A SUBSTANCE ABUSE
PREVENTION PROGRAM FOR
HUDSON VALLEY COMMUNITY COLLEGE

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CHAPTER ONE

The cost of substance abuse in financial resources, productivity and human life is more than this country should be willing to bear. According to Ronald Reagan:

Drug use threatens the health and safety of millions of Americans. It extracts a higher cost - the cost of crime stemming from drug abuse, the cost of drug-related health problems, the cost of productivity, and the cost of American manufactured goods. In one way or another, drugs are victimizing all of us. (Drugs: Why Not?, 1987, Pg. 7)

The lives lost to drug abuse are all too familiar to us. Brian Jones of the Rolling Stones, John Belushi, a top comedian, Jim Morrison of the Doors, Dennis Wilson of the Beach Boys, and Len Bias a star college basketball player all lost their lives in deaths related to substance abuse. (Drugs: Why Not?, 1987)

The three leading causes of death among young people in NYS - accidents, homicides and suicide - are all significantly related to alcohol use. (Harding, 1988, Pg. 5)

In addition to lives the financial costs are staggering. In a recent publication the National Cocaine Hotline reported that of 500 cocaine users who called the Hotline for assistance the following facts were discovered:

56 percent used up their savings, and 42 percent wiped out all of their other economic assets as well to purchase cocaine. 45 percent of them report that they have stolen from their employers or from friends or family members to support their habit.
A 1981 Report by Blue Cross/Blue Shield of Minnesota found dramatic growth in expenditures for chemical dependency and psychiatric care that could not be explained by any change in benefit level (Axel, 1986).

Marijuana is the most extensively used illicit drug and has been found to be associated with greater use of other drugs, with decreased participation in conventional activities with a history of psychiatric hospitalization, with lower self perceived psychological well being, and with greater involvement in other socially deviant activities (Drug Abuse and Drug Abuse Research, 1987).

There is also evidence that, "women who use marijuana during pregnancy are more likely than non-users to give birth to lower weight infants. . ." (Drug Abuse & Drug Abuse Research, 1987).

Alcohol, the most abused substance, has been estimated to cost the U.S. economy $116.7 billion annually and the New York State economy $8-10 billion annually. The costs include health care for alcohol related illnesses such as cirrhosis of the liver, alcohol psychoses, alcoholism and alcohol poisoning, addiction treatment, and associated trauma (Harding, 1988).

Productivity is also affected by substance abuse concerning drinking in seven of the largest U.S. railroad companies. A 1979 report described these costs, including absenteeism, turnover, waste of time and resources and accidents as being associated with 44,000 problem drinkers and cost at least $29 million and possibly as much as $106 million. The study found, in fact, that it cost more to discharge a rule violator (using the grievance process) than it did to rehabilitate an employee with an alcohol problem (Axel, 1986).
"According to one government report, substance abuse costs nearly $100 billion each year in lost productivity. This is equivalent to a $400 tax on every man, woman, and child in the United States" (Drugs: Why Not?, 1987).

In addition to the previously mentioned costs, alcohol use is found to be responsible for:

- 70% of all child sexual abuse
- 50% of all rapes
- 50% of all homicides
- 50% of all fatal car crashes
- 85% of deaths by fire
- 25% of suicides (Harding, 1988, Pg. 5)

The prime concern regarding marijuana is expressed in the results of a recent investigation by the National Institute on Drug Abuse. Marijuana maintained "individuals in a troubled adaptation reinforcing their tendency not to look at, understand, or attempt to master their difficulties," "It served to detach them from their problems and allowed them to regard even serious difficulties as unimportant." (Nida Notes, 1987)

The problems created by substance abuse having been discussed, the extent of use must be explored.

The growing national concern regarding substance abuse is exemplified by the increasing legal activities aimed at preventing drunk driving and constant attempts of presidential candidates and Congress to appear "tough on Drugs."

College officials have for years been aware of Substance Abuse problems among their student population. The National Institute on Drug Abuse found that 30% of all college students will use cocaine at least once while an undergraduate. But while cocaine and other drugs are a
serious concern, alcohol is by far the most abused substance (Halloran, 1986).

A 1960 Gallup poll indicated that 70% of the adult American population class themselves as at least occasional users of alcohol. The average drinker consumed 52 gallons of alcohol with a beer tab of $423.61 (Haben, 1986, Pg. 12).

The Poll also found that "more drinkers are consistently found among young adults 18 to 24 years old, and more abstainers are found among older people." (Haben, 1987) According to Alcohol and Health in 1978 "heavy drinking (was) more common among 18-20 year olds than any other age group." (Alcohol and Health, 1978, Pg. 12)

In 1985, 61% of high school seniors were found to have used drugs. 41% reported using marijuana, and 13% of seniors indicated they had used cocaine. Surprisingly the problem is not a metropolitan one, 43% of all 1985 high school seniors in non-metropolitan areas reported drug use in the previous year, while the rate for seniors in large metropolitan areas was 50% (Schools Without Drugs, 1986).

Since most college freshmen are recent high school graduates, we can assume these demographics are close to those entering college in the fall.

Studies at HVCC have shown the following very close to those of the freshman class.

1. 62% of the respondents were male  
   28% of the respondents were female

2. 61% of the respondents were full time students  
   39% of the respondents were part time students

3. 80% of the respondents were between 18-20 years of age  
   9% of the respondents were between 21-23 years of age  
   6% of the respondents were between 24-26 years of age  
   5% of the respondents were other ages
4. 22% of the respondents did not work 17% of the respondents worked 1-10 hrs./a week 29% of the respondents worked 11-20 hrs./a week 25% of the respondents worked 21-34 hrs./a week 6% of the respondents worked 35+ hrs./a week

Basic drug use at HVCC shows a distribution as follows:

<table>
<thead>
<tr>
<th></th>
<th>Never Used</th>
<th>Used Anytime</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana</td>
<td>38%</td>
<td>62%</td>
<td>100%</td>
</tr>
<tr>
<td>Hashish</td>
<td>65%</td>
<td>35%</td>
<td>100%</td>
</tr>
<tr>
<td>THC</td>
<td>90%</td>
<td>10%</td>
<td>100%</td>
</tr>
<tr>
<td>PCP</td>
<td>92%</td>
<td>8%</td>
<td>100%</td>
</tr>
<tr>
<td>LSD</td>
<td>77%</td>
<td>23%</td>
<td>100%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>79%</td>
<td>21%</td>
<td>100%</td>
</tr>
<tr>
<td>Heroin</td>
<td>97%</td>
<td>3%</td>
<td>100%</td>
</tr>
<tr>
<td>Inhalants</td>
<td>93%</td>
<td>7%</td>
<td>100%</td>
</tr>
<tr>
<td>Steroids</td>
<td>98%</td>
<td>2%</td>
<td>100%</td>
</tr>
</tbody>
</table>

When alcohol usage is reviewed the results are significantly different:

90% of the respondents had consumed beer in the last 30 days
37% of the respondents had consumed wine in the last 30 days
40% of the respondents had consumed liquor in the last 30 days

Beer is the drug of choice for HVCC students. In alcohol frequency and quantity, 20% of the respondents had greater than four drinks each time they drank and 4% of the respondents drank between 20 and 30 days within the past month.

Of those who have been drunk or very high on alcohol while in class, the answers were as follows: 70% responded - non, 7% responded - once, 10% responded - 2-3, 4% responded 4-8, 1% responded - 10-19, 2% responded - 20-30, 4% responded - 40 or more. A total of twenty one percent of HVCC students had been drunk or very high while in class.

It is unknown whether the majority students are aware of the HVCC regulations against attending classes under the influence. The regulations do appear in the college catalog which is distributed to
students but the reluctance for students to read these items is well recognized and is in fact, well known. It is therefore determined that the college must make an effort to educate the students on policy matters which pertain to them. The level of student knowledge regarding policy should be incorporated into the instrument used in the pretest/post test evaluation process.

The study regarding knowledge of substance abuse showed HVCC students answered questions correctly approximately 50% of the time. The exception seemed to be cocaine, 74% knew it was less strongly addictive but only 24% knew it was a stimulant.

The problem of substance abuse, nationally as well as locally, is recognized as a serious one; but one must understand through literature review the contribution factors before an effective program can be developed.

**Definition**

Substance abuse and related terms have almost as many definitions as there are persons who attempt to define them. Nearly everyone would agree, however, that having a drink does not, in itself, constitute alcohol abuse anymore than taking an aspirin constitutes drug abuse.

It is misuse of alcohol and drugs that signifies abuse (Harding, 1988). With this in mind, the definition of substance abuse for purposes of this paper is as follows:

Substance abuse is defined as use of any substance which causes disruption of normal life processes, which includes but is not limited to, such high-risk activity as using mind-altering substances while driving, boating, in situations prone to violence, or which otherwise require unimpaired judgment and coordination to avoid health and safety hazards (Focus, pg. 29).
**Psychological Factors**

Psychological factors include susceptibility to messages that encourage alcohol use, especially in high quantity and frequency and the disposition of an individual to use substances as a means of coping with problems and stress. Psychological factors are only found in those individuals whose consumption pattern is abnormal for their social group and are driven by "internal psychological factors" (Harding, 1988, Pg. 23).

**Genetic factors**

The heredity connection with alcohol addiction comes from studies of adoptee in Sweden among others. Two types of genetic predisposition to alcoholism have been identified. The Mildew-limited type occurs in both sexes and requires environmental factors before it is expressed as alcoholism. Male-limited susceptibility occurs only in biological fathers and sons and is associated with severe early-onset alcoholism. Genetic neurophysiological, neuropsychological and biochemical markers have not yet been identified (Alcohol and Health, 1987).

**Social Factors**

In 1983 Weekly Reader reported that young children are most influenced about drugs and alcohol by television and movies, but after the fifth grade peers played an increasingly important role (Weekly Reader, 1983).

This is just one example of the importance of peer pressure, television and culture in decision making about substance abuse. Certainly these influences can be promoted and manipulated with either
positive or negative results.

Manipulation of these social and cultural influences to prevent alcohol problems, by defining unhealthful alcohol use patterns as socially deviant, and increasing non-punitive social pressure, could reasonably be expected to lead to fewer susceptible, using alcohol at all, or in patterns sufficient to cause addiction (Focus on Prevention, p. 2).

This manipulation can and does, at times create problems. Television advertisement of alcohol and cigarettes is a prime example of attempts to manipulate consumption patterns. This action coupled with acceptance of alcohol use and even abuse in some social circles can lead to deviant behavior.

Many persons who become alcohol dependent begin with patterns of alcohol use that are encouraged by or tolerated by their social culture, and in many cases continue to be tolerated even after dependence is established and has become evident. Thus, while some persons may develop abnormal alcohol patterns which lead to addiction, many persons become dependent as a result of use patterns that are not labeled as socially deviant and not reflective of mental aberration (Focus on Prevention, 1987, p. 24).
CHAPTER TWO

Substance abuse prevention, in the past has been predominately based on an educational approach. Presentation of information regarding the problems and dangers associated with substance abuse is frequently referred to as "affective" education. These programs are based largely on the assumption that increased knowledge about these substances and their hazards will effectively deter potential users (Goodstadt, 1978). Messages are frequently used to frighten potential users and therefore prevent the abuse. In programs of this type, found in high schools particularly; an ex-addict may be asked to present his or her horror story to reinforce these programs.

Another type of prevention program is the "humanistic" one. These programs usually promote responsible decision making about drugs and alcohol by attempting to increase self esteem and assist possible abusers to deal with peer pressure (Swisher, 1979).

Neither of these type of programs have proven to prevent substance abuse (Schaps et al 1981).

A great many programs have been able to show an increase in knowledge of the negative consequences of substance use; some have also shown an impact on students' attitudes. However, few programs have been successful in changing actual substance use (Drug Abuse Research & Drug Abuse, 1987, p. 36).

Social influence is another approach toward abuse prevention. This approach is based on the fact that peer and family influences have been
consistently demonstrated to play important roles in calling young people to begin to smoke. The social influence approach involves 1) making people aware of social pressure to which they may be exposed, 2) assistance in the development of social skills to cope with the social pressure, 3) correcting misconceptions of social norms concerning substance abuse (Drug Research Abuse, p. 37).

The social influence approach has been studied by Richard Evans of the University of Houston. His work was done predominately with junior and senior high school students. He attempted to "inoculate" students against social influences of smoking by making them more aware of social pressure to smoke and helping them to develop effective counter arguments. Studies concerning the approach show that the smoking has been prevented or reduced immediately after the program, but the effect is not sustained. In a study the programs using peers as presenters had a much better success rate but the study was obscured by other influences (Leupker et al 1983).

It has generally been assumed that peer leaders play an important role in the social influence approach. Nearly all social influence programs have included peers of approximately the same age to implement the program. It is important to realize, however, that while peer leaders have been used to conduct the sessions, primary responsibility for carrying out the overall program has involved teachers or research staff (Drug Abuse and Drug Abuse Research, 1987, p. 41).

A model, which seems to lend itself to development of a college program, is the Public Health Model of Prevention which was originally directed toward alcohol abuse prevention. The model is developed with the
theory that problems stem from an interaction of three factors, the host, the agent and the environment (Hafen, 1983). The host is defined as the individual and his or her biological and psychological tendencies toward substance abuse. The agent is the substance which may cause problems, its composition, characteristics, effects, distribution and availability. The environment is the setting in which the abuse occurs and the mores of that setting (Hafen, 1983).

In this model, all three of the above elements are interactive and interdependent and are most appropriate and useful in the primary phase of prevention. Some characteristics of the host and agent are fixed, for example, but the form and availability are not, and while the biological susceptibility to addiction is fixed in an individual, use patterns can be altered. Environmental factors are all changeable and in fact are the easiest to change by public policy and public action (Harding, 1988).

There are three stages of prevention in the Public Health Model primary, secondary and tertiary.

Primary prevention is designed to prevent initial problems of substance abuse from occurring by addressing lack of knowledge and problems which may lead to substance abuse. Secondary prevention is directed toward identification of problems which emerge despite primary prevention and correction of those problems as early as possible. Tertiary prevention is directed toward preventing further debilitation through rehabilitation and support of those suffering from addiction (Focus on Prevention, 1985).

The American College Health Association offers the following outline of strategies: (JACH, Sept. 1987 p. 62).
Primary Prevention Strategies

General Health education, a component of both acute and chronic primary prevention, has in the past used predominately scare-tactic efforts, warning about the dangers of substance abuse and directed at discouraging consumption. The most recent education efforts are responsible drinking strategies which do not directly address abstinence as an accepted alternative. It seems the best program would be a combination of the above two programs, incorporating the facts about alcohol and drugs and discouraging any alcohol use in potential risk situations (Update, 1986).

Environment

Primary prevention which focuses on environment is directed at control of availability. Since recreational drugs are illegal the concept here is not complex. Enforcement of the drug laws results in decreased availability. The alcohol situation is not as clear because alcohol is a legal substance in many situations. There are, however, curbs to availability which is further discussed below. Control of alcohol availability includes addressing minimum purchase age, sales intoxicated persons, sales to "habitual drunkards," open container laws, control of alcohol at public events, and promotion of compliance with an enforcement of laws and regulations involving these areas.

The minimum purchase age (not drinking age) in New York State is presently twenty-one years; this was brought about by various lobbying
groups who believed an older purchasing age would reduce alcohol-related injuries and illness among young people. While those who analyze the effect of this law still present differing views. One fact remains undisputed, enforcement of the law is very difficult. Sales to intoxicated persons and known habitual drunkards are prohibited by law in New York State, and in some communities it is illegal to possess unsealed containers of alcoholic beverages in public places such as parks and street fairs. These previously stated laws and those which address alcohol control at special events, such as baseball and football games and musical concerts, are in place to prevent the abuse of alcohol by controlling its availability, but they are ineffective if the laws and regulations are not enforced. Enforcement involves police enforcement of the penal law provisions and State Liquor Authority (SLA) enforcement of license related administrative regulations of the Alcohol Beverage Control Law (Update, 1986). Support of these provisions could assist prevention strategy in a much more efficient way than road blocks to enforce vehicle and traffic laws regarding DWI. Certainly to enforce the laws as written, an increase in law enforcement personnel is necessary. In addition, one must address SLA administrative procedures to allow for swifter investigation and hearing procedures. At the present time, it is not unusual to find the entire SLA enforcement process to take up to two years to complete. Increased personnel is not, however, the only problem. One must convince law enforcement personnel that time spent on decreasing availability of drugs and alcohol is not time wasted.

One can also appeal to individuals and licensees to respect and support current laws and regulations.
Another prevention strategy which leads to the reduction of events which encourage intoxication includes alternate activities such as alcohol free parties. These parties are without kegs, drunks and stoned individuals and avoid the conflicting messages associated with programs which offer transportation for intoxicated people.

**Agent**

Primary prevention which addresses the agent is that which addresses content of the substance being abused. The percentage of alcohol in commercial preparations and the strength of the heroin "cut" for example. These strategies include substitution of low alcohol or non-alcoholic beverages served at events and as an individual personal choice. While the use of non-alcoholic beverages is most certainly the best way to prevent alcohol abuse, it is not always an accepted alternative. In today's health conscious society, however, low alcohol content drinks are at times preferred.

Obviously, it is impossible for a prevention activist to control the "cut" of heroin.

**Host**

Primary prevention which addresses the host is directed at educating the population. The focus of these education strategies, which are directed toward individuals, has changed over the years from horror story scare tactics to a more factual presentation. The goal of education is to increase knowledge in order to permit informed decision making. The preventionist uses the printed word, classroom instruction and visual
communication to inform and persuade young people to consider options other than abusing substances (Guillotta and Adams, 1982, p. 32).

Studies have shown that to be effective information about drugs and alcohol must be presented as a "clear objective and be presented in an unambiguous way" (Focus on Prevention, 1987, p. 36). Such educational activities have proven very successful in the battle against tobacco use.

Education strategies which address the mental health and social skills of young people have been attempted. These programs include values clarification, assertiveness training, and efforts to develop self-esteem in an attempt to give individuals the tools to deal with social, particularly peer, pressure. This approach is used primarily for those who are identified as belonging to a group which is considered high risk for substance abuse, such as women, blacks, survivors of sexual abuse and children of alcoholics.

Public education in a general manner is also part of primary prevention. These endeavors are frequently directed at the population at large, and focus on potential drunk drivers. Specific education such as "fact giving" hasn't really been put to use. "Education strategies designed to achieve a particular behavioral objective, such as reducing alcohol use among heavy drinkers to a safer level, or eliminating alcohol use in certain circumstances need to be developed and tested" (Focus, 1986, p. 37).

**Secondary Prevention Strategies**

Secondary prevention is directed at identification of people with a developing substance abuse problem and early intervention activities for
those individuals. The purpose is to prevent development of addiction and other substance abuse related disease. It is very important to the success of secondary prevention that knowledgeable personnel implement the program. "The ability to differentiate the diagnosis of emerging dependence and to assure that adequate and appropriate outside help is received, is critical to an effective early intervention program" (Focus on Prevention, 1986, p. 45).

Identification is attempted in various ways. The New York State Division of Alcoholism and Alcohol abuse has, with the cooperation of the Department of Motor Vehicles and the Criminal Justice System, developed a program for DWI interventions. In this program, known as the Drinking Driver Program, persons who are convicted of an alcohol related driving offense may be directed to attend an education program and possibly a screening procedure for identification purposes.

The problem with this program is there are too many "loop holes." It is simply too easy for an individual to avoid or delay the screening procedure and when identification is accomplished the individual sometimes enters "the treatment" which is often directed at avoiding DWI charges rather than avoiding addiction problems.

Other screenings conducted by the Criminal Justice system include those screenings required by the courts in response to the commission of crimes while under the influence of drugs or alcohol.

Health Care providers are in excellent potential source for identification of substance abusers. Unfortunately health professionals have shown little inclination to assist in this endeavor. "Some groups, such as the New York Business Group in Health are exploring ways to
increase the use of screening opportunities in the general hospital in order to assure adequate treatment that will avoid future illnesses, and thereby reduce costs. This type of private sector effort may significantly improve the way hospital resources are utilized, and should serve as a model for private sector activities throughout the health care system" (Focus on Prevention, 1986, p. 46).

Institution based identification programs are common as well. Located in workplaces, high schools, colleges and various youth agencies such as YWCA, YMCA, boys clubs, girls clubs, etc., these programs many times follow the Employee Assistance Program model. Those working within the program are usually professionals trained in identification and referral. The Division of Alcoholism and Alcohol Abuse has assisted in the creation of a Consortium of Alcohol treatment providers and college personnel to assist in the development of effective alcohol prevention programming. Within this structure most colleges have applied their prevention programming toward all substance abuse problems.

**Tertiary Prevention Strategy**

Tertiary strategy is focused in the prevention of recidivism among the recovering population. Programs which are structured around the 12-step philosophy are those which are most successful. Examples of such programs are Alcohol Anonymous and Narcotics Anonymous. These programs, as well as the others which are related to them (Al-Anon and Al-teen) address the need for peer support in the recovery process. While there are other support programs the 12-steps programs have proven to be the most successful.
Application of the public health model to the college situation is a key to the success of the HVCC program. The American College Health Association recognizes the importance of the public health model in its "Statement on College Alcohol and Drug Abuse." The statement suggests the college or university conduct a needs assessment, and "based on objective and well-documented evidence from the needs assessment, obtain the additional resources available to provide effective primary and secondary interview programs" (JACH, April 1986, p. 228). According to the ACHA, primary prevention should support the development of education and awareness-rising programs which target the entire college community nd specifically high risk campus groups such as children of alcoholics, incoming freshmen, athletes, and especially members of Greek organizations (JACH, April 1986, p. 228). Secondary prevention requires training those campus personnel who are in a situation which would allow them opportunity to recognize substance abuse problems among students and make appropriate referrals. It also includes the provision of professional assessment, referral and counseling for those with such problems.

The structure of the ACHA version of the Public Health Model includes consideration of acute and chronic conditions. Acute conditions are those defined as situations which have severe symptoms and a short course. Chronic conditions are of long duration and frequently reoccur.
The American College Health Association offers the following outline of strategies: (JACH, September 1987, p. 62).

**Primary Prevention**

<table>
<thead>
<tr>
<th>Acute</th>
<th>Chronic</th>
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</thead>
<tbody>
<tr>
<td>1. general health education</td>
<td>1. general health education</td>
</tr>
<tr>
<td>2. patient education in clinic</td>
<td>2. advocating changes in drug &amp; alcohol practices</td>
</tr>
<tr>
<td>3. consulting with special groups</td>
<td>3. assessing needs of At Risk population (children of alcoholics, recovering alcoholics, victims of sexual assault)</td>
</tr>
<tr>
<td>4. participation in policy development</td>
<td>4. training staff</td>
</tr>
<tr>
<td>5. training staff &amp; students</td>
<td>5. establishing contact with treatment &amp; consultation services</td>
</tr>
</tbody>
</table>

**Secondary Prevention**

<table>
<thead>
<tr>
<th>Acute</th>
<th>Chronic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. establishing emergency procedures</td>
<td>1. routine screening</td>
</tr>
<tr>
<td>2. training staff to identify alcohol/drug related acute problems</td>
<td>2. implementing case-finding</td>
</tr>
<tr>
<td></td>
<td>3. follow up of acute alcohol cases</td>
</tr>
<tr>
<td></td>
<td>4. intervening with chronic users</td>
</tr>
<tr>
<td></td>
<td>5. making interventions resulting from student’s concern for someone else</td>
</tr>
<tr>
<td></td>
<td>6. referral to treatment</td>
</tr>
<tr>
<td></td>
<td>7. consulting with on-campus sources of referral</td>
</tr>
<tr>
<td></td>
<td>8. training staff to make referrals</td>
</tr>
</tbody>
</table>

**Tertiary Prevention**

<table>
<thead>
<tr>
<th>Acute</th>
<th>Chronic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. implementing a follow-up system</td>
<td>1. monitoring maintenance of sobriety</td>
</tr>
<tr>
<td>2. evaluating the effectiveness of clinical activities</td>
<td>2. insuring continuity of care</td>
</tr>
<tr>
<td>3. continuing a program of staff training</td>
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</tbody>
</table>
College prevention programs to date have involved largely primary efforts although secondary programs have been integrated into some college programs (Harding, 1988). A program which incorporates tertiary activities as well would seem to be the most effective in preventing substance abuse problems by "covering all the bases." Certainly the fact is that colleges, like any other communities have a small percentage of recovering members, the needs of whom should be addressed by a tertiary activity.

Samples of successful college programs follow:

**College Programs**: (Model Programs, 1988)

**University of Minnesota, Duluth**

Since 1979, the University of Minnesota, Duluth has had an Alcohol/Drug Outreach Program to address the medical, emotional and academic student health issues caused by substance abuse. The program, within the college's Health Service and Wellness Center, approached the students with information to enable "responsible decisions" about chemical use. Activities offered included distribution of information, posters, fairs, workshops and academic lectures (primary prevention). Also offered were assistance for class work, small group and individual counseling for students experiencing chemical abuse problems, and the provision of initial diagnosis and referral to appropriate groups or agencies (secondary prevention).

**Mount Holyoke College, Hadley, Massachusetts** (Model Programs, 1988)

The program at Mount Holyoke is directed at meeting the needs of adult children and friends of alcoholics. The program "recognizes the
need for a support system to provide assistance and understanding to those who suffer from the effects of someone else's drinking problem." An ongoing group meets weekly to share concerns, coping strategies, and to provide support during stressful periods. These weekly meetings are topic focused, yet flexible (primary prevention).

**Dartmouth, Hanover, New Hampshire** (Model Programs, 1988)

The college has a multifaceted program which includes an alcohol policy-planning group (a task force), peer counselors, a campus outreach program and a non-alcoholic nightclub. The Alcohol Concerns Committee, the Alcohol Policy-Planning group is coordinating the program. The goal is to "heighten awareness" and to find ways to provide education about the dangers of alcohol abuse. Peer counselors carry the message with the assistance of faculty and administration to fraternities and sororities. The non-alcoholic night club named Eleazar's Dungeon is open every other Saturday night and is proof that students don't have to drink to enjoy themselves (primary prevention).

**Western Carolina University - Cullowhee, NC** (Model Programs, 1988)

The University has created an education program for freshmen. Implemented by Dorm Directors and RA's, the program includes a slide presentation which seeks to educate students about alcohol abuse and the problems connected with it and to encourage support for the non-drinking population of the university.

The professional staff usually introduces the topic to students and administers a self test which has been developed to initiate questions and stimulate thought about alcohol use. The information slide presentation is followed by discussion (primary education).
State University of New York at Albany, Albany, New York
(Model Programs, 1988)

The SUNYA program trains staff to help students deal with their emotions concerning life problems created by the alcohol abuse of roommates, and friends or family. Residence staff is also trained to be proficient in assessment of student problems and counselling of student enablers. The project entitled "Let's help each other" was developed to encourage students to become more involved in Al-Anon and other support groups on campus. (primary and secondary prevention).

Note: The secondary prevention is rather "light," but because assessment of student problems is involved the program does contain secondary measures.

Villanova University, Villanova, PA (Model Programs, 1988)

The "thinking about drinking" at Villanova is a program which seeks to educate freshmen students about Pennsylvania State Law, the University's alcohol policy, to encourage them to think about their reasons for drinking, inform them of responsibilities and problems associated with alcohol and help to identify off campus resources for assistance with alcohol related problems. The program presented as part of student orientation is mandatory for all new students.

The program consisted of a forty-five minute session which included a check list of reasons for drinking, a series of thought provoking questions and a knowledge quiz, distribution of educational material and discussion as necessary (primary prevention).
Moraine Valley Community College, Palos Hills, IL (Model Programs, 1988)

"Developing a Healthy Personality" is the name of the program at Moraine Valley Community College. The program consisted of both an educational and referral component. The educational component (primary prevention) consists of dissemination of information about substance abuse and the resulting problems and a peer counseling group, which assists in referral of students with problems to appropriate organizations, is also included (secondary prevention). An annual educational conference for those involved in the program as well as community agencies is held.

University of Arizona, Tucson, Arizona (Model Programs, 1988)

The right to choose to drink or not drink is a prime concern of the program at the University of Arizona entitled "Cheers." The program is operated for and by students. While the right to choose and respect for those who choose not to drink is fundamental to the program, there is an acceptance of the fact that alcohol will always exist as part of college social life and education efforts are directed at that assumption by presenting workshops, lectures, debates and literature on the subject (primary prevention).

Appalachian State University, Boone, NC (Model Programs, 1988)

A task force in Alcohol Awareness developed "the Happy Appy Happy Hour." The program seeks to promote awareness and responsible drinking by relating the temperance of alcohol and "total wellness."
This is done by providing information in the form of posting handouts, charts and speakers and create an awareness of resources and agencies available for help and consultation.

Nonalcoholic drinks and recipes for them were served during awareness week and a student group interested in the prevention of alcohol abuse problems has been an outgrowth of the first successful awareness week (primary prevention).
CHAPTER THREE

The existing program at HVCC consists of resource areas on campus, Awareness days, an orientation to the policy against use of drugs and alcohol on campus, and the existence of AA and Al Anon ACIA support groups on campus. The proposed program will follow the Public Health Model using primary, secondary and tertiary activities and strive for improvement of existing programs as well as development of new ones. The program is developed in such a way, that once the "Substance Abuse Task Force" (an evaluative, recommending, working group) is functioning, the group will be able to assume the major responsibility for direct operation of the program. With day to day work done primarily by subcommittee chairs, this will allow the coordinator more time to develop further programs.

GOAL

A drug free, alcohol responsible student body at HVCC.

OBJECTIVES

1. To increase knowledge of substances, abuse theory, policy and regulations among HVCC students by 50% by September 1990.

2. To increase the number of students involved in identification and intervention programs by 100% by June 1989.

3. To increase student involvement in campus support programs by 50% by December 1989.

4. To increase the number of students participating in Behavioral workshops by 150% by December 1989.
DISCUSSION OF OBJECTIVES

1. To increase knowledge of substances, abuse theory, policy and regulations among HVCC students by 50% by September 1990.

   This objective speaks to the primary prevention need of increasing knowledge about drugs and alcohol and the damaging effects of those substances as well as the college policies which apply to substance abuse.

2. To increase the number of students participating in identification and intervention programs by 100% by June 1989.

   This objective addresses secondary prevention. Students who may be using drugs or alcohol in a way that interferes with their studies, or other aspects of their life, are identified and an intervention process is attempted.

3. To increase student participation in the campus substance abuse support program by 50% by December 1989.

   This objective speaks to tertiary prevention that is preventing recidivism among recovering substance abusers. The program offering (AA), is proven to be the most successful in that area.

4. To increase the number of students participating in Behavioral workshops by 150% by December 1989.

   This objective speaks to primary prevention, problems other than lack of knowledge, specifically frustration, tension and peer pressure. Indicators include the number of students participating in existing programs such as study skills improvement, test anxiety control and values clarification.
Management Plan

1) DEVELOPMENT OF SUBSTANCE ABUSE TASK FORCE

According to Alcohol Problems Prevention/Intervention programs (Guidelines for College Campuses), "organizing an effective campus alcohol program can be challenging and exciting. The task force is an integral component of this effort. It can develop a clear picture of the problem, enlist support of key people and significantly increase administration, faculty, staff and student involvement. Ultimately, the task force should direct the implementation of campus alcohol activities" (Schools Without Drugs, 1986, p. 7). This type of program has been found to work effectively at Dartmouth (Model Programs, 1988).

Description: The Task Force will be developed to address substance abuse problems identified by the previously mentioned survey and to assist in developing the master plan and monitoring it for appropriateness. Members of the Task Force will include the Vice President for Student Services (Chairman), a Division Dean, two (2) Department Chairpersons, Director of Health Services, Director of Information Services, Coordinator of Public Safety, Coordinator of Human Resources, the Campus Chaplain, three faculty members who teach in appropriate areas, five (5) student representatives chosen by the Student Senate (one for each subcommittee), an intervention specialist from the Alcoholism Center of Rensselaer County, an education specialist from Rensselaer County Unified Services and a representative from off-campus housing (See attached letters of support). The Vice President has agreed to serve as Chairman because he recognizes that such a large, diverse group will need strong leadership.
Involvement is not limited to Task Force members, however, because members of the Task Force will develop sub-committees to do actual "work". These sub-committees will welcome other members of the campus and surrounding community. Some of the areas expected to be included by sub-committees are:

1. policy/regulation
2. judicial/disciplinary
3. education/programs
4. identification/intervention programs
5. media/publicity

EXPECTED NUMBER OF PEOPLE IMPACTED: Not applicable

2) POLICY/REGULATION ACTIVITIES

Expand Campus Alcohol Policy

Schools Without Drugs states that to have a successful substance abuse prevention program one must "establish clear and specific rules regarding drug use that include strong corrective action" (Schools Without Drugs, 1987, p. 10). This is a primary activity which is directed at the environment.

Description: The current College Substance Abuse Policy at HVCC includes prohibition of all substance use on the campus, although there is a procedure for groups to apply to the Board of Trustees for permission to allow alcohol at non-student events on campus. The present policy regarding attending class under the influence of drugs and alcohol or regarding substance abuse by students and staff while they are acting as college representatives on Athletic, Student Senate or other college sponsored trips is somewhat unclear.
There are also no specific sanctions set forth for those who do not abide by the rules.

A new policy must be developed to address the above stated needs, explore modes of enforcement and to specifically set forth the penalties and sanctions for those who do not comply. The purpose and goal of the policy must be very clear and state the responsibility of faculty, staff and students to enforce the policy. A strong support for prevention and intervention activities must also be reflected in the policy.

The Office of the Vice President for Student Services, Human Resources and Public Safety will co-implement this activity.

**EXPECTED NUMBER OF PEOPLE IMPACTED:** Entire Campus Community
(approximately 9502 people)

3) **JUDICIAL/DISCIPLINARY PROCEDURES**

**Development of Judicial Procedures**

According to *Schools Without Drugs*, a Substance Abuse program should enforce established protocols against drug use fairly and consistently (*Schools Without Drugs*, 1986). This type of program has proven effective, especially when the judicial procedures include referral to a Substance Abuse Education program at intervention process. This activity is a primary one directed toward the environment.

**Description:** The subcommittee will work to develop fair judicial procedures including the development of a judicial committee to handle student infractions. It will be necessary to coordinate this activity closely with the sub committees working on policy and intervention to enable proper action and referral. A major
responsibility will be the designation of members of the judiciary committee which will be chosen by the sub committee with the approval of the College Administration. The Vice President for Student Services, Student Senate and Office of Student Activities will co-implement this activity.

EXPECTED NUMBER OF PEOPLE IMPACTED: Entire Student Body (8752 students)

4) EDUCATION/PREVENTION

A. Integrate substance abuse information into academic courses.

This is one of the most innovative aspects of the Program. According to Reginald G. Smart, in the New Drinkers, statistics show that students retain more knowledge if it is gained through a formal academic setting. Therefore, it seems that a substance abuse program should be supplemented as frequently as possible by information presented in the classroom setting. This is a primary activity directed at the host.

Description: Taking into consideration that faculty members have a heavy class load, the Coordinator will work with faculty on a departmental and individual basis to explain the Program and enlist their cooperation. This program will strive to include information into as many courses as possible but will particularly focus on courses required by the various departments. (An example would be, information on alcohol in the workplace in a Business Administration course or the role of alcohol in child abuse cases may be discussed in Early Childhood classes.) The Coordinator will also suggest class
activities which may be appropriate (research topics, films, guest speakers, and, when necessary, develop specialized material for the classroom). This program will be co-implemented by Department Chairpersons and individual faculty.

**EXPECTED NUMBER OF PEOPLE IMPACTED:** 3,000 per year

**B. Orientation Program**

Students must understand before registration at HVCC that substance abuse is not the accepted norm at our college. This is a primary activity directed toward the environment.

**Description:** This program, as described earlier, will be reviewed and improved by the Coordinator. The College Health Service, the Office of Student Activities and the Student Senate will co-implement this program.

**EXPECTED NUMBER OF PEOPLE IMPLEMENTED:** 1,500 per year

**C. Athletic and Club Program**

You can lead a horse to water, but you can't force students to seek out substance abuse information. For this reason we will make every effort to take the information to the students. This is a primary activity directed toward the host.

**Description:** A Substance Abuse program directed at the student audience involved will be presented. The program format will include films and guest speakers. When student athletes are being addressed, particular stress will be placed on steroids and other drugs which are perceived to increase
performance. Among student clubs, ranging from Automotive Club to Spanish Club, a more general approach will be used. This program will be co-implemented with the Athletic Department and faculty members who are club advisors.

**EXPECTED NUMBER OF PEOPLE IMPACTED:** 1435

**D. Substance Abuse/Health Awareness Days**

While Awareness Days are not a particularly effective component of a prevention program, they are useful as an addition to an already existing program. It is also a good way for those students involved in various aspects of the program to "strut their stuff." This is a primary activity directed at the host.

**Description:** The Coordinator will be able to expand the existing project to include speakers and workshops perhaps on the topics of conflict management/resolution, communication, assertiveness training, rape issues, (dating violence) and test anxiety. These activities will better incorporate this function into the "Master Plan." The Director of Health Services and Food Services will co-implement this project.

**EXPECTED NUMBER OF PEOPLE IMPACTED:** 700 per year

**F. Student Weekend Activities.**

According to Alcohol Problems, Prevention/Intervention Programs: Guidelines for College Campuses, these alternative programs can be effective in a substance abuse prevention program (Harding, 1988). This is a primary activity directed
mainly at the host.

**Description:** The Grant Coordinator will assist the Coordinator of Student Activities and the Student Senate with the development of events which will be more innovative in nature, (all night movies, winter beach parties, "pig-out," dry outings and trips, etc.) and will be sponsored by the Student Senate. The Coordinator of Student Activities will co-implement these events.

**EXPECTED NUMBER OF PEOPLE IMPLEMENTED:** 2,200 per year

5) **IDENTIFICATION/INTERVENTION PROGRAMS**

A. **Computer Aided Identification Program**

*Preventing Drug Abuse in the Work Place*, a publication by the National Institute on Drug Abuse, reports that absenteeism and work performance are two of the prime indicators of possible substance abuse (Prevention, 1984). This is a secondary activity.

**Description:** Statistics kept by faculty on the college mainframe include number of absences and gradepoint average. These statistics are completed at midterm as well as at the end of the semester. Since frequent absences and low grades may be indicators of substance abuse problems, we will use these statistics in identifying students who are possibly at risk. Since each group, individually, will be too large and unwieldy, we will develop a software package which will cross check this data and identify those students who have a record of both low grades and excessive absences in more than one
class. We will also look for any significant change in attendance or grades.

After these students are identified by the computer, the services of the Referral/Intervention Specialist will be made available to them. A computerized MAST test such as the one successfully used at the University of Minnesota - Duluth, may augment the interview process in this program. This interview will be to determine if the student has a substance abuse problem which is affecting his or her college performance. If, indeed, a problem is found, the student will be referred to one of the intervention programs available either on campus or from several community organizations. The intervention portion of this grant should enable the student to achieve his/her initial objective to become a college graduate. A follow-up procedure will also be done to assist us with monitoring the effectiveness of this activity. The Office of Computer Services and academic counselors will co-implement the development of this program.

**EXPECTED NUMBER OF PEOPLE IMPACTED:** 500 per year

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**B. Education of Employees and Students Regarding Policy, Risk Factors, Indicators, Consequences of Substance Abuse and Referral Process**

According to the New York State Division of Alcoholism and Alcohol Abuse, "with the right information and education, administration faculty, staff and students can learn to identify behaviors that indicate when an individual abuses alcohol and is advancing into the harmful abuse phase"
(Harding, 1988, p. 9). This is a primary activity directed at the host and environment.

**Description:** Employees who have close contact with students will be educated through workshops, the theme of which will be HVCC substance abuse policy, awareness of substance abuse concepts, indicators for substance use/abuse, and when and how to make proper referrals. The program will be tailored to give specifically needed information to those who work in specialized areas such as academic counseling and public safety. A separate program will be developed for those counselors who work in personal counseling. This program will be co-implemented by the Office of Human Resources, Alcoholism Center of Rensselaer County, and the HVCC Human Services Department. Responsibility for update of training after the grant period will be assumed by the Office of Human Resources and Continuing Education.

**EXPECTED NUMBER OF PEOPLE IMPACTED:** 752

**G. Training for Peer Counselors**

*On The Sidelines: An Adult Leader Guide for Youth Alcohol Programs*, a publication from the National Institute on Alcohol Abuse and Alcoholism, states the following: "In many long-term programs across the country, youths are being trained to work as peer leaders, educators, tutors, helpers, listeners, and counselors - and are proving themselves able to handle this wide variety of roles and responsibilities" (Kassebaum, 1981, p. 72). Students tend to be more open with each other than
with faculty and staff; therefore, peers offer a special potential for reaching them. This is a secondary program directed at the host with probable effect on the environment. **Description:** We need first-line intervention, peers trained to assist students with supportive, credible, helpful information. These peers will also assist with education presentations. We will organize a training program for acceptable, interested students from various departments and clubs on campus. Peer counselors will, with the assistance of the Task Force, host a one day workshop for other interested college and high school students. The workshop will focus on substance abuse issues and will strive to create an interest in prevention programs among attendees. This project will be co-implemented by the Department of Human Services (which offers CAC courses), Rensselaer County Unified Services and the Student Senate.

**EXPECTED NUMBER OF PERSONS IMPACTED:** 24 peers per year/unknown number of clients

**D. Off Campus Housing Program**

Most college substance abuse programs rely heavily upon the residential life employees for identification of those involved in behavior which indicates possible substance abuse problems. The residential life people are also usually involved in the prevention of abuse by enforcing rules and regulations. HVCC has no dorms and consequently no residential life staff to rely upon. Most of our students not living at home with their parents live in apartments located
in close proximity to the campus. The is a primary program attempting to control the environment.

Description: During the summer, before students arrive, the College will host a workshop/reception for the landlords listed in our housing directory. We will have in attendance, at this workshop, substance abuse task force members and an attorney who specializes in Real Estate/Rental Law. The program presented will focus on the HVCC substance abuse program, policy and education about behavioral indications of substance abuse, the legal steps landlords can take through leases to try to limit substance abuse on their property, and the advantage limitation can be to the landlords themselves by preventing damage to their property and increasing neighborhood good will. The program will hopefully open a continuing dialogue between landlords and college officials, thereby helping us in both prevention and identification. The program will be co-implemented with the Office of the Vice President for Student Services.

EXPECTED NUMBER OF PEOPLE IMPACTED: 34 Landlords per year
1300 Student per year

6) MEDIA/PUBLICITY

Description: Programs cannot be successful if target audiences are not aware of them. This set sub-committee will take responsibility for publicizing the programs as they are developed, distributing literature, placing articles in the student newspaper and, most importantly, creating student interest in the programs. This is not an easy task,
particularly since, in our study, 30% of the students reported not being interested in any substance abuse programs. Members of the sub-committee, therefore, must be chosen carefully and include publicity and marketing experts as well as students. The Office of Public Information and a faculty member from Marketing will co-implement this program.

Model Application:

The HVCC program has components of all three types of prevention activities. Those concerning the environment are found in the policy/regulation and judicial/disciplinary activities. By improving college policy and judiciary procedures regarding alcohol and drug use on campus, the campus becomes a more healthy and supportive environment for students who need an excuse to abstain. It also "sets an example." The off campus housing program also seems to control the environment. The agent (and environment) are addressed in the non-alcohol activities which are to be sponsored by the student government.

Host directed activities include the various educational activities, examples include, the orientation program, Athletic Club program and Awareness days.

Secondary prevention is addressed in several ways. The computer aided identification program will help pinpoint those students who may be developing problems. The education of employees and students and peer counselors about indicators of substance abuse and the referral process will also assist identification of those headed for trouble.

Tertiary prevention is actually already in place at HVCC by virtue of the functioning the AA program which meets each Wednesday. It is hoped the new program will support that group and make it even stronger.
Certainly if the identification programs function in the way they are designed there will be more people referred to the groups after the intervention process.

The following is a comparison of the HVCC model and the ACHA interpretation of the Public Health Model.

**PRIMARY PREVENTION**

<table>
<thead>
<tr>
<th>Acute</th>
<th>Chronic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. General health education</td>
<td>1. General health education (see other side)</td>
</tr>
<tr>
<td><em>HVCC Activities</em>: orientation and awareness days programs</td>
<td>2. Advocating changes in drug and alcohol practice<em>HVCC Activities</em>: partially by continuing function of policy/regulation committee</td>
</tr>
<tr>
<td>2. Patient education in clinic</td>
<td>3. Assessing needed at risk population</td>
</tr>
<tr>
<td><em>HVCC Activities</em>: not addressed in program because this is already being done</td>
<td><em>HVCC Activities</em>: education programs to inform them and identification and intervention programs to help them</td>
</tr>
<tr>
<td>3. Consulting with special groups</td>
<td>4. Training Staff</td>
</tr>
<tr>
<td><em>HVCC Activity</em>: Athletic and Club activities</td>
<td><em>HVCC Activities</em>: training of staff in identification of individuals with substance abuse problems and referral of those persons for assistance</td>
</tr>
<tr>
<td>4. Participation in policy development</td>
<td></td>
</tr>
<tr>
<td><em>HVCC Activities</em>: Policy/regulation subcommittee</td>
<td></td>
</tr>
<tr>
<td>5. Training staff &amp; students:</td>
<td></td>
</tr>
<tr>
<td><em>HVCC Activities</em>: peer training is planned. (See other side for staff)</td>
<td></td>
</tr>
</tbody>
</table>
SECONDARY PREVENTION

**Acute**
1. Establishing emergency procedures  
   **HVCC Activity:** those procedures have been developed
2. Training staff to identify alcohol/drug related acute problems  
   **HVCC Activity:** training is to be done

**Chronic**
1. Routine screening  
   **HVCC Activity:** computer aided identification program
2. Implementary case finding  
   **HVCC Activity:** identification procedures
3. Follow up of Acute Alcohol Cases  
   **HVCC Activity:** this will be part of responsibility of the R/I specialist and Health Service personnel
4. Intervening with chronic users  
   **HVCC Activity:** Responsibility of the R/I specialist
5. Making interventions resulting from students' concerns for someone else  
   **HVCC Activity:** See above
6. Referral to treatment  
   **HVCC Activity:** See above
7. Consulting with on-campus sources of referral  
   **HVCC Activity:** Student, peer and staff training
8. Training staff to make referrals  
   **HVCC Activity:** See above

TERTIARY PREVENTION

**Acute**
1. Implementing a follow up system  
   **HVCC Activity:** This responsibility has been given to the R/I specialist
2. Evaluating the effectiveness of clinical activities  
   **HVCC Activity:** Procedures for Health Service and R/I evaluation are in place
3. Continuing program of staff training  
   **HVCC Activity:** There is no plan to discontinue staff training

**Chronic**
1. Monitoring maintenance of sobriety  
   **HVCC Activity:** not addressed
2. Insuring continuity of care  
   **HVCC Activity:** not addressed
The HVCC program, while addressing all three stages of prevention, does have some weak areas. The program is very strong in the primary stage but weaker in the secondary and particularly the tertiary stage.

Routine screening is not developed as fully as possible. The next stage of the program should see implementation of standard procedures for administering a substance abuse screening instrument to those who may be substance abusers or at risk to become one. The identification processes within this plan are a good beginning but need to be expanded to include better procedures to reach risk groups.

Tertiary programming is undoubtedly the weakest component of this program, and while the number of recovering persons on the HVCC campus represents a small percentage of the total population (approximately .05%), the need must be addressed.

While there has been no plan to discontinue staff training there have been no actual provisions made to continue training past the initial phase. These training activities will be developed during the second phase of the plan as will procedures to monitor sobriety and insure continuity of care.
CHAPTER FOUR

The previously discussed program has been carefully developed to meet certain objectives which will, it is hoped, move toward the stated goal. To ascertain progress, an evaluation process must be developed.

"Evaluation is not an easy process and has, in fact, been compared to flossing your teeth (you hate to do it, but you know it should be done)" (Handbook, 1987 p. 4). Prevention programs are even more difficult than most to evaluate because, "To show prevention services are effective, it is necessary to show that something did not happen (i.e. substance abuse) that would have happened had services not been provided," (Handbook, 1987. p. 1).

To evaluate this program, there will be two types of evaluation processes. They will involve judgement and analyses. Judgement involves an individual, or in some cases a group of individuals, who will make decisions and choices about the program. When judgment is by a group, bargaining will also be involved because individuals have various judgments, which must all be considered in the evaluation process (Ullrich & Wieland, 1980). This, in fact, strengthens the process and makes the end product more valid than if it was based on one judgment alone.

To properly evaluate a program the model for that program should be clearly understood by all evaluators. The model is as follows, (Handbook, 1987 p. 10)
The resources are the people, literature, or money which are put into the program; the program of services are the actual activities offered; the immediate results are what the program seeks to achieve and the outcome is (hopefully) drug free, alcohol responsible students at HVCC.

<table>
<thead>
<tr>
<th>Resources</th>
<th>Program of Services</th>
<th>Immediate Results</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty trainers literature</td>
<td>Knowledge of theory, policy &amp; regulation</td>
<td>Increase in student knowledge of theory policy &amp; regulation regarding substance abuse</td>
<td>Less substance abuse among HVCC student</td>
</tr>
<tr>
<td>Academic counselor referral/intervention specialist</td>
<td>Computer and counselor identification process and intervention by R/I specialist and referral treatment and intervention agencies</td>
<td>Fewer students who are abusing drugs are ignored by the system</td>
<td>Less substance abuse among HVCC students</td>
</tr>
<tr>
<td>AA members AA facilitator</td>
<td>AA meetings to support recovering students</td>
<td>Less recidivism among HVCC recovering students</td>
<td>Less substance abuse among HVCC students</td>
</tr>
<tr>
<td>Faculty workshop structure</td>
<td>Four weekly test anxiety Control sessions</td>
<td>Immediate results. Students feel less stress during the approach to exams</td>
<td>Less substance abuse among HVCC students</td>
</tr>
<tr>
<td>Literature</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Evaluation process by objective follows.
Objective I: to increase knowledge of substances, abuse theory, policy and regulation among HVCC students by 50% by September 1990, will be evaluated by analysis.

Analysis will include the Quasi-experimental time series design. The process will be quasi-experimental because it is impossible to have a control group in a program which will be disseminated throughout the college population and is designed to reach as many members of the campus community as possible. In addition, there is some ethical concern about delaying the opportunity to educate any of our students with information which may assist them in a more healthy and productive life.

Using the population of another college would not be acceptable. It would be necessary to use a community college of comparable size in the same or a like area. There are none in New York State. There is also some doubt that another community college administration would agree to participate in such a program.

The Time Series portion of the program will involve a series of measurements which will be taken throughout implementation of the program and continue after program implementation is completed. A diagram of the process appears below.

0 = Observation
(test administration)

X = Preventive Strategies
(program implementation)

<table>
<thead>
<tr>
<th>Fall</th>
<th>Spring</th>
<th>Fall</th>
<th>Spring</th>
<th>Fall</th>
<th>Spring</th>
<th>Fall</th>
<th>Spring</th>
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</thead>
<tbody>
<tr>
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</table>

Program Implementation
This is actually a bit different from the usual time series design which consists of several pretests and post tests, the diagram of which appears below.

```
0 0 0 X 0 0 0
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The advantage of this type of analysis is that it controls most of the threats to internal validity (O'Donnell & Ainsworth, 1981). Trends which are occurring among the college students will be demonstrated before and after the program and not be taken as evidence of program success, as they may be in a pretest-posttest design. The major problem is testing frequently enough before the program implementation is done. Fortunately as mentioned earlier, an assessment was done by the college and usable data is available from that process.

The current instrument is designed with some questions used in the original assessment instrument. The original instrument is very lengthy and measures information which is not applicable to this program. There are additional questions related specifically to HVCC Substance Abuse policy.

The instrument will be composed of simple, easy to answer multiple choice general questions including those of a demographic nature at the beginning of the form and contingency questions which are more specific toward the latter part of the test. These questions will seek to establish knowledge about substances, abuse prevention theory, policies and regulations. (See Appendix)

The same instrument will be used for all tests.
The instrument will be administered in Freshman English and mandatory 2nd year classes throughout the college on selected days near the beginning of each semester. These classes are chosen because all freshmen are required to take English, thereby reaching all Freshmen students and mandatory senior classes (one from each department) are chosen to ensure that seniors are reached, but not more than once. The process will assure anonymity by having the faculty member leave the room during the time students are completing the survey. After completion each student will leave his/her completed survey in an envelope which will be immediately returned to the College Health Service by a student volunteer. This will, of course, encourage everyone to answer the questions truthfully. From this group of completed surveys, there will be a systematic sample with a random start of ten (10) instruments from each of the forty (40) classes. The data from these instruments will be compiled on a computer and interpreted as described later in the paper. In fact there are 35-38 students in each section to compile all data would not be feasible.

This procedure was chosen because administration in class assures that students will complete the survey. Mailing or some other volunteer process would show the results with only those responsible or interested enough in completing the survey doing so.

A survey will be done early in the Spring 1989 semester. The program will begin shortly thereafter and tests will be administered to both Freshmen and Seniors in Fall 1989. Senior results will provide the first objective feedback loop to the effectiveness of the program. If any changes are necessary they can be implemented before the Spring 90 tests. The Spring 90, Fall 90 and Spring 91 tests will track the behavior and
knowledge level of class members through their two years at HVCC and measure changes which occur. By comparing all base data and the resultant changed longitudinally, it will be possible to objectively measure both attainment of objectives and eventually, as the program progresses, effectiveness of new objectives as well.

These procedures will be used to analyze the attainment of Objective I. Other objectives will be evaluated by staff conference, although effectiveness of the activities within those objectives will be measured through the testing process.

**Hypothesis (H)**

The substance abuse prevention program at HVCC will increase student knowledge of Substances, Abuse Prevention, theory and policy.

**Null Hypothesis (H₀)**

The substance abuse prevention program at HVCC will not increase student knowledge of Substances, Abuse prevention, theory and policy.

**Indicators**

1. Familiarity with drugs and alcohol, and the properties assigned to them.
2. Familiarity with the signs of substance abuse.
3. Familiarity with HVCC and NYS policy and regulations regarding substance abuse.
The preprogram means for each variable will be compared with the means for the program period. A t test with the following formula will be used:

\[
    t = \frac{X_1 - X_2}{\sqrt{\frac{S_1^2}{n_1} + \frac{S_2^2}{n_2}}}
\]

- \(X_1\) = mean of preprogram group
- \(X_2\) = mean of program group
- \(S_1\) = Standard deviation of preprogram group
- \(S_2\) = Standard deviation of program
- \(n_1\) = number of subjects in preprogram group
- \(n_2\) = number of subjects in program group.

This test, as it compares means, expresses "terms of statistical significance the likelihood of the observed differences resulting from sampling error in random selection" (Babbie, 1986, p. 442).

It is then necessary to conduct a two tailed test using 0.5 level of significance to minimize risk of type I or type II error. The hypothesis or null hypothesis will be accepted, depending on where the test statistics fall within the critical area of the sampling distribution.

There are validity problems with this type of evaluation. Externally the design is valid because it will work in the "real world." Internally, however, is the fact that students are aware we're looking at substance abuse problems and even with time series to allow for "trends," there are questions of influences other than the program affecting the outcome of the test. Students may, for example, do independent study about substance abuse and there are numerous other Substance Abuse
Prevention programs (State and Federal programs for instance) which influence the analysis. An attempt to correct this will be made by including the questions about independent research and/or involvement in other areas such as watching TV shows, attending special lectures or workshops outside of the HVCC program.

Another factor which may affect the results is maturation. In any population, but especially this young adult one, people will mature over the course of time and attitudes will change. Generally "the longer the time lapse between the pre-program and post-program measurements, the greater the chance of other variables affecting the target variable and thus post-program measures" (Nachmais, 1979).

Objectives 2-4 will be evaluated by group judgment or Staff Conference. To achieve the evaluation toward objectives we must have indicators for each objective.

**OBJECTIVE 2**

To increase the number of students involved in identification and intervention programs by 100% by June 1989 indicate:

Eighty (80) students involved in or referred to the intervention process by June 1989.

The referral/intervention specialist will be expected to submit a report on the number of students referred to her and those interviewed and referred by her to treatment program.
OBJECTIVE 4

To increase the number of students participating in behavioral workshop by 150% by December 1989.

Indicator: Students involved in behavioral workshops such as Study Skills Improvement, Test Anxiety Control and Values Clarification will number 120.

The staff conference approach must be an organized one. To judge attainment of objectives here is quite straightforward because either the number of students involved has been reached or it has not; to judge effectiveness of the programs is another matter. While the main thrust of beginning a program such as this is to get the various schemata functioning, the effectiveness must be considered as well. This effectiveness can be determined by a number of questions on the instrument which will address those areas. An example of information needed is as follows:

OBJECTIVE 2: Do students identified as possibly at risk for substance abuse take full advantage of the intervention offered them?

OBJECTIVE 3: Do students belonging to the on-campus AA group regularly attend meetings and do they maintain sobriety and/or a drugless state?

OBJECTIVE 4: Do students who participate in the behavioral workshops do better on exams then before the experience? Do those who participate in test anxiety control find the process of test taking a less painful ordeal? Do those who take values clarification workshops find themselves less intimidated by peer pressure?
There will of course be questions raised by the group which cannot be answered by this evaluation process. These are important to identify because "listings of questions not answered provides various actors with a clearer understanding of the limits of the proposed evaluation study" (Handbook, 1987, p. 9).
CHAPTER FIVE

The national cost of substance abuse in financial resources, productivity and human life is prohibitive. Substance abuse contributes to accidents, homicides and suicides, the three leading causes of death among young people. Alcohol Abuse alone has been estimated to cost the U.S. economy \$116.7 billion annually and according to one government report substance abuse costs nearly \$105 billion each year in lost productivity.

A survey done at Hudson Valley Community College indicated that 23% of HVCC students have used LSD, 21% have used cocaine and over 90% of HVCC students drink alcoholic beverages with 21% reporting they had been drunk or very high in class.

The previously discussed substance abuse prevention program is modeled after the Public Health Model of Alcohol Abuse Prevention. This model is composed of primary, secondary and tertiary activities. Primary activities seek to educate the general populus and make those at highest risk to develop substance abuse problems aware of ways to avoid such difficulties. Secondary activities are those which seek to identify individuals who may be developing problems and to intervene in the process before a severe disability develops. Tertiary Activities seek to help those who have addiction problems by preventing recidivism and encouraging participation in peer support groups.

Activities within the HVCC program address primary, secondary and tertiary prevention and are directed toward the campus community, particularly students. These activities will be further conceptualized and implemented through a Substance Abuse Task Force and sub-committees within that Task Force.
Evaluation and analysis of the program will be done by staff conference method and analysis of the survey results collected before, during and after the program implementation.

It is expected that the objectives set forth in the plan will be met within the implementation period, thereby increasing the number of students involved in the Substance Abuse Prevention Program.

The HVCC plan was developed without budget and personnel constraints. While use of existing resources has been incorporated into the plan whenever possible, the concern during development of the program was to include activities which meet the Public Health Model. The activities as described previously do incorporate all aspects of the model. The HVCC program is the best possible program which can be developed for HVCC students at this time.

The initial program, however, only represent the first step of a comprehensive campus program. After the implementation of Phase One, the task force, with information from evaluation and analysis will work toward incorporating the existing Substance Abuse Prevention Program and other student services into one smoothly functioning Student Assistance Program.

Phase Three will involve the Employee Assistance Program and services related to employee substance abuse problems being incorporated into the existing program, thereby ensuring a comprehensive campus wide program assisting all members of the campus community.

Objectives, evaluation and analysis will of course change to reflect the program. Objectives will reflect the desire to effect all campus members, students, faculty and staff as will the analysis instrument.
Finally, one must recognize that even perfect college prevention programs cannot, by themselves, reduce substance abuse among college students. The effort must involve local education systems, college programs, treatment facilities, state and federal government among others. Only when a cooperative commitment has been made by these agencies can a change in societal attitude and behavior be expected.
LIST OF REFERENCES


LIST OF REFERENCES, (con'd)


LIST OF REFERENCES, (con’d)


Smart, Reginald. The New Drinkers.


Symptoms and Behavior Patterns of Possible Substance Abuse in Adolescents. Scotia: Conifer Park Treatment Center.


Zapka, J. G. Research and Evaluation in Health Education. Publisher & Date will be inserted.
Instructions: Please complete answers where indicated. This survey is confidential and does not require any identification of the respondent.

**PART I - DEMOGRAPHIC DATA**

1. Sex: _____ Male _____ Female
2. Age: _____ 16-17 _____ 27-30
_____ 18-19 _____ 31-40
_____ 20-22 _____ 41-50
_____ 23-26 _____ 51-60
_____ over 60

3. Home County: _____ Albany
_____ Rensselaer
_____ Saratoga
_____ Schenectady
_____ Any Other

4. Religion: _____ Catholic
_____ Jewish
_____ Protestant
_____ Other
_____ None

5. Ethnic Background: _____ Black
_____ Oriental
_____ White
_____ Other
_____ Hispanic

6. Marital Status: _____ Single
_____ Married
_____ Engaged
_____ Divorced

7. Employment Status: _____ Full-time
_____ Part-time
_____ Not Employed

**PART II - ALCOHOL/DRUG USAGE**

1. How many times have you used any of the following?

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2. How many times in the past month have you used any of the following drugs?

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3. Have you ever sold illegal drugs?   Yes    No

4. Do you feel that you currently have an abuse problem with drugs or alcohol?   Yes    No

5. Have you ever been charged with driving while intoxicated or ability impaired?   Yes    No

6. In your opinion, do one or both of your parents abuse alcohol?   Yes    No

7. In your opinion, are one or both of your parents an alcoholic?   Yes    No

8. Do you feel there are enough adequate, healthy alternatives to drinking oriented activities offered by the college?   Yes    No    Not Sure

9. How much money do you spend per week for alcohol? $0 $1-5 $11-15 $above $15

10. Do you ever drink alcohol in combination with drugs?   Yes    No

11. Do your friends drink?   None   Some   Most   All of them

12. Do you usually drink more than ____, less than ____, or the same amount as, your friends in one sitting?
13. Do you drink _____ as frequently _____ less frequently _____ the same number of times, as your friends usually do?

14. How often during the past month have you missed class due to alcohol or drug use?
    _____ 0 _____ 1-3 _____ more than 6 times

15. Before you came to college did you: _____ not drink alcoholic beverages
    _____ drink less often than now _____ drink the same amount as now
    _____ drink more than now

16. How many times have you been drunk, on alcohol or very high drugs while in a class?
    _____ none times _____ 4-9 times _____ 40+ times
    _____ one times _____ 10-19 times
    _____ 2-3 times _____ 20-39 times

**PART III - GENERAL ALCOHOL/DRUG KNOWLEDGE**

1. Alcoholism shortens lives by: _____ 2-3 yrs. _____ 10-12 yrs.
    _____ 7-8 yrs. _____ 18-20 yrs.

2. Cocaine use can cause: _____ hallucination _____ miscarriage
    _____ paranoia _____ all of the above

3. Alcohol is a: _____ stimulant _____ tranquilizer
    _____ depressant _____ hallucinogen

4. Initial drug use is starting at an earlier age. At what age do about 1 in 6 youths use marijuana?
    _____ 10 yrs. _____ 13 yrs.
    _____ 12 yrs. _____ older than 13 yrs.

5. Cocaine is: _____ not addictive _____ mildly addictive
    _____ moderately addictive _____ strongly addictive

6. Cocaine is a: _____ hallucinogen _____ narcotic
    _____ stimulant _____ depressant

7. Marijuana smoke contains: _____ no cancer-causing agents
    _____ less cancer-causing agents than cigarettes
    _____ the same cancer-causing agents than cigarettes
    _____ more cancer-causing agents than cigarettes

8. Inhalants can cause severe damage of: _____ the digestive system
    _____ the nervous system _____ the respiratory system _____ the heart

9. Heroin is used by: _____ injection _____ smoking
    _____ inhalation _____ all of the above

10. PCP (Angel Dust) can be taken: _____ orally _____ injected
    _____ smoked _____ all the above
11. Effects from stimulants are:
   _____ raise blood pressure, pulse, and breathing
   _____ constrict pupils
   _____ increase appetite
   _____ none of the above

12. Alcohol increases sexual performance.   _____ True   _____ False

13. Babies born to alcoholic mothers are often maldeveloped, with brain less
    than normal size.   _____ True   _____ False

14. HVCC policy prohibits possession of alcohol on campus.   _____ True   _____ False

15. HVCC policy prohibits attending class under the influence of drugs and
    alcohol.   _____ True   _____ False

16. HVCC policy prohibits the presence of anyone under influence of drugs or
    alcohol to be present on campus.   _____ True   _____ False

THANK YOU FOR YOUR ASSISTANCE