Women and racial and ethnic populations increasingly are making up the more than 17 million students enrolled in U.S. colleges and universities, which once were enclaves of white men. According to the National Center for Educational Statistics, in 1976 some 15 percent of U.S. college students were other than white (non-Latino), compared with 29 percent in 2002. Much of the change can be attributed to rising numbers of Latino, Asian, and Pacific Islander students. The proportion of Asian and Pacific Islander students rose from 2 percent to 6 percent, and the proportion of Latinos rose from 3 percent to 10 percent during that time period. The proportion of black students fluctuated during most of the early part of the period, before rising to 12 percent in 2002 from 9 percent in 1976.

In addition, the gender gap in higher education is widening among certain student populations, but is most striking among white and Latino traditional-age undergraduates, a new gender equity study conducted by the American Council on Education concludes. The gap is due primarily to a larger female share among low-income whites and Latinos, which has led to an overall decline in the male share of traditional-age students (age 24 or younger) from 48 percent in 1995–96 to 45 percent in 2003–04 (see Gender Equity in Higher Education: 2006, American Council on Education).

Several studies, including the Core Alcohol and Drug Survey of the Core Institute of Southern Illinois University Carbondale, have found use of alcohol and other drugs among some racial and ethnic minority college students to be lower than among white students. For example, at historically black colleges and universities, about half the number of students report using tobacco, marijuana, or cocaine compared with students at predominantly white colleges. Variations in use rates affect the nature and types of problems manifested in these different groups.

William Modzeleski, associate assistant deputy secretary of the U.S. Department of Education’s Office of Safe and Drug-Free Schools, said that more research is needed to gain a better understanding of the implications of racial and ethnic diversity when it comes to alcohol and other drug abuse and violence prevention at colleges and universities.

“With increasing diversity at U.S. universities, there has to be recognition that one size doesn’t fit all when it comes to prevention. Students from different cultures, backgrounds, and nationalities all come to the campus with different understandings and perceptions of issues related to alcohol and other drugs. Even their learning styles may be somewhat different. We have to recognize that as we move forward with the development of programs,” said Modzeleski.

(Continued on page 2)
Diversity on Campus: Implications for Prevention

A study from the Harvard School of Public Health examined whether an increased presence of students from groups in which alcohol is less heavily consumed had a moderating effect on those students who “binge” drink. For example, African-American, Asian, female, and older students have lower rates of high-risk drinking than do white, male, and younger students. It found that the presence of minority and older students moderates the drinking habits of high-risk students at schools with small, medium, and large enrollments (American Journal of Public Health, Vol. 93, No. 11, Nov 2003).

“The results may shed light on why fraternities, sororities, and freshman dorms have particularly high binge-drinking rates and account for a disproportionate (i.e., larger) share of alcohol problems on campuses,” said Henry Wechsler, Ph.D., director of Harvard’s College Alcohol Study. “These social and living arrangements tend to group higher-risk drinkers together, with little chance of their intermingling with those who drink less heavily.”

“Although various interventions have been attempted to lower the level of binge drinking, to our knowledge, colleges have not yet examined housing and admissions policies, and student demographics to that end,” according to the study.

“Student-body composition, as well as the value of diversity at the college, organizational, and dormitory levels, should be considered by colleges wishing to reduce their binge drinking problems. Encouraging more older students to live on campus and in fraternity houses may be one practical application of these findings; another may be decreasing the heavy concentration of young, male, and white students in residential arrangements,” the study concluded.

In addition, when it comes to prevention, Modzeleski pointed out that there are some approaches that cross all populations.

“It’s the message we send out about what’s going to be tolerated or accepted on our college campuses. The consequences of alcohol use—especially heavy drinking—are basically the same for all students, regardless of ethnic background or sexual orientation. The message has to get out about the consequences of academic failure. Heavy drinking or other drinking that adversely affects behavior, and, in turn, learning, affects students who are on the cusp of passing or not passing much more than if you’re an A student. An A student who is drinking a lot may become a B student. But the consequences for the C student may be academic failure. This message is for everybody,” said Modzeleski.

Traci Toomey, Ph.D., director of the Alcohol Epidemiology Program at the University of Minnesota’s School of Public Health and a former member of the Review Group of the U.S. Department of Education’s Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention, agrees. She said that new research supports implementing multiple environmental strategies on and around campus that are aimed at the general student population.

Prevalence and Problems Among Different Populations

When it comes to college students’ drinking and other drug use behavior and related problems, there are very distinct differences according to ethnic background. To gain a better understanding of those differences for this issue of Catalyst, the Core Institute at Southern Illinois University, Carbondale, conducted a special analysis of its 2005 survey data to describe those differences.

According to the Core Alcohol and Drug Survey, the highest rates for alcohol use in the previous 30 days were reported by non-Latino whites and Latinos, both at 73.5 percent, followed by American Indians at 73.1 percent. Lower rates were reported by Asian and Pacific Islanders (59.1 percent) and blacks (52.3 percent).

Heavy episodic, or high-risk (so-called binge), drinking—defined by the Core Institute as five or more drinks in a setting—follows a similar pattern, with American Indians (52.6 percent), non-Latino whites (50.2 percent), and Latinos (49.3 percent) reporting the highest levels, and blacks (23.3 percent) and Asian and Pacific Islanders (33.7 percent) reporting the lowest levels.

Although alcohol is by far the drug of choice for college students, marijuana is the second most used drug. Annual use patterns for marijuana were as follows: American Indian at 33.5 percent, Latino at 33.4 percent, white at 31 percent, black at 21.4 percent, and Asian and Pacific Islander at 18 percent.

Because higher levels of alcohol and other drug use are associated with greater risk for academic- and social-related problems, those groups with higher use rates also report higher rates—at least one in the past year—of both public misconduct (such as getting into trouble with the police, fighting or provoking arguments, driving while impaired, engaging in vandalism) and personal problems (such as considering suicide, being hurt or injured, trying unsuccessfully to stop using drugs, engaging in sexual assault).

American Indians reported the highest rates of both public misconduct (43.7 percent) and personal (36.8 percent) problems, followed by whites (non-Latino) (39.1 percent and 25.8 percent) and Latinos (36.3 percent and 23.7 percent). As with both alcohol and marijuana use, Asian and Pacific Islanders (22.9 percent and 17.4 percent) and blacks (20.1 percent and 14.3 percent) reported the lowest levels of public misconduct and personal problems related to their use.

For more information on ethnic differences in alcohol and other drug use and related problems in the 2005 Core Alcohol and Drug Survey of 33,379 of U.S. college students, see Resources on page 13.
Meeting the Prevention Needs of a Diverse Population

U.S. colleges and universities serve a widely diverse population of students that includes large numbers of racial and ethnic groups, foreigners, commuters, older adults, individuals with disabilities, lesbians, gays, bisexuals, and transgendered individuals. The U.S. Department of Education’s Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention seeks to provide information and assistance to institutions of higher education to address the needs of these populations in making their educational experience both healthy and safe. This article on meeting the needs of lesbian, gay, bisexual, and transgender (LGBT) students is the first of several articles on diversity and prevention.

Surveys indicate that LGBT students are more vulnerable to alcohol and other drug problems than are students with a heterosexual orientation. If a college or university does not support an organization or social center for LGBT students, those students might gravitate to an off-campus gay bar or club to find compatible company.

This proposition forms a backdrop for the rising concern in higher education over the fate of LGBT students whose presence on campuses is becoming more visible and more challenging to traditional attitudes toward sexual minorities.

USA Today surveyed the emerging recognition of LGBT students on campus in a story headlined “Colleges Grow Gay-Friendlier” (June 21, 2004). More than 100 U.S. colleges have LGBT centers with paid staffs, and other colleges are seriously considering creating such centers.

The success of gay-themed television shows, such as “Queer Eye for the Straight Guy” and “Will & Grace,” has led to more gay and lesbian openness in general and may help account for a gradual lowering of the age when young people “come out of the closet.” The coming-out age today falls in the mid-teens, compared with age 21 on average a generation ago. This means there are more acknowledged gay and lesbian students in freshman classes—and more issues with which staff and administrators, concerned with student health and safety, must deal.

For young LGBT people who are not fully comfortable with their sexual identity, alcohol and other drugs may be perceived as an antidote to low self-esteem, feelings of alienation, and other barriers to social interaction. The Pride Institute has estimated that as many as one in three LGBT students has a substance abuse problem. The fact that alcohol and other drug impairment is a factor in transmission of AIDS and other STDs compounds other threats to health and safety that go with heavy drinking and other drug use. Opportunities for alcohol-free recreation and entertainment, therefore, can take on increased importance for LGBT students.

Further, LGBT students on campus may be a target of homophobic violence and harassment. The Gay, Lesbian and Straight Education Network (GLSEN) said its 2005

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National School Climate Survey found that 75.4 percent of high school and college students surveyed had heard derogatory terms used frequently at their schools. More than a third (37.8 percent) said they had experienced physical harassment at their school on the basis of their sexual orientation, and nearly one-fifth (17.6 percent) said they had been physically assaulted for the same reason.

The GLSEN survey also found evidence that students at schools with an organization for LGBT students were more likely to feel safe, less likely to miss classes, and more likely to feel like they belonged at their school than students in schools without such an organization.

Making Colleges and Universities Safe for Gay and Lesbian Students, a 1993 report published by the Massachusetts Governor’s Commission on Gay and Lesbian Youth, contains dozens of recommendations for policies and services that can help campus leaders deal with this challenge. A summary of the report is available at the Web site of the National Consortium of Directors of LGBT Resources in Higher Education (http://www.lgbtcampus.org).

Ronni Sanlo, Ed.D., of the LGBT Campus Resource Center at the University of California, Los Angeles, has pointed to the scarcity of research about the day-to-day experience of LGBT college students, and the meager mention of sexual orientation in such documents as the American College Health Association’s Healthy Campus 2010 (“GLBT College Students: What Institutions Need to Know,” On Campus with Women, Spring 2005).

“The gay, lesbian, and bisexual college student population is invisible both on campus and in much of the literature,” said Sanlo. Research examining the lives of LGBT students over the course of their college careers, she said, can help student affairs professionals develop a welcoming and nurturing campus climate not only for LGBT students but for other students as well.

A growing presence of Latinos in campus populations is creating the need for greater skills in cultural competence among those designing and carrying out alcohol and other drug prevention strategies. The time is past when generalizations from the U.S. population could be made about the likely response of students to efforts to reduce alcohol and other drug problems and incidents of violence.

Latinos are the fastest-growing ethnic minority in the United States and make up a growing share of total enrollment in U.S. colleges and universities. The proportion of Latinos in the college population has risen from 4 percent to more than 10 percent in the last two decades. The increase is even more dramatic in some states, especially those attracting immigrant workers, and there are significant variations in the ethnic composition of student bodies from one institution to another. That is, the Latino presence tends to be greater in two-year and community colleges than in institutions with a four-year program, and it is greater on urban campuses than on those in smaller cities.

What does this mean for prevention? M. Lee Upcraft, Ph.D., a professor emeritus and assistant vice-president emeritus for student affairs at the Center for the Study of Higher Education at Pennsylvania State University, offers advice for those tackling the issue of high levels of heavy drinking on campus. “As institutions consider what they can do to reduce student problems associated with alcohol, they must base their policies and practices on a realistic picture of their students,” he said in a 2002 paper on the disappearance of the “Joe College” student stereotype. “While national trends provide guidance on what to look for in describing today’s students, each institution must develop a profile of its students and strive to create a good match between the students they educate and the policies and practices they develop to combat student alcohol problems” (see http://www.collegedrinkingprevention.gov/SupportingResearch/upcraft1.aspx).

What is the effect of a rising percentage of Latinos on a campus? There is good news and bad news in the sparse research on the subject. On the plus side, the Harvard School of Public Health College Alcohol Study reported in 2003 that the higher the proportion of Latinos, African-Americans, and other ethnic minorities on a campus, the less likely that incoming freshmen will take up the heavy-drinking habits seen among older students (American Journal of Public Health, Vol. 93, No. 11, Nov. 2003).

Unfortunately, there are forces working in the opposite direction. Gina Piane, Dr.P.H., and Alan Safer, Ph.D., of California State University, Long Beach, found in a study of their campus that acculturation—the merging of the minority Latino culture into the dominant U.S. culture—has had an effect on rates of heavy drinking by minority students. “As the acculturation level increases, indicating a greater adoption of the dominant culture, heavy drinking and perceived drinking norms on campus and among friends increase,” they reported. Combating such changes in perceptions of drinking norms as students acculturate may reduce heavy drinking among certain racial and ethnic groups, including Latinos.

Evaluation components of campus prevention programs can produce evidence of what works and what doesn’t in seeking to influence the drinking behavior of Latinos and other minority students. A clue comes from a study of the participation of students in an alcohol-free program at Pennsylvania State University called LateNight-PennState (recognized in 1999 by the U.S. Department of Education’s Office of Safe and Drug-Free Schools as an effective campus-based prevention program) and another alcohol-free venue called Coffee House. The study, as reported by Dolores W. Maney, Ph.D., and her colleagues in the American Journal of Health Studies (Vol. 18, No. 2/3, 2003), indicated that students of ethnic minorities were more likely to attend the alcohol-free events than were nonethnic minority students.

Why? The authors of the Pennsylvania State University study speculate that the choice may stem from cultural values. “For example, the LateNight programs, such as dance (especially hip-hop, ballroom, and salsa), as well as Coffee House may be more fulfilling to cultural appreciation of music, movement competence, and autonomous self-expression. Second, researchers in the motivation profession acknowledge that humans seek out opportunities to fulfill the three basic psychological needs of autonomy, competence, and relatedness.”

Another cultural factor appears to encourage alcohol-free recreation—a belief among some ethnic groups that academic achievement is beneficial to success in life, and that drinking is often associated with missing classes, falling behind in studies, and doing poorly on exams. “Avoiding or moderating alcohol consumption may be perceived as a method to enhance academic performance,” the Long Beach study concludes.
Preventing alcohol and other drug problems among college students can be a complex undertaking, and when those students are deaf or hard of hearing, the complexity increases. According to Substance and Alcohol Intervention Services for the Deaf (SAISD) at the National Technical Institute for the Deaf (NTID) in Rochester, N.Y., hearing-impaired students may be especially susceptible for several reasons:

- **Isolation:** People who are deaf or hard of hearing may feel “different” from the mainstream population that hears and may suffer from a lack of social acceptance, even within their own families. They also generally have unequal access to community services and that can further their isolation.

- **Cultural Issues:** The deaf and hard of hearing have their own unique culture, and it is one that places a stigma on chemical dependency. The deaf community perceives addiction as a personal weakness, not an illness.

- **Communication Barriers:** The deaf and hard of hearing face more frustrations in daily life because of communication barriers, and some turn to alcohol or other drugs as a means of coping with those frustrations. Also, the communication barriers they face may prevent them from receiving helpful information about preventing substance abuse.

Jeff Rubin, director of SAISD, said that his department has most recently used the social norms approach and environmental management in working with NTID students. In the social norms approach, the student’s community is surveyed—in this case, the deaf and hard of hearing student community—and data are gathered about the use of alcohol and other substances.

“As in the hearing community, there is a misperception among deaf students that more of their peers are using alcohol or other drugs than actually are,” Rubin said. It has been shown that 17 percent of hearing freshmen have never drunk alcohol, while 34 percent of deaf and hard of hearing freshmen have never drunk alcohol.

When presenting this information to a group, Rubin said he uses a visual approach, asking those who have never drunk alcohol to stand.

Rubin and his staff also have begun to research where NTID students are most likely to drink or use other substances. Alcohol and other drugs are not allowed on the NTID campus, but there are local nightclubs that deaf students tend to frequent. Those clubs are being approached by NTID and asked to use responsible beverage service.

SAISD also offers presentations for hearing people on how deafness complicates alcohol or other drug abuse problems and on what prevention and treatment services are available to the deaf.

In addition, the SAISD staff provide lectures, group therapy, and counseling in American Sign Language at the John L. Norris Addiction Treatment Center in Rochester.
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Q&A With Dolores Cimini

and it, therefore, might be helpful to have audio, Braille, or large-print messages developed for them. For students with hearing disabilities, print media may provide the greatest access.

It’s also very important to make materials accessible to students with “hidden” disabilities. For instance, we might aim our efforts toward students with learning or emotional disabilities, including depression, anxiety, or attention deficit disorder. This poses for all of us as prevention professionals a call to action to address the needs of these students as well.

Q: How are students with disabilities currently served when it comes to prevention?

A: Many colleges and universities offer services for students with a variety of disabilities, including learning disabilities and psychiatric conditions. Such services may be offered through campus counseling centers, health centers, health education offices, and disability services offices, where professionals are able to deliver specifically tailored individual interventions to students, whether they are advocacy, support, advisement, counseling, psychotherapy, or medication services. Some practitioners, in the context of delivering such interventions, address prevention and health-related issues with their students, broaching topics, such as sexual assault prevention, prevention of alcohol misuse and abuse, and the development of healthy lifestyles.

That said, it is incumbent on us to focus our attention to a greater degree in the future on how we can make our prevention materials more accessible to students with physical disabilities, such as sensory impairments, hearing impairments, and visual impairments. We also need to educate ourselves on the specific and increasingly more complex needs of those students who come to us with coexisting physical disabilities, mental health issues, and learning disabilities, and alcohol and other drug abuse issues and concerns.

Q: How could students with disabilities be served better?

A: As prevention professionals, we might work to ensure that all of our prevention efforts—whether they be workshops, media campaigns, educational programs, or educational materials—be accessible to all students. To accomplish this, we might ask ourselves: Can students with hearing impairments benefit from what we are presenting? Can students with visual impairments learn from the information we are presenting? Does our information need to be presented in another way to best reach all students? Most important, if we are unsure about how we might present our prevention materials to best reach all of our students, I would encourage us to ask them directly and involve them in both the planning and implementation stages of our prevention work. Students by and large know what they need. They can be invaluable to us in our prevention efforts.

Resources

• Americans with Disabilities Act (ADA) (contains regulation and technical assistance materials) http://www.usdoj.gov/crt/ada/adahom1.htm
• Deaf and Hard of Hearing AA 12 Steps Recovery Resources http://www.dhh12s.com
• “Helping Deaf and Hard of Hearing Young People Deal with Alcohol and Other Drugs” http://www.mncddeaf.org/articles/youth_ad.htm
• Substance Use Disorder Treatment For People With Physical and Cognitive Disabilities http://ncadi.samhsa.gov/govpubs/BKD288

Substance Abuse and Students With Disabilities: Little Known Facts

Did you know?

• Alcohol use is a major cause of disabilities for 20- and 21-year-olds.
• Alcohol abuse rates for people with disabilities may be twice as high as in the general population.
• Forty to 80 percent of traumatic brain injury patients are injured while intoxicated.
• Forty to 80 percent of spinal cord injuries are related to substance abuse.
• Students with attention deficit hyperactivity disorder are at elevated risk for alcohol and other drug abuse.
• Alcohol and other drug abuse significantly increases the risk for HIV infection among college students.

(Excerpted from http://www.med.wright.edu/citar/sardi/brochure_facts.html)

Developed by:
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Lessons From a Historically Black University—Elizabeth City State University

by Anthony Brown and Beth DeRicco

Historically black colleges and universities (HBCUs) enroll 14 percent of all African-American students who attend higher education institutions in the United States. HBCUs are defined in the Higher Education Act as accredited institutions of higher education that were established before 1964 and have the primary goal of educating black Americans. There are more than 100 HBCUs. Many are located in the South, although Delaware houses one, Maryland has four, and Washington, D.C., and Pennsylvania have two each.

In many ways, the nature of the social and academic culture at HBCUs contributes to a lower risk for adverse consequences related to alcohol use. HBCUs are dry campuses. Many attract first-time college goers in a family. These students often receive a great deal of encouragement from their home communities and families to succeed, with heavy stigma associated with suspension or expulsion. For many, this added pressure is a source of motivation to succeed. In addition, the expectation at HBCUs is that students will adhere to existing policies and cultural norms.

Ongoing studies confirm that students at HBCUs and African-American students in general drink far less and suffer fewer consequences than do students at predominantly white institutions. This disparity in alcohol consumption appears to be strongly related to factors such as HBCUs’ emphasis on character development in their institutional goals and their enrollment of many students with strong religious values. As a result, the atmosphere at HBCUs mitigates the “culture of drinking” effects found on so many other college and university campuses.

At many HBCUs prevention efforts have focused on intervention, treatment, and referral. The National Historically Black Colleges and Universities Substance Abuse Consortium (NHBCUSAC), founded in 1993, was established primarily to address the issue of increasing the numbers of African-American and other minority professionals in the field of substance abuse. The organization addresses issues related to substance abuse intervention, prevention, education, research, treatment, and funding opportunities. NHBCUSAC is composed of a conglomerate of HBCUs located throughout the United States that have existing or are developing substance abuse curricula, research programs, or both.

While this organization has been a great resource for HBCUs, many have not focused on the continuum of services ranging from prevention to treatment. On most campuses, substance abuse programs generally deal in the area of treatment and intervention and are the responsibility of the director of counseling or a member of health services.
Lessons From a Historically Black University . . .

Project for University Success (CAMPUS) and implements CAMPUS goals. CAMPUS is a statewide initiative designed to assist colleges and universities address high-risk drinking behaviors through the formation of a campus and community coalition and strategic planning based on an environmental management approach. The goal of CAMPUS is to create a unified voice on alcohol policy and high-risk drinking prevention within the higher education community in North Carolina. It develops and reviews policies, procedures, and activities dealing with alcohol and other drugs, as well as sexual assault issues.

Staff at ECSU conduct anonymous surveys of students, faculty, and staff to identify the extent of the alcohol and other drug problems on campus. For example, the results from the 2003 Core Alcohol and Drug Survey found that while 85 percent of ECSU students said that the campus has alcohol and other drug policies, 13 percent of students said that they did not know about the policies. As a result of these findings, the campus developed a poster campaign informing students about the campus policies. Another policy developed as a consequence of survey findings is the zero-tolerance policy, violation of which can result in the loss of a student’s housing privileges.

Like most HBCUs, ECSU is considered to be a dry campus. At ECSU the chancellor is the only person who can give permission for events on campus to serve alcohol. In addition, the interim vice chancellor for student affairs notifies parents, either verbally or in writing, when their child has been sanctioned for violating the alcohol and other drugs policy.

At ECSU students are judged by their peers when there is an incident involving alcohol or other drugs. The Student Court, which consists of an elected student attorney general and two students from each class, is convened to hear most cases that deal with alcohol or other drug violations. It makes recommendations to the interim vice chancellor for student affairs on what disciplinary action—if any—should be taken.

ECSU also has policies that promote campus activities that are drug- and alcohol-free and offer healthy alternatives. For example, dances for students are only allowed on weekends. Students can seek additional funds for dances through the Substance Abuse Committee, which promotes healthy lifestyles. ECSU has mandatory seminars on substance abuse for students in the residence halls. In addition, parents and freshmen are informed about alcohol and other drug policies during orientation and the first week of classes.

ECSU has developed creative outreach programs that utilize the community. For example, the Campus Community Coalition recruits local alcohol retailers, including bars, to seek their involvement and makes owners and managers aware of the campus’s involvement with implementing university policies. Every semester ECSU develops a listing of special events, such as film fairs, panel discussions, simulations, and skits that address issues related to alcohol and other drug use to generate greater public awareness. Students and leaders also are provided with alcohol and other drugs awareness training.

HBCU Resources at the Higher Education Center

The Historically Black Colleges and Universities Web page on the U.S. Department of Education’s Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention’s Web site contains a range of information and resources, including a list of HBCUs.

It also includes a number of publications and links to other resources, including a link to information on the 9th Dr. Lonnie E. Mitchell National Historically Black Colleges and Universities (HBCU) Substance Abuse and Mental Health Conference to address substance abuse and mental health at HBCUs.

For more information, go to http://www.higheredcenter.org/hbcu.

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College Prevention on the Run
Commuter Colleges Are Faced With Unique Challenges

Colleges and universities have certainly faced challenges as they provide alcohol and other drug abuse prevention initiatives to their students. But perhaps none has been more challenged than those institutions whose primary population commutes to and from school.

The reasons are many. Some commuter students live an hour or more from campus and aren’t likely to stay on campus to attend any meeting to talk about substance abuse issues. Many are typically busier than resident students in that they have to juggle school, work, and family obligations, in addition to a long commute. Many live in communities too far away from campus to be influenced by any campus outreach. So, how can campuses reach this population?

Hudson Valley Community College in Troy, N.Y., a Network member, has developed some ways to deal with these issues. For years, it has worked to reach commuter students—its entire population. One of the strategies is for the college to work heavily in the communities where many of its students reside. The college participates in a community coalition designed to develop prevention programs and to bring together community leaders to determine ways to prevent alcohol and other drug abuse. In addition to representatives from Hudson Valley, the Rensselaer County Underage Drinking Coalition includes representatives from the beverage industry, liquor store owners, the public and private schools, and other area colleges.

Another strategy is to reach the students before they enter college. Hudson Valley and the community coalition provide prevention programs to various “feeder” high schools in the area, whose students go on to become a large portion of Hudson Valley Community College’s population.

“You get a head start when you work with high school students who feed into your college, and it is one way to reach the commuter students early,” said Janet Atwater, director of health services for Hudson Valley Community College. “You certainly have a captive audience in high school that you won’t have with the same students when they become commuter students.”

Atwater is a huge proponent for working in the community because, she said, it is important that the community is sending out the same messages as the college in terms of prevention and responsible behavior. If the community isn’t involved in the effort, then, especially with commuter students who spend more time in the community than at school, it negates what the institution has tried to do on campus.

But sometimes working in the community isn’t as easy as it sounds—especially if your community is New York City. For example, for Network member St. John’s University, the students’ community could be all of Manhattan Island and many parts of New Jersey, said Ruth DeRosa, senior counselor at St. John’s counseling center.

“It is really hard to work with the local community because there are so many bars and other social options that we couldn’t possibly be effective. That’s because the students can—and do—hop on the subway or bus and socialize or live in a whole different community that we haven’t addressed,” said DeRosa.

St. John’s used to have only commuter students but now 2,500 of its 16,000 students reside on campus. Faced with the challenge of reaching the commuter students, St. John’s has held monthly alcohol and other drug prevention events in which counseling center staff address substance abuse. It also holds special programs to address various issues, such as date rape, depression, or stress, which may draw in commuter students and give the college the opportunity also to address substance abuse as part of these programs.

Until recently, St. John’s didn’t address alcohol or other drug issues aggressively because the campus basically shut down at the end of the day and the problems occurred off campus. But that has changed, as has the thinking at the New York City colleges that once

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believed they didn’t have a responsibility to address issues that happened off campus, said DeRosa.

“Some high profile cases—such as three suicides in one year at New York University that were related to drug use and the death of a female student who was abducted outside of a bar in the meat packing district and later murdered—got the schools to start realizing that they needed to do something to prevent further incidents and to educate and protect their students,” said DeRosa.

As a result, it opened the colleges’ eyes and now eight New York City colleges meet to discuss alcohol and other drug issues and develop ways to address prevention among their student populations.

One of the strategies St. John’s employs is to require incoming students to attend an orientation meeting to learn prevention strategies. Another is to hold brief interventions when the opportunities present themselves, such as at health fairs or workshops.

Hudson Valley Community College also hopes to reach students through its faculty. It provides faculty training to help teachers recognize warning signs of substance abuse and addiction. They also learn what to do when they see such signs or when a student confides in them that he or she has a problem. The college also provides an alcoholism counselor who can do interventions and help students to get treatment.

One of the greatest challenges facing commuter colleges is the lack of data about problems and what works and what doesn’t. According to DeRosa, when St. John’s recently applied for a grant to address alcohol and other drug use and problems there were little data on commuter students. Both DeRosa and Atwater agree that more funding is needed to examine better ways to reach commuter students, who constitute a large portion of the university and college population. For example, community colleges enroll 6.5 million students, most of whom are commuters.

“We believe that what we are doing is effective, but we don’t know for sure. We know that many campuses are using social norms marketing to correct student misperceptions about alcohol use. Some teach media literacy. I think these things help, but we can’t point to one thing and say it is a successful strategy,” said Atwater. “We need to work toward more answers so that we can be more effective.”
Diversity on Campus: Implications for Prevention

Such strategies include controls on the availability and promotion of alcohol, addressing the large amounts of unstructured time many students have, consistent enforcement of laws and campus policies, and changing student perceptions of heavy alcohol use (i.e., norms).

But the increasing diversity at colleges and universities may pose the challenge of increases in the hate crimes that are associated with intergroup conflict and bigotry. Oftentimes, the individuals who perpetrate hate crimes are under the influence of alcohol or other drugs, according to Jeffrey A. Ross, the late national director of campus and higher education affairs at the Anti-Defamation League, in “Fighting Hate on Campus: A Primer for Administrators” in The Bulletin, the bimonthly magazine of the Association of College Unions International (March 2001, Vol. 69, No. 2).

“Hate crimes, including vandalism, harassment, and violence, are criminal acts that reveal evidence of animus based on race, gender, religion, sexual orientation, ethnicity, or disability,” said Ross. “Although they are punishable by law as ‘regular’ crimes, it is important to realize hate crime victims are not randomly chosen as is the case of many other crimes. They have been targeted specifically due to their affiliation with a particular group.”

To address these types of incidents on campus, Modzeleski said that colleges and universities need, at least, to have a policy about how people treat each other as individuals, regardless of race, creed, background, or sexual identification.

“It should not be only the administration saying, ‘Here is our policy.’ It needs to emanate through student councils and student groups saying, ‘Here’s how we want to treat each other as a group on this campus regardless of who we are or what we are.’ ”

“We can’t tell people whom to like and whom not to like. What we can do is demand that everybody is treated fairly and with respect. Guidelines for how people behave should be developed and then be enforced,” said Modzeleski.

According to data from the U.S. Department of Education’s Projections of Education Statistics to 2015, the number of high school graduates will reach a peak in the 2008-09 academic year at 3.3 million. There will be record high enrollments at colleges and universities every year from 2006 until 2015, according the Department’s report Condition of Education Statistics 2006. As college enrollment continues to rise, responding to the needs of the diverse student populations when it comes to alcohol and other drug abuse and violence prevention on campus will be increasingly important.

Modzeleski said that for higher education, that means honoring the differences of those groups when it comes to program planning and implementation.

“We need to acknowledge that there are differences among groups and that those differences make us stronger and better people,” he said. ■
Our Mission

The mission of the U.S. Department of Education’s Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention is to assist institutions of higher education in developing, implementing, and evaluating alcohol and other drug abuse and violence prevention policies and programs that will foster students’ academic and social development and promote campus and community safety.

Get in Touch

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How We Can Help

- Training and professional development activities
- Resources, referrals, and consultations
- Publication and dissemination of prevention materials
- Support for the Network Addressing Collegiate Alcohol and Other Drug Issues
- Assessment, evaluation, and analysis activities

Resources

For resources on the changing face of college students, click on the following publications from the Higher Education Center’s publications collection:

Alcohol and Other Drugs: Prevention Challenges at Community Colleges
Engaging the Nation’s Community Colleges as Prevention Partners
Infofacts/Resources: “Alcohol and Other Drug Use at Historically Black Colleges and Universities”
Infofacts/Resources: “Racial and Ethnic Differences in Alcohol and Other Drug Use”
Prevention Updates: “Community College Presidents’ Role in Alcohol and Other Drug Abuse Prevention”
Catalyst “Research on Women’s Drinking Patterns: Q & A with Wes Perkins” (Winter/Spring 2000 Vol. 6 No. 1)

For more information on differences in alcohol and other drug use and related problems among ethnic groups in the 2005 Core Alcohol and Drug Survey of 33,379 of U.S. college students, click on the following links:

Hispanic: http://www.campushealthandsafety.org/documents/core/hispanic.pdf
Other Race: http://www.campushealthandsafety.org/documents/core/other.pdf
Caucasian: http://www.campushealthandsafety.org/documents/core/white.pdf

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