

Community College Presidents' Role in Alcohol and Other Drug Abuse Prevention

by William DeJong, Ph.D.

 Two-year community, technical, and junior colleges are a vital part of the nation's higher education system.* Because of their structures and the nature of their student bodies, these institutions face unique challenges in addressing alcohol and other drug (AOD) problems among their students.

Nationwide, a total of 1,158 community colleges (979 public, 148 private, 31 tribal) enroll approximately 11.6 million students, 6.6 million for credit and 5.0 million on a noncredit basis. More than half are part-time (61 percent), carrying fewer than 12 credit hours at a time. This enrollment represents 46 percent of all U.S. undergraduates.¹

Students attending community colleges come from diverse backgrounds. The average student is 29 years old, and 58 percent are women. Racial and ethnic minorities, including recent immigrants, are broadly represented in the student ranks. Community college students represent 47 percent of African American undergraduates, 56 percent of Latinos, 48 percent of Asian/Pacific Islanders, and 57 percent of Native Americans.²

While research on AOD use among community college students is quite limited, in general, survey results show that these students drink less heavily than students attending four-year colleges and universities.³ One explanation is that community college students tend to be older and more often work full-time, have children, or live with their parents.⁴

Another factor is that a smaller proportion of community colleges have residence halls, fraternities and sororities, or intercollegiate athletics programs—all features of campus life that increase the likelihood of AOD problems.⁵ In contrast, community college students report using tobacco, cocaine, and amphetamines at higher rates than students at four-year institutions.⁶

* For convenience, this set of institutions will be referred to as "community colleges."

This publication is designed to guide presidents of community colleges and their administrative staff as they focus on AOD abuse prevention. The first section reviews the challenges facing community colleges in reducing student substance use and the strengths the colleges draw on in addressing it. The second section introduces *environmental management*, a prevention approach developed by the U.S. Department of Education's Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention to address AOD-related problems on campus. Several environmental management options are particularly appropriate to community colleges. The third section describes student assistance programs, a case identification and intervention method that is especially well suited to community colleges.

Moving Forward: Challenges and Strengths

Community colleges face several challenges in expanding their efforts in prevention.

Community colleges typically have broad and inclusive entrance requirements. Open enrollment (open access) policies contribute to diversity in the student body—an important strength. At the same time, increasing numbers of admitted students have remedial education needs⁷ or domestic, substance use,⁸ and psychiatric problems,⁹ which may increase the demand for student services beyond what most colleges can provide. Moreover, a high percentage of students are part-time and commute to campus,¹⁰ which limits opportunities for students to be exposed to educational messages or other prevention programs.

Most community colleges are not resource rich. With over half of their funding coming from state and local government sources, these campuses often face budget challenges, particularly during recessionary times. Tight budgets disproportionately affect student affairs

programs, including prevention. One potential source of funds is higher student fees, though administrators hesitate to impose fee increases to avoid creating barriers to open student enrollment.

Constrained budgets present another challenge: a growing reliance on adjunct instructors rather than on full-time, tenured faculty members. Part-time instructors frequently have a more limited connection to the institutions where they teach, with less opportunity to develop mentoring relationships with students. Even when faculty members can make themselves available to students, they are not always trained to handle the students' personal problems.

Despite these challenges, community colleges also operate from a position of strength. First, effective prevention requires a broad-based approach that brings campus and community leaders into partnership. Community college administrators can develop strong ties to their communities, especially in suburban and rural areas where many institutions are located.

Second, community colleges are known for their vocational and technical education tracks that prepare people for jobs in the local community. These programs, by promoting stringent workplace standards, help create a strong institutional environment that discourages substance use.¹¹

Third, community colleges are also leaders in developing online education programs. These campuses are poised to take advantage of new online programs being developed to provide basic AOD education, diagnostic tools, motivational feedback to high-risk drinkers and other drug users, and local treatment referrals.

Community college presidents are eager to move forward. In 2003, the Center for College Health and Safety (CCHS), working with seven presidents of community colleges, developed a set of proposals for presidents of community colleges who were concerned about reducing student AOD use (see sidebar "Proposals for Effective Prevention" on p. 5).

PREVENTION UPDATES

Environmental Management

The decisions students make about AOD use are shaped by their environment, a set of physical, social, economic, and legal factors that affect the appeal and availability of alcohol and other drugs. The most cost-effective way of reducing substance use problems among students is to change the campus and community environments from one that encourages illegal and dangerous AOD use to one that discourages it.¹²

The Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention developed five environmental management strategies, each focused on a problematic aspect of typical college environments:

- Offering and promoting social, recreational, extracurricular, and public service options that do not include alcohol and other drugs
- Creating a social, academic, and residential environment that supports health-promoting norms
- Limiting alcohol availability both on and off campus
- Restricting marketing and promotion of alcoholic beverages both on and off campus
- Developing and enforcing campus policies and local, state, and federal laws

Figure 1 shows that all five strategies involve a wide range of program and policy options that are particularly appropriate to community colleges and their surrounding communities.

Moving forward with a prevention agenda requires a layered infrastructure. On campus, there needs to be a permanent task force that represents several important constituencies, including students, and reports directly to the president. To facilitate prevention work in the surrounding community, there needs to be participation in a campus and community coalition. The membership must be broad, including such groups as neighborhood residents, the business community, public health agencies, health care providers, faith-based institutions, law enforcement, and AOD treatment agencies. Finally, action at the state level, including the development and operation of multiple campus and community coalitions and the development of state-level policy, can be

Continued on page 3

FIGURE 1. Strategic objectives and tactics focused on environmental change

ALCOHOL-FREE OPTIONS

Strategic Objective: Offer and promote social, recreational, extracurricular, and public service options that do not include alcohol and other drugs.

Tactics:

- Create new alcohol-free events.
- Promote alcohol-free events and activities.
- Create and publicize student service learning or volunteer activities.
- Require community service work as part of the academic curriculum.
- Open a student center, gym, or other alcohol-free setting.
- Expand hours for the student center, gym, or other alcohol-free setting.
- Promote consumption of nonalcoholic beverages and food at events.
- Provide greater financial support to student clubs and organizations that are substance-free.

NORMATIVE ENVIRONMENT

Strategic Objective: Create a social, academic, and residential environment that supports health-promoting norms.

Tactics:

- Modify the academic schedule (e.g., increase the number of Friday classes).
- Increase faculty-student contact.
- Create a social norms marketing campaign to correct student misperceptions of drinking norms.

ALCOHOL AVAILABILITY

Strategic Objective: Limit alcohol availability both on and off campus.

Tactics:

- Install a responsible beverage service (RBS) program.
 - ✓ Require use of registered and trained alcohol servers.
 - ✓ Provide training programs for both servers and managers.
 - ✓ Limit container size and number of servings per alcohol sales.
 - ✓ Restrict sales of pitchers.
 - ✓ Cut off sales to patrons who might otherwise become intoxicated.
 - ✓ Eliminate last-call announcements.
- Limit number and concentration of alcohol outlets near campus.
- Increase costs of alcohol sales licenses.
- Limit days or hours of alcohol sales.
- Eliminate home delivery of alcohol purchases.
- Require keg registration at liquor stores.
- Increase state alcohol taxes.
- Ban or restrict use of alcohol on campus.
 - ✓ Prohibit alcohol use in public places.
 - ✓ Prohibit delivery or use of kegs or other common containers on campus.
 - ✓ Control or eliminate alcohol sales at sports events.
- Disseminate guidelines for off-campus parties.

Continued on page 3

FIGURE 1. Strategic objectives and tactics focused on environmental change (continued)

MARKETING AND PROMOTION OF ALCOHOL

Strategic Objective: Restrict marketing and promotion of alcoholic beverages both on and off campus.

Tactics:

On Campus

- Ban or restrict alcohol advertising.
- Ban or restrict alcohol industry sponsorship of on-campus events.
- Limit content of party or event announcements.

Off Campus

- Ban or limit alcohol advertising in the vicinity of schools.
- Ban alcohol promotions with special appeal to underage drinkers.
- Ban alcohol promotions that show drinking in high-risk contexts.
- Require pro-health messages to counterbalance alcohol advertising.
- Institute a cooperative agreement to institute minimum pricing.
- Institute a cooperative agreement to ban or restrict low-price drink specials.

POLICY DEVELOPMENT AND ENFORCEMENT

Strategic Objective: Develop and enforce campus policies and local, state, and federal laws.

Tactics:

On Campus

- Revise campus alcohol and other drug (AOD) policies.
- Disseminate campus AOD policies and publicize their enforcement.
- Require on-campus functions to be registered.
- Increase ID checks at on-campus functions.
- Use decoy operations at campus pubs and on-campus functions.
- Increase patrols near on-campus parties.
- Increase disciplinary sanctions for violation of campus AOD policies.
- Increase criminal prosecution of students for alcohol-related offenses.
- Notify parents of rules violations.

Off Campus

- Enforce minimum legal drinking-age laws.
 - ✓ Increase ID checks at off-campus bars and liquor stores.
 - ✓ Use decoy operations at retail alcohol outlets.
 - ✓ Enforce seller penalties for sale of liquor to minors.
 - ✓ Enforce penalties for possessing fake IDs.
- Increase patrols near off-campus parties.
- Establish new driving under the influence (DUI) laws.
 - ✓ Increase ID checks at off-campus bars and liquor stores.
 - ✓ Set legal limit for drivers under age 21 at .02 percent blood alcohol concentration (BAC) or lower.
 - ✓ Establish administrative license revocation for alcohol-impaired driving.
- Increase enforcement of DUI laws.
 - ✓ Use targeted patrols.
 - ✓ Use sobriety checkpoints.
- Impose driver's license penalties for minors violating alcohol laws.
- Change driver's licensing procedures and formats.
- Pass ordinances to restrict open house assemblies and noise levels.
- Educate sellers and servers about potential legal liability.

fostered through community colleges' membership in a statewide association of academic prevention leaders.¹³

Presently, most community colleges do not have this type of infrastructure in place. In 2000, the Higher Education Center surveyed a random sample of senior administrators at U.S. community colleges in order to examine their perceptions of AOD-related problems, the status of current prevention programs, and the involvement of key persons in prevention efforts.¹⁴ Table 1 (see p. 5) shows the percentage of respondents reporting that their college did not have the listed features.

Of note is that 61 percent of the senior administrators surveyed reported employing fewer than one full-time equivalent (FTE) staff member to work on AOD issues, while only 17 percent reported having more than two FTE-staff members. This sparse staffing creates important gaps. First, a relatively large percentage of community colleges do not conduct a student survey on AOD use or a formal assessment of their prevention efforts. This is significant, as federal regulations require that every institution of higher education conduct a biennial review of its AOD programs and policies (see sidebar "Drug-Free Schools and Campuses [DFSC] Regulations" on p. 4). Second, most community colleges do not have a campuswide task force to oversee AOD programs and policies, nor do they participate in a community coalition or a state-level association focused on AOD problems.

Most community colleges have basic AOD education programs in place. According to a report issued by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), college officials have an obligation to make sure that students know the facts, but such educational programs—orientation programs, alcohol awareness weeks and other special events, and curriculum infusion—do not by themselves generally lead to widespread or consistent behavior change.¹⁵ It also should be noted that, compared with other students, those attending community colleges are less likely to be aware of campus AOD policies and programs.¹⁶

Continued on page 4



Student Assistance Programs

First introduced in secondary schools, student assistance programs (SAPs) are becoming increasingly common in postsecondary institutions, especially community colleges. An SAP is operated by a committee of campus faculty and staff with a special interest in helping students who face personal challenges that interfere with their academic progress. In an era of fiscal constraint, SAPs hold promise as a cost-effective alternative for providing basic student support services.

Members of the SAP committee offer guidance and support to their campus colleagues, teaching them how to confront and refer students who are having academic difficulty, which is so often a symptom of AOD use or other personal problems. Instructors are not to act as care providers, but instead encourage students to seek professional assistance. With SAPs, the basis for intervention is poor student performance. For that reason, SAPs can play a critical role in helping community colleges achieve their academic missions.

The committee also develops and operates a basic services program to ensure that troubled students get the help they need. Members of the committee might work directly with students who require only a brief intervention. In other cases, when the students' needs are more profound, they will make a referral to campus- or community-based resources. On some campuses, SAPs also are involved in developing and overseeing health promotion efforts, including prevention programs designed to reduce alcohol, tobacco, and other drug use and violence.

Key to a program's success is recruiting a large group of faculty, staff, and community-based professionals who make themselves available on a limited basis to help operate the SAP. Relying on a subcommittee structure, the SAP can assist in developing new alcohol, tobacco, and other drug policies; mount health awareness campaigns; and develop and operate an intervention and referral protocol to assist troubled students.

After being referred by a faculty member, the students meet with members of the SAP team to review the presenting behavior of concern (e.g., missing class, falling asleep during class, dropping grades, changes in classroom behavior,

Drug-Free Schools and Campuses (DFSC) Regulations

Published in the *Federal Register* (Vol. 55, No. 159, Aug. 16, 1990, pp. 33580-33601), the DFSC regulations state that, as a condition of receiving funds or other forms of financial assistance under any federal program, institutions of higher education (IHEs) must certify that they have implemented a program to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees.

Creating a program in compliance with these regulations requires IHEs to prepare a written AOD policy, employ a sound method for distributing the policy each year to every student and employee, and prepare a biennial report on the effectiveness of their AOD programs and the consistency of policy enforcement.

The regulations also specify minimum requirements for the written policy. Contents must include the following: (1) standards of conduct that prohibit the unlawful possession, use, or distribution of illicit drugs and alcohol on college property or as part of any college-related activities; (2) sanctions for violations of these standards, up to and including expulsion or termination of employment and referral for criminal prosecution; (3) applicable legal sanctions under local, state, and federal laws for the unlawful possession or distribution of illicit drugs and alcohol; (4) a description of the health risks associated with the use of illicit drugs and alcohol; and (5) AOD counseling, treatment, rehabilitation, or re-entry programs that are available to students and employees.

As noted, the DFSC regulations require IHEs to prepare a biennial report to review their AOD programs and policies. Because the regulations do not specify what the report should include, IHEs have considerable leeway to conduct a review that can meet their particular circumstances and needs. The more thorough reports include sections on goals and objectives, relevant programs and policies, goal achievement, strengths and weaknesses, and future directions for new or revised programs and policies. The reports also should document the institution's compliance with all DFSC regulations, as outlined above.

For more information, see the Web site of the Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention, which provides a set of questions to guide administrators in this process: www.higheredcenter.org/dfsca.

signs of possible alcohol or other drug use); discuss possible underlying causes of the problem; and develop a plan for the student utilizing available campus or community resources. The SAP team might meet several times with the student, including long-term follow-up, all in a confidential setting.

The college does not force students to work with the SAP. Rather, students enter into their action plans voluntarily to get the services they require so that they can concentrate on achieving academic success.



Conclusion

Community college presidents have a great deal of work ahead to develop more effective prevention and intervention programs and a permanent infrastructure to support them, but as academic and community leaders, they also are well positioned to lead that effort. In the end, those college presidents who take the lead in addressing AOD problems will show greater success in achieving their academic missions, while also helping create a local

community that promotes the safety, health, and well-being of all of its citizens.

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Proposals for Effective Prevention

In 2003, the Center for College Health and Safety (CCHS), working with seven presidents* of community colleges, developed the following set of proposals for presidents of community colleges concerned about reducing student alcohol and other drug (AOD) use.

These proposals were informed by research on effective campus-based prevention, coupled with recognition of the unique problems and limited resources faced by most community colleges. As a practical matter, new programs cannot be considered unless they are both inexpensive and cost-effective.

1. Collect data on the extent of AOD problems among students and make this information widely available.
2. Speak out and write about AOD problems as a priority concern on campus.
3. Ensure that all elements of the college community avoid “mixed messages” that might encourage the misuse of alcohol and other drugs.
4. Educate students about how AOD use can interfere with learning, securing a good job, and career success.
5. Develop procedures to help students assess whether they have AOD problems that should be addressed (e.g., online screening tools, with tailored feedback).
6. Establish an AOD case identification and treatment referral system.
7. Ensure that faculty and staff are trained to identify and refer students in academic difficulty to a student assistance program.
8. Expand student opportunities to participate in service learning programs.
9. Demonstrate the institution’s commitment to AOD prevention by budgeting staff and other resources to address the problem.
10. Appoint a permanent campuswide task force on AOD prevention that includes senior administrators, faculty, and students; has community representation; and reports directly to the president.
11. Participate in community coalitions that address AOD issues in the community as a whole.
12. Include AOD issues in programs designed to help students make the transition from high school to college.
13. Work for new laws, regulations, and resources at the state and local levels that will reduce AOD problems among students.
14. Participate in regional, state, and national associations to build support for appropriate changes in public policy for improved AOD prevention and treatment.
15. Make the development, evaluation, and revision of AOD prevention programs and policies a permanent part of the institution’s operations.

* Contributing members of the Center for College Health and Safety’s Presidents Leadership Group include Erik Bitterbaum, State University of New York College at Cortland, formerly of West Virginia University at Parkersburg; Michael Burke, North Idaho College; Augustine Gallego, San Diego Community College District, California; G. Jeremiah Ryan, Raritan Valley Community College, New Jersey; Kathie S. Sigler (retired), Miami-Dade Community College, Medical Center Campus, Florida; Patricia Stanley, Frederick Community College, Maryland; and Robert E. Zeigler, San Antonio College, Texas.

TABLE 1. Gaps in alcohol and other drug (AOD) prevention: Findings of a 2000 survey of senior administrators at 180 community colleges

<i>Prevention Program or Policy</i>	<i>Not in Place (%)</i>
Data Collection and Review	80.1
Student Survey on AOD Use	37.6
Review of Campus Security Incident Reports	87.4
Formal Assessment of AOD Programs and Education Programs for New Students	13.5
Student Orientation	17.2
Written Information	37.2
Presentations	11.5
Peer Education Program	39.0
Curriculum Infusion of AOD Content	72.2
AOD Prevention Infrastructure	76.4
Campuswide Task Force	72.2
Participation in Local Coalition	
Participation in State-Level Association	

Source: “Youth Risk Behavior Surveillance: National College Health Risk Behavior Survey—United States, 1995.” *Morbidity and Mortality Weekly Report*, 46(SS-6): 1–54 (Atlanta, Ga.: Centers for Disease Control and Prevention, Nov. 14, 1997).

PREVENTION UPDATES

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Resources

The U.S. Department of Education's Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention

www.higheredcenter.org

The Higher Education Center can provide assistance to community college officials as they plan, develop, implement, and evaluate AOD and violence prevention programs and policies.

American Association of Community Colleges

www.aacc.nche.edu

The American Association of Community Colleges is the primary advocacy organization for the nation's community colleges. The association represents more than 1,100 associate degree-granting institutions and some 10 million students.

Center for College Health and Safety, Presidents Leadership Group

www2.edc.org/cchs/plg

The Presidents Leadership Group (PLG) was formed to bring national attention to prevention on college and university campuses through presidential leadership. PLG members serve as national leaders in alcohol and other drug abuse prevention, working with a community of higher education officials dedicated to this issue.

National Institute on Alcohol Abuse and Alcoholism

www.collegedrinkingprevention.gov/
CollegePresidents

In 2002, an institute-sponsored task force on college student drinking published recommendations for college presidents, which are summarized in the brochure, *What College Presidents Need to Know About College Drinking*.



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