondents indicated that they had never heard of the CRP.

For Employees

UVA focuses on two groups of employees for indicated prevention efforts: those presenting voluntarily to FEAP who are assessed to have issues with alcohol or other drug use, and those who have been observed to be potentially impaired who are referred for a Fitness for Duty Evaluation (see chart below – only one of these cases was not self-referred). If impairment is observed, managers may call
Human Resources or FEAP for guidance on Fitness for Duty procedures. Managers are advised to follow the Standard Operating Procedures, including consideration of whether an employee is in need of immediate medical care. Managers are guided to complete documentation of observed potential impairments and if testing is indicated, the employee is placed on paid administrative leave while FEAP coordinates a confidential for-cause screening for substances. FEAP can meet with employee through this process and will help employee with treatment options.

The FEAP team includes consultants who have expertise with individuals and families impacted by substance use addictions and skilled in addiction education. FEAP provides confidential support and referral to treatment as indicated. Additionally, the FEAP team includes two Department of Transportation (DOT) Substance Use Professionals who evaluate employees who have violated a DOT drug and alcohol program regulation and makes recommendations concerning education, treatment, follow-up testing, and aftercare available in the Charlottesville community.

Affected employees are expected to comply with the letter and spirit of all applicable (University and state) policies and procedures. Related policies include HRM-014 and DHRM 1 60 Standards of Conduct. UVA utilizes a progressive and situationally appropriate disciplinary process that strives to objectively and consistently address employee behavior, conduct, or performance that is incompatible with the Standards of Conduct, University expectations for employees, and/or related policies. Prior to the need for, or in addition to corrective counseling or disciplinary action, employees may be referred to the Faculty Employee Assistance Program (FEAP) or other professional assistance program as appropriate to encourage employees to address their needs in support of work performance or conduct improvement. Referrals to FEAP or comparable programs are not considered a substitute for any disciplinary action imposed for the commission of an offense. Mandated referrals to FEAP or comparable programs may be required depending upon the nature of the behavior or misconduct.
UVA HR Academic Division Employee AOD Violation Information

<table>
<thead>
<tr>
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<th>Total 2020 Employee AOD violations</th>
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<tr>
<th></th>
<th>Sanction A (Verbal warning/ Letter of Counsel)</th>
<th>Sanction B (Written warning)</th>
<th>Sanction C (Suspensions)</th>
<th>Sanction D (Terminations)</th>
<th>ER Treatment Referrals</th>
<th>ER Treatment Completed</th>
<th>FEAP Alcohol as Primary Assessed Issue</th>
<th>FEAP Other Drugs as Primary Assessed Issue</th>
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It is unclear as to why 2021 numbers are higher than 2020. The nature of the work of Employee Relations is responsive based on employee conduct which can be unpredictable. The goal remains to implement appropriate and consistent disciplinary action for violations of the AOD policy and/or making referrals to FEAP on behalf of employees for other reasons such as mental health evaluations, family issues, grief counseling, etc. If employees resign in lieu of termination, these offenses may not be captured in the database. A future recommendation is to improve coding consistency.

III. Summary of AOD Program Goals and a Discussion of Goal Achievement

University of Virginia prevention initiatives are based on the philosophy that effective programs are evidence-informed, comprehensive, and coordinated across the University. The culture of student self-governance at the University of Virginia ensures that students are significantly engaged in the decision-making and implementation process. Efforts are also supported and executed by different members of the University community, including faculty, staff, alumni, parents and the Charlottesville and Albemarle communities.

For employees, Foos Well provides preventative tools and incentives for regular health evaluations, FEAP provides counseling services to those already impacted (presenting voluntarily or referred by
another member of the community), and the Clinician Wellness Program in UVA Health promotes personal and professional wellbeing of clinicians (faculty, trainees, APPs) and non-clinician SOM faculty, coordinating the assessment and treatment of those with a Substance Use Disorder. There were 8,102 Well Check (annual physicals) in 2020, and 4,538 in 2021. The 2020 figure includes employees and spouses, while the 2021 figure includes employees only.

For students, the Office of Health Promotion's overall AOD program goals for students are to:

- Decrease negative outcomes associated with AOD use
- Increase safer strategies associated with AOD use
- Identify early individuals in need of AOD intervention and coordinate effective care quickly

Key metrics for the goals above include data on initiative effectiveness, AOD resource utilization, and AOD trend data (knowledge, attitudes, and behaviors). Much of this is demonstrated in the “Description of Program Elements” section. However, it is also important to include the ways in which the University collects population-wide data.

For Students

Since the late 1980s, the University has conducted annual surveys of student AOD use using stratified random samples of students. “The State of Hoo Health” data provides a comprehensive perspective on student attitudes and behaviors around a variety of health and well-being topics, including substance use. This data comes from the following sources:

- Spring Health Survey – Designed and conducted by the Office of Health Promotion in the Department of Student Health and Wellness at UVA. This survey is conducted every two years in February/March and will be conducted again in 2023. The 2021 survey was distributed to 5,000 UVA undergraduates and received a 20% response rate.
- National College Health Assessment – Designed by the American College Health Association and managed by the Office of Health Promotion at UVA. This survey is conducted every two years in February/March and will be conducted again in 2022. The 2020 survey was distributed to 5,000 UVA undergraduates and received a 18% response rate.
- Healthy Minds – Designed and conducted by the University of Michigan. This survey is conducted every five years and will be conducted again in 2023. The 2019 survey was distributed to 4,000
UVA undergraduates and received a 17% response rate.
• UCelbrate – Designed and conducted by the National Social Norms Center at Michigan State University. This survey is usually conducted every year in April, but COVID-related response rate concerns paused the survey in 2020 and 2021. The next survey is planned for 2022. The 2019 survey was distributed to 4,000 UVA undergraduates and received a 21% response rate.

Three current data trends from the surveys above worth noting:

**UVA student substance use has gone relatively unchanged since 2019:**

• UVA continues to be higher than the national average for alcohol, tobacco, cocaine, and hallucinogen use, and lower than the national average in cannabis, prescription narcotic, and stimulant use. It is worth noting that IFC/ISC members demonstrate significantly higher rates of use and consumption amount of alcohol and other drugs as compared to non-Greek affiliated students of the UVA community.
• Most (58%) students drank alcohol in the past month, but most (62%) do not binge drink. There is a significant exception with students involved in Greek Life, which has historically been the case. Gender and year in school have also been historical indicators, but this was not seen in early 2021. Changes in socializing, gathering sizes, and school policies due to COVID may explain some of these differences.
• Most (67%) of students have 0-3 drinks on a typical Friday night. And most students have four or fewer drinks in a typical week.

**UVA has many positive trends that keep students safer:**

• When drinking, 94% of UVA undergraduate students regularly use 5 or more safer strategies (e.g., eating before drinking, making your own drink, keeping track of how many drinks you were having, stay in a group, avoid mixing alcohol with other drugs, make plans to get home safely, avoid drinking when sick or tired, etc.).
• Negative outcomes related to drinking (hangover, vomiting/nausea, drunk texted/dialed, felt embarrassed/ashamed/guilty, forgot where you were or what you did, had unprotected sex, missed a class, etc.) have all decreased from 2017 to 2021. However, negative outcomes remain higher for Greek chapter members.
• The vast majority of students have boundaries for their drinking which have remained constant from 2019-2021. 98% do not want to get so drunk that someone has to take care of them, 97% want their friends to tell them if they have had too much to drink, and 89% would be concerned if they had memory loss due to alcohol. Also, negative effects from other students’ drinking have continuously declined over time (2017 to 2021). This includes disrupted sleep, placed in a caretaking role, inconvenienced/offended, study time was disrupted, etc.).

**UVA is monitoring one concerning movement in bystander intervention data:**

• While most students in early 2021 were still demonstrating positive bystander behaviors when the opportunity arose (made sure a friend who was drinking got home safely, asked a friend to slow down if drinking excessively, rolled a friend who was sick from drinking on their side), data shows that there has been a decrease in these types of bystander behaviors over time. Particularly concerning is the “called 911 or ensured someone else called 911 if a peer showed signs of alcohol overdose” data point, as there has been a noteworthy decrease over time (2017 = 55%
intervened, 2019 = 50% intervened, 2021 = 25% intervened). The national dialogue around policing and COVID may be impacting this shift.

When dissecting the UVA data, it is clear that students who are involved in the IFC and ISC use substances and experience more negative outcomes associated with use at significantly higher rates than students who are not an IFC or ISC member. Therefore, it is recommended that more consistent and structured effective interventions occur with this population which would not only positively impact IFC/ISC members, but also the student body as a whole due to the heavy involvement and influence these groups have with the University social scene. A written UVA medical amnesty-like policy could also help increase the likelihood that students call 911 for an alcohol emergency.

IV. Summary of AOD Program Strengths and Opportunities

Student-Focused Strengths

- Broad menu of accessible and effective AOD resources
- Strong partnership between Dean on Call and UPD/CPD
- Clearly written AOD policies
- Consistent practice of UVA/Charlottesville medical amnesty for calls to 911 for an AOD emergency
- Students heavily involved as partners

Student-Focused Opportunities

- Translate the practice of medical amnesty into a feasible written policy
- Explore a recovery housing option at UVA
- Explore software options that enhance student engagement and better track attendance at events
- Continual expansion of awareness of available resources to students who may need assistance

Employee-Focused Strengths

- Proactive healthy lifestyle rewards available through Hoos Well (an award-winning Wellness Program team as part of UVA HR)
- Counseling support, telephonically or face-to-face, through a team of experienced counselors through the Faculty & Employee Assistance Program team (an employee assistance program team as part of UVA HR)
- Clinician Wellness Programming which promotes personal and professional wellbeing of clinicians (faculty, trainees, APPs) and non-clinician SOM faculty, coordinating the assessment,
treatment of those with a substance use disorder.
- UVA Health Benefit plan that provides options for access to a variety of treatments (based on physician diagnostics, referrals, and medications, as appropriate).

Employee-Focused Opportunities

- Expanding the network of mental health professionals in the surrounding geographical area
- Continual expansion of awareness of available resources to employees who may need assistance

V. Procedures for Distributing AOD Policy to Students and Employees

The University of Virginia’s STU-001: Use of Alcoholic Beverages and Prohibition of Other Drugs policy is distributed annually in writing to all students through the Undergraduate and Graduate Records. The policy is also found on the University of Virginia website. For employees, there is a Workday module (Policies and Procedures) that is optional but available for review. In addition, each year, all students, faculty and staff receive an e-mail message with a summary of the policy and information on locating the full policy text on the web. Supervisors of employees who do not have regular access to e-mail are instructed to print out a copy of the policy and distribute it to those employees. A new process in progress to automatically alert all new employees to the AOD policy upon hire through the Workday system.

VI. Content of the Policies Distributed to Students and Employees

The STU-001: Use of Alcoholic Beverages and Prohibition of Other Drugs describes standards of conduct that clearly prohibit the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees on University property or as part of any University-sponsored activities. This policy includes (1) a description of the applicable legal sanctions under federal, state, or local laws for the unlawful possession or distribution of illicit drugs and alcohol; (2) a description of the health risks associated with the use of illicit drugs and the misuse of alcohol; (3) a description of any drug and alcohol programs (counseling, treatment, rehabilitation, and re-entry) that are available to employees cr
students; and (4) a clear statement that the University of Virginia will impose disciplinary sanctions on students and employees for violations of the standards of conduct.

VII. Recommendations for Revising the University’s AOD Programs

UVA strives to educate students and employees on AOD-related harms and provide them with information, resources, and related polices. Additionally, opening channels for students and employees to receive support and connect to resources, to support prevention, treatment, and recovery are critical activities. Recommendations to enhance UVA’s AOD program include:

For Students

- Translating the practice of medical amnesty into a feasible written policy
- Exploring a recovery housing option at UVA
- Exploring software options that enhance student engagement and better track attendance at events
- Continual expansion of awareness of available resources to students who may need assistance

For Employees

- Provide dedicated FEAP consultant to direct prevention efforts. This includes collaboration with Hoos Well, deploying behavioral health education, promotion, and stigma-free workplace programming.
- Broaden FEAP’s impact through a blended model of care where employees have access to both counseling and on-demand resources.
- Increase education for managers on engaging with employees who may be struggling with issues related to use of AOD.
- Streamline and clarify process coordination and supports when impairment is observed.
- For those who fall under Department of Transportation (DOT) regulations, it is best practice for the employer to provide employees and supervisors with training on probable drug and alcohol use, and at a minimum material that explain the DOT requirements.
APPENDIX A: Sample Peer Health Educator (PHE) Interventions

CALL - CARE - COOPERATE
WHAT SHOULD HOOS DO IN ALCOHOL & OTHER DRUG EMERGENCIES?

BE HONEST
Little will ask questions to ensure it’s appropriate to intervene, or provide advice. If you are not sure how to help, the person is needed.

POTENTIAL BARRIERS TO INTERVENTION

UNCOMFORTABLE WITH OTHER INVOLVEMENT

CARE
Support your friend while waiting for help. Someone will suggest the person’s needs and how best to help.

FAQS

BE A LAUSIE PROGRAM IN UNDER THE

Potential actions focus on the health and safety of the individual to prevent a medical emergency. They may call for help to get medical treatment. The person will follow advice and help. The person may need to be taken to medical treatment. The person may need to be taken to medical treatment. The person may need to be taken to medical treatment. The person may need to be taken to medical treatment. The person may need to be taken to medical treatment.

SUBSTANCE USE SCENARIO: TAKE ACTION AND CALL FOR HELP

COOPERATE
Depending on the situation, first responders may advise you to call for help. It’s best not to have the person follow advice and help. The person may need to be taken to medical treatment. The person may need to be taken to medical treatment. The person may need to be taken to medical treatment. The person may need to be taken to medical treatment. The person may need to be taken to medical treatment.
APPENDIX B: Sample Student Affairs Mass Email

Use of Alcoholic Beverages and Prohibition of Other Drugs Policy

To All UVA Students and Academic Division Faculty and Staff:

The U.S. Department of Education requires that each institution of higher education annually distribute its alcohol and other drug policy, in writing, to every student and employee. Faculty and staff who supervise employees who do not have regular access to email, please print this message and distribute it to them. The following is a summary of the policy.

In accordance with federal law, the University's Use of Alcoholic Beverages and Prohibition of Other Drugs Policy regulates the sale and service of alcoholic beverages on University property and informs the University community of state and federal laws and penalties concerning unlawful substance use and misuse; health and behavioral risks of alcohol and other drug use and misuse; and resources for treatment and educational programming.

Approval to use alcohol at a public event on University property or at a University function in which University of Virginia students will be present requires written approval a minimum of five business days in advance using the online Approval Request for Use of Alcohol Beverages form.

The University of Virginia prohibits the illegal or otherwise irresponsible use of alcohol and other drugs. It is the responsibility of every member of the University community to know the risks associated with substance use and misuse. This responsibility obligates students and employees to know relevant University policies and federal, state, and local laws, and to conduct themselves in accordance with these laws and policies.

The University of Virginia assumes no responsibility for any liability incurred at any event not sponsored by the University where alcohol is served and/or sold. Students and members of Contracted Independent Organizations (CIO) or of organizations with a Fraternal Organization Agreement (FOA) are obliged to conduct themselves in accordance with the laws of the Commonwealth of Virginia and assume full responsibility for their activities and events.

Any student found in violation of this policy is subject to the entire range of University Judiciary Committee sanctions described in the Statement of Students' Rights and Responsibilities, including suspension and expulsion. University personnel found in violation of this policy are subject to appropriate personnel sanctions.

Assistance with Substance Misuse and Recovery Support

BASICS
The BASICS program helps students explore the decisions they make about substance use. It is free, nonjudgmental, and confidential.

Hoos in Recovery
A social support network of University undergraduate and graduate students, staff, faculty, and alumni in recovery or considering recovery from substance use disorders. The group meets weekly in addition to social events.

Counseling and Psychological Services (CAPS) in Student Health provides assessment, counseling, medication management and referral assistance for students seeking help with substance use concerns. CAPS is also available to consult with staff, faculty, family members, and friends who may be concerned about a student's substance use (434-243-5150).

Faculty and Employee Assistance Program (FEAP) — Through FEAP, the University offers employees and their families assessment, brief counseling, referral, and follow-up with common concerns at no cost to the employee. FEAP will also provide consultation to supervisors and managers to assist in addressing employee/team challenges (434-243-2843).
APPENDIX C: Sample Gordie Center Materials

PUBS Bus Poster

KNOW WHEN TO CALL
IS IT ALCOHOL OVERDOSE?
Alcohol overdose can have any of these four PUBS signs:

- Unresponsive (no response to touch, sound, or pain)
- Breathing (slow, shallow or absent)
- Skin (blue, cold or clammy)
- Purging (white passed out)

While you're waiting for help to arrive:
- Stay with the person and keep them in a safe place.
- Stay and monitor closely.

If you're unsure, call Poison Control 1-800-222-1222 or call the nearest emergency department.

See even one? Save a life. Call 911!

GORDIE Center
Learn more @ gordie.org

PUBS Mirror Cling

IS IT ALCOHOL OVERDOSE?

Remember PUBS:

- Unresponsive (no response to touch, sound, or pain)
- Breathing (slow, shallow or absent)
- Skin (blue, cold or clammy)
- Purging (white passed out)

While you’re waiting for help to arrive:
- Stay with the person and keep them in a safe place.
- Stay and monitor closely.

If you're unsure, call Poison Control 1-800-222-1222 or call the nearest emergency department.

See even one? Save a life. Call 911 immediately.

GORDIE Center
Gordie.org

PUBS Magnet

Is It Alcohol Overdose?

Check for PUBS Symptoms

- Unresponsive (no response to touch, sound, or pain)
- Breathing (slow, shallow or absent)
- Skin (blue, cold or clammy)
- Purging (white passed out)

UNSURE?
Call Poison Control 1-800-222-1222

See even one? Save a life. Call 911!

GORDIE Center

GORDIEcheck BAC Card

GORDIEcheck Student-Athlete BAC Card
APPENDIX D: Sample Stall Seat Journal Materials

ALCOHOL SAFETY 101

MAKE A PLAN!

WATCH FOR AND RESPOND TO ALCOHOL OVERDOSE:

ESTIMATING BAC:

TIPS FOR MANAGING BAC:

WHO KNEW?

BAC TO BASICS

WHAT IS A STANDARD DRINK?

RESOURCES FOR SUPPORT:

# HOO KNEW?

If someone consumes an alcohol-containing drink at a drinking event where you are present, here's what to do:

- Ask if they are okay. If they are not, help them. If they are, ask them if they have any concerns or if they need help.
- Be supportive of their decisions and help them make healthy choices.
- Encourage them to stay safe and take care of themselves.
- If they need help, consider calling a friend or family member, or seeking professional help.

*Based on the research by the National Institute on Alcohol Abuse and Alcoholism (NIAAA)

HOO KNEW?

9 out of 10 UVa students stay in the library, read books, or work on a personal project.

*Based on the Virginia Tech survey of the student population.
**Wahoo Welcome Evaluation Results**  
August 20th and 21st, 2021

**Following the presentation...**

- **96%** are able to describe the 3Ds and signs of an alcohol overdose
- **94%** better understand their role in the health and well-being of the UVA community and the importance of taking care of themselves
- **93%** gained health and well-being tools for taking care of themselves and others

<table>
<thead>
<tr>
<th><strong>I can describe the 3D strategies to prevent a potential moment of harm.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
</tr>
<tr>
<td>72%</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th><strong>I can describe the PUBS signs of an alcohol emergency/overdose.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
</tr>
<tr>
<td>69%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>I better understand my responsibility &amp; influence on the safety and well-being of the UVA community.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
</tr>
<tr>
<td>65%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>I have gained additional tools to take care of myself and others around me.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
</tr>
<tr>
<td>64%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>I better understand the importance of taking care of my well-being &amp; health during my time at UVA.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
</tr>
<tr>
<td>61%</td>
</tr>
</tbody>
</table>

*Data collected from 2900 first-year students that participated in the Office of Health Promotion WahooWelcome Presentation on Friday, August 20th or Saturday, August 21st 2021. Response rate: 71%
APPENDIX F: SafeGrounds Data

Number of Cases by Case Type

Timeline: Jun 2018 - Dec 2018
APPENDIX G: WahooWell Evaluation and Materials

WahooWell
Empowering you to enhance your well-being

WahooWell enhances personal reflection, well-being, and goal-setting.

- 82% recognized areas they wanted to change
- 82% better understood the connections between thoughts, actions, and well-being
- 71% are better able to set goals
- 61% are better able to achieve goals
- 69% noticed a positive impact on their well-being

WahooWell improves relationships with substances - even for students who aren't interested in addressing it.

- 47% felt better able to manage substance use following WahooWell
- 65% who felt better able to manage substance use were not primarily interested in addressing it

48% saw an improvement in AUDIT-C (substance misuse-risk scale) scores following participation in WahooWell

*Statistically significant, p-value < 0.05

Stress levels, ability to manage stress, and resiliency improved.

- Saw a decrease in stress levels following WahooWell
- Saw an increase in ability to manage stress levels following WahooWell
- Saw an increase in resiliency scores following WahooWell

*Statistically significant, p-value < 0.05

Confidence in changing sleep habits and sleep hygiene improved.

- 52% of participants saw an increase in confidence in changing their sleep following WahooWell

66% of participants saw improvement in sleep hygiene scale scores

*WahooWell has helped me reduce my stress and I am now able to deal with stress that I face daily

After making changes in substance use and social connections, I felt much better overall and feel more comfortable with where I'm at.

WahooWell consists of a brief online signed survey and follow-up confidential, one-on-one meeting(s) with a well-being facilitator in Student Health and Wellness.

WahooWell is:
- Free
- Nonjudgmental
- Confidential
- One-on-one

"WahooWell allowed me to learn about the changes that I need to make for a physically and mentally healthy lifestyle""I have made significant changes in substance use and I feel more confident in my decision making""WahooWell has helped me reduce stress and I am now able to handle stress that I face daily""After making changes in substance use and social connections, I feel much better overall and feel more comfortable with where I'm at.

To sign up visit: www.studenhealth.virginia.edu/wahoowell
Email: wahoowell@virginia.edu with questions.
APPENDIX H: Sample Curriculum Efforts

Batten School of Leadership and Public Policy
LPPL 2100 – The Resilient Student

School of Education
EDHS 2240/5240 – Substance Abuse in Society
EDHS 2890 – Personal Development
EDHS 3240 – Peer Health Education
EDHS 3500 – Practicum in Peer Alcohol Education
EDHS 3850 – Introduction to Counseling
EDHS 3895 – Peer Counseling Theory and Skills
EDHS 4810 – Personal Adjustment and the Science of Happiness
EDHS 5241 – Peer Support Programs: Research, Design, & Evaluation
EDHS 5500 – Topics in Health Promotion
EDHS 7120 – Prevention Intervention Assessment
EDHS 7210 – Introduction to the Profession of Counseling
EDHS 7230 – Theories and Techniques of Counseling
EDHS 7270 – Research in Counseling
EDHS 7290 – Essential Counseling Skills
EDHS 7680 – Psychopathology
EDHS 8500 – Biological Bases of Behavior - Psychopathology
EDHS 3020 – Contemporary Health Issues
EDHS 8240 – Substance Abuse Counseling
EDHS 8340 – Counseling Children and Adolescents
EDLF 5011 – Adolescent Learning and Development
EDLF 5010 – Child Learning and Development
EDLF 8648 – College Student Development
EDHS 8240 – Substance Abuse Counseling

College of Arts and Sciences
ANTH 2280 – Medical Anthropology
ANTH 3130/7130 – Disease, Epidemics, and Society
BIOL 1210 – Human Biology and Disease
PHS 7610 – Health Promotion and Health Behavior
PSYC 2600 – Introduction to Social Psychology
PSYCH 3140 – Abnormal Psychology
PSYC 3840 – Adolescence: Theory and Development
SOC 2220 – Social Problems
SOC 3700 – Health and Society

School of Nursing
NUCO 4100 – Nursing Management of Common Health Problems
NUCO 4300 – Psychiatric-Mental Health Nursing
NUCO 4600 – Community Health Nursing
GNUR 6400 – Community Assessment
GNUR 8610 – Health Promotion and Behavior Change Research
University of Virginia Biennial Review 2020-2022

I have reviewed and approved the content of this Biennial Review.

[Signature]
James E. Ryan
President, University of Virginia

[Date]
12/12/22