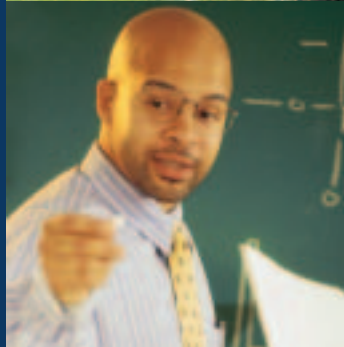


# The Challenge in Higher Education

Confronting and Reducing  
Substance Abuse on Campus



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Substance Abuse on Campus

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Illegal drugs have no place in our society, least of all at institutions dedicated to improving the minds of our young people. And yet, drug use is a serious problem on many college campuses. Recognizing the urgent need to confront this threat, the Office of National Drug Control Policy is reaching out to colleges and universities and seeking their support in the fight against illegal drugs.

As Director of the ONDCP, I have traveled to institutions of higher education around the country, talking to officials and students about their methods for ridding their campuses of drugs. There is a difficult, frustrating, and sometimes confusing task. And yet I have been impressed by their dedication and encouraged by the innovative approaches many of these institutions have developed to keep the drug threat at bay. Some of their prevention strategies are described in this booklet.



**John P. Walters**

Although we have made great strides and scored some important victories in the effort to control drug use in America, we have a considerable way to go. Illegal drugs are still damaging the minds and bodies of our young people, and the drug culture remains a powerful influence on campuses from coast to coast. For the sake of our youth and our country, we can do better.

Research has shown that drug use impairs memory and brain functioning. Obviously, drug use by students creates a major obstacle to academic performance. Not only do drugs disrupt the learning environment, they also interfere with normal social interaction and the formation of new relationships, activities that are integral to the college experience.

On many of our campuses, students can pick and choose from an assortment of mind-altering substances—marijuana, MDMA (Ecstasy), GHB, Rohypnol, heroin, cocaine, and methamphetamine, among others—all readily available and easy to obtain. To be sure, alcohol abuse is an enormous problem facing colleges and universities today. But no less disturbing is the increasing use of other harmful substances. More than half of today's college students have at least tried an illegal drug at some point in their lives, and for most of them the drug of choice, on campus or off, is marijuana.

Often regarded as harmless, marijuana poses a greater danger than many realize. More young people are in treatment for marijuana dependency than for alcohol and for all other illegal drugs combined. Marijuana users are four times more likely to report symptoms of depression and have more suicidal thoughts than those who never used the drug. Clearly, any substance this harmful has no place at an institution of higher learning.

The President's 2002 Drug Control Strategy called for a ten-percent reduction in youth drug use within two years and a 25-percent decline in five years. This was not just wishful thinking. A recent survey showing an 11-percent drop between 2001 and 2003 in teenagers' use of illicit drugs is proof that, by pushing back, we *can* reduce the drug problem. But we must continue working hard and looking for ways to stop drug use before it starts. We must also intervene early to encourage users who are not yet dependent to quit now, before they become caught in the devastating cycle of addiction.

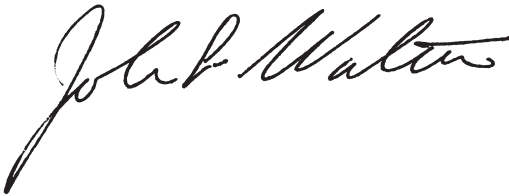
Thanks to scientific advances and new treatment methods, we are able to reach a variety of populations and deliver assistance faster and more effectively than ever before. It is essential that we extend that reach to college students, who, though they are no longer children, have arguably not yet reached full maturity. We must respect and at the same time protect them from actions and substances that will do them harm. They are, after all,

the future leaders of our country, the young men and women who will set the norms and establish behavior patterns for the next generation.

Institutions of higher education play an enormous role in shaping minds and building character, and with this role comes a responsibility to provide a drug-free environment for its students. Campuses unencumbered by drugs are safer, cleaner, and more intellectually stimulating. They are also more likely to attract prospective students and inspire confidence among alumni. Along with a moral obligation, colleges and universities that receive government funding also have a responsibility under the law. They must pay heed to Federal regulations that link effective drug prevention programs to financial assistance.

Please join me in addressing this important issue on your campus. Stopping student drug use will not only boost academic achievement and the quality of life for students today, it will bring huge dividends tomorrow in terms of career advancement and personal satisfaction. If every college does its part to get illegal drugs off campus, we can deliver a serious blow to one of the biggest threats facing young people today.

Without the distraction of drugs and the damage they inflict, young adults in college can spend more time doing what they came to do—learn, make friends, and build a healthy foundation for the future. The college years are a precious time in a young person's life. It is imperative that we do everything in our power to keep them that way.

A handwritten signature in black ink, reading "John P. Walters". The signature is written in a cursive, flowing style with a long, sweeping tail on the "W".

John P. Walters  
Director  
Office of National Drug Control Policy







## **The Challenge Before You**

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Large or small, urban or rural, commuter or residential, technical or liberal arts, every college and university in America is committed to providing an experience that allows students to rise to their full potential. As a key member of the higher education community, you work hard to make the learning experience a positive one. Naturally, you strive for excellence. You want your institution to turn out the best and the brightest, the nation's next generation of leaders.

That challenge is reflected in the face of every student on your campus. For these young men and women, the college years are a period of growth and transition. They are a time for examining beliefs and developing new points of view, a time for reflection and discovery.

**The rewards of your efforts  
are immense.  
And so too is the challenge.**

Your challenge as a college or university administrator is to promote that richness of experience and at the same time eliminate obstacles in each student's path to success. Parents expect the university or college not only to provide intellectual opportunities for their sons and daughters, but also to protect them from harm. From the beginning, the institution enters into a covenant with students and their parents. The understanding is that the exploration of new ideas will occur under conditions flexible enough to allow for discovery, but with sufficient controls to ensure a reasonable measure of safety.

## **New Thrills, New Threats**

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For some students, college is a time to experiment not only with new ideas, but with new thrills, including alcohol and drugs. Alcohol abuse in college is well documented. The latest results from Monitoring the Future, an ongoing national survey of behaviors, attitudes, and values among young people, indicate that more than two-thirds (68.9 percent) of college students are current drinkers—that is, they have had one or more alcoholic drinks in the previous 30 days. Not all of them are problem drinkers, of course. Still, a large number of students (40.1 percent) say they consumed 5 or more drinks in a row on at least one occasion within the previous two weeks. With this high rate of alcohol consumption come clear consequences. As reported by the National Institute on Alcohol Abuse and Alcoholism, some 1,400 people age 18 to 24 die each year from injuries suffered in alcohol-related accidents, including motor vehicle crashes.

Equally troubling is the widespread use of illicit drugs on campus. In the 2002 Monitoring the Future survey, more than a third (37 percent) of college students reported they had used illegal drugs in the past year, and nearly a quarter of them (21.5 percent) reported having done so within the past month. A decade earlier, by contrast, just over 16 percent had reported past-month drug use. Another important report, the 2002 National Survey on Drug Use and Health, showed that well over half (59.8 percent) of all 18- to 25-year-olds have used, or at least tried, an illegal drug at some time during their lives.

For too many young people, casual experimentation with drugs turns to addiction. Even for nondependent users, drug use creates a barrier to achievement that can be extremely difficult to overcome, even life-threatening. Drug-using dropouts are a blot on the institution's reputation and a disappointment to their families, their friends, and to themselves. Users who manage to graduate often find they are unable to compete for the best jobs, and the treatment needs of those who are addicted can strain family and community resources.

Although some people look at illegal drug use as a natural phase or a youthful rite of passage, the hard reality is that drugs can destroy lives and undermine a school's best efforts to educate and protect. College officials must understand how drug use on their campuses—even by those who show no outward signs of harmful consequences—can interfere with students' mental, social, and emotional growth.

## **A Guide for Administrators**

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The Office of National Drug Control Policy has put together this guide to give administrators at institutions of higher education a basic understanding of illegal drug use among the college population and to urge their support in ridding campuses of this threat. Along with an overview of the problem, the booklet explains the risks associated with drug use when left unchecked, and why it is important to discourage all drug use by students.

Case studies appearing throughout the booklet describe the innovative approaches some schools have developed to combat drug use. The purpose of these examples is to illustrate the variety of strategies available to colleges and universities hoping to develop or refine programs of their own.

The booklet offers useful advice as well, with suggestions on how to assess the drug problem at your institution and what you can do about it. In the back is a Guide to Common Campus Drugs, featuring photographs of problem drugs and related paraphernalia, as well as a list of resources to help you keep your campus drug free.



# Scope of the Drug Problem

## The Lure—and the Trap

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People start using drugs for any number of reasons. Some give in to pressure from drug-using friends and acquaintances. Others get involved simply for the thrill of it, or because they have been led to believe drugs are the path to enlightenment.

Whatever the reason, common to all their experiences is the undeniable fact that drug use brings pleasure—at least initially. No one takes drugs with the goal of becoming an addict. Rather, they do so because the chemically induced changes in the brain make them feel better. Altering the brain, however, can be hazardous to your health.

Everyone has heard stories about death by heroin or cocaine overdose. But even the so-called club drugs, including MDMA (Ecstasy), have been known to kill, sometimes on the first use. Certain club drugs, notably GHB and Rohypnol, have been dubbed “date rape” drugs because they are sometimes used in the commission of sexual assault. Colorless and odorless, they can be slipped unnoticed into a drink. And because the drugs cause a temporary amnesia, the unsuspecting victim will have no memory of what happened.

**Drug use brings pleasure—at first. But altering the brain can be hazardous to your health.**

## **Drugs and Your Institution**

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Deaths and assaults on campus grab headlines and cast a shadow over the school. They invite litigation, discourage donors as well as prospective students, and cause alumni to lose faith in their alma mater. And yet, drug use on campus does not have to reach crisis proportions to damage an institution and undermine its mission. Any amount of drug use is unacceptable, for it can spread and dull the educational experience for all, meanwhile inhibiting the ability of the university and its students to perform at their peak.

**Any amount of drug use can dull the educational experience for all.**

Drug use can occur on any campus, but it is by no means inevitable. The challenge is to stop it before it gains a foothold in the campus culture, and it is up to you to confront this challenge head-on. As a leader of your institution, it is entirely within your power to set standards on your campus and create an environment where drug use is not tolerated, and where learning and growth can take place unimpeded by the roadblocks of drug use and addiction. Because drugs are a barrier to all that a college or university aims to do for its students, maintaining a drug-free campus is vital to achieving your goals.

## **The Path to Addiction**

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Drug use starts innocently enough. A nonuser is approached by a user and persuaded to take a drink, smoke a joint, or pop a pill. Despite some minor undesirable effects—unpleasant taste or coughing, for example—the “high” is very pleasurable. When the high wears off, life goes back to normal, but the experience cannot be unlearned.

As social use continues, the unpleasant effects diminish, although new ones may appear. A new user may experience a hangover and vow never



to use again, but the hangover disappears, and life once again returns to normal. The user is now in the company of friends, the economic costs are minimal, and he or she is learning how much is too much—all reinforcing the pleasurable aspects of use.

During this phase, drug use does not interfere with the user's major activities. He or she still attends classes, turns in assignments, and enjoys social events. It is hard to see drug use as a serious threat to your students' wellbeing when they show no outward signs of trouble. It is harder still for drug-using students and their friends to connect their experiences to the horror of addiction or their actions to any potential risk. They're smart, and they think they know what they are doing.

And yet, in too many cases, a line is eventually crossed. A given amount of drug brings less pleasure than before, so the users increase the dose or the frequency of use. They make bad decisions, such as driving while intoxicated or having sex with strangers, thereby disappointing others and themselves. The consequences of their drug use become more severe, possibly including failure in their classes. They start to dislike themselves and how they feel when not high. Now they may use drugs not to get high, but just to feel normal.

**It can be hard for drug-using students to connect their experiences to the horror of addiction.**

The majority of your drug-using students will probably experience no major consequences, possibly leading you to conclude, understandably, that your institution has no drug problem. Yet you must realize that drug use, even in the absence of clear signs of harm, must be curtailed on your campus for two important reasons: The user himself may cross the line into addiction at some time in the future, and the very lack of visible negative consequences lures others into drug use.

# Partners in Prevention

## Texas A&M University College Station, TX

As part of a broad-based effort to curb alcohol and drug use on campus, Texas A&M invites new fraternity and sorority members to participate in ARCHES (Advocating Responsible Choices), a group mentoring program for the university's 3,200-member Greek community. "Advisors and student leaders in several fraternities developed the program as a way to ensure student ownership and responsibility in addressing alcohol and drug use in the college environment," says Carolyn Cox, coordinator of First Year Programs. To date, nearly 40 upper-class students participate as mentors in the program.

Organized by the Office of Alcohol and Drug Education Programs in collaboration with the Office of Greek Life, ARCHES links new members of the Greek community with supportive older members who abstain from drug use and other high-risk behavior. The idea is to partner impressionable newcomers with experienced students who can help them separate the myths from the realities of alcohol and drug use on campus and, in the process, sidestep potential hazards.

"Students entering college have all seen the movie *Animal House* and think that's what college is really like," says Dennis Reardon, senior coordinator for Student Life Alcohol and Drug Education Programs. "Then they talk to successful students and see that, no, it's not that way."

All diseases have one or more target organs, a causative agent, and generally a recognized method of spread. Addiction is, primarily, a disease of the brain, and the agent of that disease is drugs. Non-dependent users—those who use drugs but are not yet addicted—are "carriers" who spread the disease of addiction to others, and who may themselves one day become addicted.

Data collected by researchers in Michigan for the Monitoring the Future Study point to an unsettling trend about rates of drug use in college. While still in high school, college-bound seniors are less likely to use illicit drugs than their age-peers who do not go to college. After graduation, however, college students "catch up" and exceed their age-peers in drug use.

*ARCHES* aims to do the following:

- Create a supportive network of Greek students who share similar attitudes and beliefs, and who choose to make low-risk decisions about drugs and alcohol.
- Provide new and current members with the opportunity to participate comfortably in a variety of social situations without feeling the pressure to drink or use other drugs.
- Reduce the misperception that all Greek students drink or engage in heavy drinking.
- Create a social norm within the fraternity and sorority system that counters the stereotypical image of men and women involved in Greek organizations.

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The explanation, according to research conducted by the University of Michigan's Institute for Social Research, may be rooted in the fact that college students typically move away from home and remain single. Their noncollege peers, by contrast, are more inclined to stay in their parents' home or get married after high school—two behaviors that appear to have an inhibiting effect on drug use.

Many students come to you with the external controls of family lifted, so it is incumbent on you to create an atmosphere where drug use is inhibited. Your biggest task will be to stop initiation before it starts to reinforce a non-drug norm for nonusers. After that, you must encourage those students who have begun using drugs to stop before they experience negative

consequences and before they can recruit others who may themselves become addicted. This is best accomplished in an environment where drug use is not tolerated and people do not look the other way.

## **Drugs on Campus**

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If we do not make an effort to stop drug use in the college-age population, a group that consistently demonstrates high rates of use, we will be allowing unnecessary barriers to block these young people from achieving their full potential. Moreover, society will be forced to bear the health and social costs of their drug dependence for years to come.

Any drug can show up on any campus at any time (see the Guide to Common Campus Drugs, page 57). Indeed, it would be naïve to suggest that so-called hard drugs such as cocaine and heroin are not used by college students. Problems with these drugs in school have been known for years. Len Bias was an all-America basketball star at the University of Maryland in 1986 when his overdose death in his dormitory brought the dangers of cocaine abuse to the nation's attention. The drugs that represent the greatest threat on today's campuses, however, are marijuana and club drugs.

**Any drug can show  
up on any campus  
at any time.**

## **MARIJUANA**

Of all illicit drugs found on college campuses today, marijuana is by far the most ubiquitous. Many students and adults take the attitude that marijuana use by young people is normal—that there is nothing to fear because “pot” is benign, its effects temporary and harmless.

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## Drug Testing: An Ounce of Prevention

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The National Drug Control Strategy emphasizes the importance of preventing drug use before it starts. It is a matter of simple logic that the best way to make sure students do not become dependent on drugs is to keep them from taking that first puff or swallowing that first pill. And when it comes to drug use, an ounce of prevention is worth many pounds of cure.

Experimentation with drugs is often the result of peer pressure and curiosity. Most people who try drugs do not continue to use them. For some, however, simple experimentation is the first step on the road to addiction. A drug-testing program can be an effective way to discourage experimentation and stop drug use before it begins.

This deterrence strategy has been demonstrated many times over in schools that enthusiastically support drug testing as a method of prevention. Employers have also found drug testing helpful in reducing absenteeism, accidents, and health-care costs. Employers who have followed the Federal government model for drug testing have seen a 67-percent drop in positive drug tests just by having testing programs in place.

The purpose of drug testing is not to punish students who use drugs, although consequences of some sort should be part of any testing program. Consequences may include suspension from sports activities, loss of financial aid, or loss of special privileges, such as driving the team van.

For students facing peer pressure to do drugs, knowing that a testing program is in place can provide a good excuse to say no. This policy of refusal will serve them well in years to come. After all, today's students are the professionals, craftsmen, educators, and researchers of tomorrow, and many will need to pass a drug test to get a job or advance in their careers. Allowing students to pursue self-defeating behaviors such as drug use is to "enable" them to continue along a dangerous road to debilitating, chronic drug dependence.

### Benefits of Drug Testing

Students who use drugs are statistically more likely than nonusers to drop out of college and to be unemployed—and unemployable.

Classes are challenging and difficult even for the most intelligent students. The more they use drugs such as marijuana, the more likely they will be to cut class and be involved in physical attacks, destruction of property, stealing, lying, and run-ins with the college disciplinary system. Students are subject to college regulations, and they can also be expelled for violating local, state, and Federal laws that govern illegal drugs and the misuse or abuse of alcohol.

Safety, of course, is of paramount importance on campus and in the surrounding community. Studies have shown that abuse of alcohol and illicit drugs not only interferes with learning, it also disrupts the orderly environment necessary for safety and success. For example, students who use drugs are more likely to bring guns and knives to school.

Every student, parent, and administrator expects the institution to provide protection from violence, racism, and other forms of abuse. Certainly, then, they have the right to expect a college learning environment free from illegal drugs and the dangers they pose.

This is simply wrong. Many marijuana users have trouble stopping on their own. Of all teenagers in drug treatment in 2001, for example, about 62 percent had a primary marijuana diagnosis. Today, more young people are in treatment for marijuana dependency than for alcohol or for all other illegal drugs combined. Contrary to prevailing myths, marijuana does cause harm. Long-term use of the drug is associated with stealing, aggression, cutting classes, and destruction of property. Marijuana use often occurs in combination with alcohol, and the drug may actually be responsible for more campus and community vandalism and disturbances of the peace than has previously been recognized. Marijuana also poses significant health risks. One joint contains as much cancer-causing tar as four tobacco cigarettes, and research provides strong evidence that smoking marijuana increases the likelihood of developing certain types of cancer.

**It takes little imagination to see the threat posed by a mind-numbing substance on a learning environment.**

A study published in 2002 by the Journal of the American Medical Association suggests that long-term use of marijuana causes memory loss and attention problems, effects that can have an adverse impact on academic achievement, interpersonal relationships, and daily functioning. It does not take much imagination to visualize the threat posed by a mind-dulling substance on an environment created for learning.

And the threat is growing. Scientists have determined that today's marijuana contains more of the active chemical THC and is thus more potent than the "weed" of the Woodstock era. In the 1960s and 1970s, the amount of THC in most marijuana averaged 1 or 2 percent. Today the average is about 7 percent, with the potency of some hydroponically



grown varieties climbing to 30 percent or higher. Meanwhile, the proportion of higher potency marijuana in the U.S. market has been rising rapidly.

These facts are even more startling when you consider that most young people these days no longer smoke marijuana in pencil-thin joints, but in thick, hollowed-out cigars called “blunts.” Some users even lace their blunts with PCP or embalming fluid to enhance or prolong the intoxicating effect.

Although most marijuana users started before age 18, a third of college-age users report they began smoking pot regularly when they were 18 or older. Such findings only underscore the need to create an environment that forces marijuana out and, when that fails, to intervene in the marijuana use of college-age students before it changes the trajectory of their lives.

**Drugs are not only unnecessary, they are a wasteful, dangerous distraction.**

The college experience, a time when young people come together to seek knowledge, forge friendships, and prepare for the rest of their lives, produces a high of its own. Drugs are not only unnecessary, they are a wasteful, dangerous distraction. We are selling our students short if we allow them to believe they can become enlightened, escape their problems, or establish meaningful relationships by smoking, swallowing, or injecting an illegal substance that interferes with learning, enlightenment, and relationships from the very start.

## CLUB DRUGS

Young adults are also at risk from those drugs known collectively as club drugs, so named because their use was once confined almost exclusively to clubs and late-night parties called raves. Now, however, these drugs are often used on college campuses and at private parties.

Probably the most well-known among the club drugs is MDMA, more commonly referred to as Ecstasy, which in recent years has gained an

### ONE SCHOOL'S APPROACH

## A Place of Their Own

**Rutgers University  
Camden, Newark,  
New Brunswick, NJ**

For students struggling to recover from alcohol or drug problems, pressure from friends and classmates to drink, smoke, or pop pills can be an enormous obstacle to success. Officials at Rutgers University took this fact to heart and endorsed an innovative treatment strategy called Recovery Housing, which literally brings recovering students together under one roof.

Developed in 1988 by the Alcohol and Other Drug Assistance Program for Students (ADAPS), Recovery Housing puts recovering students in a building that is physically indistinguishable from other campus housing. This feature, requested by the residents themselves, protects the students' anonymity and allows them to participate in the full breadth of campus activities without fear of stigma. Those living in Recovery Housing are guaranteed

complete privacy and confidentiality, so that others, even students living nearby, do not know they are in recovery.

The living arrangement, which requires residents to be sober and drug free, is entirely verbal, and the absence of Resident Advisors or staff monitors in the building fosters a sense of communal responsibility for sobriety. Students in Recovery Housing have the same access to members of the Residence Life staff as students in other on-campus housing. The only additional support they receive is from the ADAPS staff, located elsewhere on campus.

Residents are united not by special rules but by an honor system and a shared commitment. "This isn't just a place that's drug and alcohol free," says ADAPS Director Lisa Laitman. "This is a supportive environment where everyone you live with is a partner in your recovery."

almost cult-like following. According to the 2002 National Survey on Drug Use and Health, 4.3 percent of people age 12 and older reported using Ecstasy in their lifetime. Users between the ages of 18 and 25 reported the highest lifetime Ecstasy use, at 15.1 percent. In 1997, Monitoring the Future showed that only 2.4 percent of college students admitted using Ecstasy within the past year. By 2002, that figure had jumped to 6.8 percent.

At first, Recovery Housing was available only to those students in counseling with ADAPS staff. Eventually, it was expanded as more and more entering freshmen heard about the program through their local treatment providers. "We actually have students who came to Rutgers because of this program," says Laitman. Recovery Housing currently accommodates about 21 students.

To be eligible, students must have attended a 12-step program, such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA), and they are expected to continue attending once they move into Recovery Housing. Although there has been no formal evaluation to determine the program's success, Laitman says the response from former participants gives her reason to believe it is working.

"Every time they celebrate any kind of anniversary," she says, "they write to thank me for saving their lives."

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Young people take MDMA for the rush of energy and euphoria, and because the colorful little pill is said to offer PLUR—peace, love, understanding, and respect. It is easy to understand the allure of a pill that, for about \$40, promises a meaningful relationship in 30 minutes.

But Ecstasy is a misnomer, and its promise is a dangerous deception. The drug has triggered a number of highly publicized deaths, some occurring on the first use, and it is linked to a host of other problems as well. The National Institute on Drug Abuse notes that, in high doses, this neurotoxin is known to cause a sharp increase in body temperature (malignant hyperthermia), leading to muscle breakdown, kidney and cardiovascular system failure, and possibly death. Animal studies have shown that MDMA causes memory loss that can last 7 years or longer. And a study published in *Science* magazine cautions of the possibility that even a single MDMA experience can permanently alter brain cells.

**Ecstasy is a misnomer, and its promise of PLUR—peace, love, understanding, and respect—is a deception.**

The club drugs GHB (gamma hydroxybutyrate), Rohypnol (flunitrazepam), and ketamine are all central nervous system depressants. During the 1980s, GHB was widely available over-the-counter in health food stores, purchased largely by body builders to aid in fat reduction and muscle growth. Use of GHB can result in coma and seizures, and when mixed with alcohol it can cause nausea and difficulty breathing. The drug can also produce withdrawal effects, including insomnia, anxiety, tremors, and sweating. It is increasingly linked to poisonings, date rapes, overdoses, and fatalities. Although banned by the Food and Drug Administration in 1990, GHB is still available over the Internet, at some gyms, nightclubs, and raves, and on some college campuses.

Rohypnol, which is not approved for use in the United States, can cause muscle relaxation and produce general sedative effects. In higher doses, the drug causes a loss of muscle control, loss of consciousness, and partial amnesia, effects that in some cases last 12 hours or more after the drug is taken. Mixed with alcohol, Rohypnol can incapacitate victims and render them unable to resist sexual assault.

Ketamine is an anesthetic that has been approved for both human and animal use in medical settings since 1970. Certain doses cause dreamlike states and hallucinations. At high doses, the drug can cause delirium, amnesia, impaired motor function, high blood pressure, depression, and potentially fatal respiratory problems. Ketamine is popular on the rave scene and some college campuses, and has been used as a date rape drug.





# Facing the Challenge

## Get the Full Picture

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Just as campuses differ—ranging from sprawling urban universities to small-town rural community colleges—so does the drug situation at each school and the challenge it presents to administrators. Regardless of who or where you are, however, the process of eliminating drugs from your campus is the same. The first step is to assess your campus to determine the depth and severity of the drug problem.

Student surveys are a good way to collect data and gauge the amount of drug use at your school. The nonprofit Core Institute at Southern Illinois University and the American College Health Association (ACHA) both offer surveys that can help institutions of higher education in their drug and alcohol prevention efforts. The Core Alcohol and Drug Survey is a 4-page questionnaire that can be useful in measuring the effectiveness of campus-based prevention programs. The survey was designed to assess the nature, scope, and consequences of students' drug and alcohol use, as well as students' awareness of relevant policies. ACHA's National College Health Assessment survey can assist by measuring drug use, perceptions of drug use, and the self-reported impact of drug use on academic performance.

Surveys, however, are just one measurement tool. You should also pay attention to the many other indicators of drug use. For example, look at campus incident and crime statistics—not only for blatant incidents of open drug use, but also for increases in sexual assaults, thefts, vandalism, public inebriation, and any other incidents that could be drug or alcohol related.

Listen to complaints from the surrounding community. Are your students having parties off campus that are getting out of hand because of drug or alcohol use?

Confer with local law enforcement authorities. Is drug trafficking prevalent in the surrounding community? Are your students suspected of involvement, or have any been arrested on drug- or alcohol-related charges?

Look at student health data (in the aggregate to avoid compromising individual students' rights to privacy). Train the health staff to look beneath the surface of students' health complaints. Keep in mind that depression and suicide are often, though certainly not always, drug related. Are students who seek incompletes in their courses assessed for drug or alcohol use?

## **Law and Leadership**

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Although most college-age students are adults by law, the truth is that maturity is not automatically conferred on one's 18th birthday. Your direction and guidance can help students stay away from drugs and other harmful activities. Solid, consistent, and unambiguous policies are among the most important tools available to you for controlling drugs and alcohol on your campus. In fact, any college or university that receives Federal funding of any sort is required to certify it has adopted and implemented a policy to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees. (See "Your School's Legal Obligation," page 29.)

You have a moral responsibility to your students as well. Drugs are made illegal not as a way to limit freedom, but to allow the freedom to achieve one's potential. As President George W. Bush said when releasing the 2002 National Drug Control Strategy: "We must reduce drug use for one great moral reason—over time drugs rob men, women, and children of their dignity and of their character."

## Your School's Legal Obligation

### Certification Requirements

The Drug-Free Schools and Campuses regulations require that, as a condition of receiving funds or any other form of financial assistance under any federal program, an institution of higher education (IHE) must certify it has adopted and implemented a program to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees.

Creating a program that complies with the Regulations requires an IHE to

1. Prepare a written policy on alcohol and other drugs;
2. Develop a sound method for distributing the policy to every student and IHE staff member each year; and
3. Prepare a biennial report on the effectiveness of its alcohol and other drug (AOD) programs and the consistency of policy enforcement.

The Drug-Free Schools and Campuses Regulations also require an IHE to submit a written certification to the Secretary of Education that it has adopted and implemented a drug-prevention program as described in the Regulations.

The Drug-Free Schools and Campuses Regulations establish a minimum set of requirements for college substance-use policies. Colleges may also have additional obligations under state law. Equally important may be recent court decisions in lawsuits brought against IHEs by college and university students and employees. Consultation with an attorney knowledgeable in this area is highly recommended.

### Failure to Comply with the Drug-Free Schools and Campuses Regulations

If an IHE fails to submit the necessary certification or violates its certification, the Secretary of Education may terminate all forms of financial assistance, whether from the Department of Education or other federal agencies, and may require repayment of such assistance, including individual students' federal grants, such as Pell grants. The Department of Education may also arrange to provide technical assistance toward the development of a plan and agreement that brings the IHE into full compliance as soon as feasible.

The possibility of loss of federal funding exists in the provision that "the Secretary annually reviews a representative sample of IHE drug prevention programs." If the Secretary of Education selects an IHE for review, the IHE shall provide the Secretary access to personnel records, documents, and any other necessary information requested for this review.

(continued on next page)

## Content of the Written Policy

The Drug-Free Schools and Campuses Regulations require IHEs to develop a written policy that describes standards of conduct that clearly “prohibit, at a minimum, the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees on its property or as part of any of its activities.”

The written policy must also include:

1. A description of the applicable legal sanctions under federal, state, or local laws for the unlawful possession or distribution of illicit drugs and alcohol;
2. A description of the health risks associated with the use of illicit drugs and the abuse of alcohol;
3. A description of any drug and alcohol programs (counseling, treatment, rehabilitation, and re-entry) that are available to employees or students; and
4. A clear statement that the IHE will impose disciplinary sanctions on students and employees for violations of the standards of conduct and a description of those sanctions, up to and including expulsion or termination of employment and referral for prosecution.

Institutions of higher education have fulfilled these requirements in a number of different ways, depending on their campus environment, available resources, and creativity.

*Source: Executive Summary of Complying with the Drug-Free Schools and Campuses Regulations, U.S. Department of Education*

## THE “RAVE” ACT

In 2003, Congress passed the Illicit Drug Anti-Proliferation Act, sometimes called the “Rave” Act, which prohibits individuals from knowingly opening, leasing, renting, or maintaining any place for the purpose of using, distributing, or manufacturing any controlled substance. Heads of colleges and universities should be aware of this law and understand how it applies to their institutions.

While raves typically occur in warehouses and other large-building settings, it is true that any dormitory, college residence hall, or other campus building used with the consent or knowledge of campus employees to house a rave could open the institution up to examination and legal action under the statute. For example, a student working part-time as a dormitory resident assistant who reserved a dormitory basement for a rave event could be liable not merely in his or her personal capacity, but also as an agent of the university.

Drugs are not part of every student party, of course, and the institution's liability (or lack thereof) in each case would depend on a number of variables. Still, it is prudent for college officials to consider the statute seriously, and to take preventative action by educating administrators, faculty, and student leaders about the wisdom of being vigilant toward a "no rave" policy on campus.

## **Support From the Top**

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The single most important factor in having a workable drug and alcohol policy is support by the college or university president and other key officials. Mere publication and distribution of a policy is not enough. Students and parents need to know that the leaders of the institution are serious about keeping the campus drug free.

Make this point and show your support whenever possible. Speak out frequently against alcohol and drugs. Let everyone who attends or is thinking of attending your school know—unequivocally—that you will not tolerate drug use at your school.

Print a notice in all admissions materials about your strong stance against alcohol and drug use. Insist that recruiters convey your commitment to a drug-free school in their presentations to prospective students, and clarify your policy to parents at student orientation.

## **A Policy With a Punch**

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After assessing the drug situation at your school, take a good look at your drug and alcohol policy. Is it a perfunctory document that merely skims the surface of the problem or pays lip service to the Drug-Free Schools and Campuses regulations—or is it a comprehensive policy that actually protects students from exposure to drug users? Is it a document that is merely published in the Student Handbook and then forgotten, or is it a viable, up-to-date policy that is fully supported and enforced?

### *ONE SCHOOL'S APPROACH*

## **A Dose of Reality**

### **Eastern Michigan University Ypsilanti, MI**

After years of conducting student surveys and monitoring trends in the campus environment, officials at Eastern Michigan University determined they needed greater consistency between school alcohol and drug policies and enforcement of those policies. Measures that only punish, the university realized, do not offer educational alternatives that support student growth and development. So about ten years ago, the school launched the Checkpoint Program, a strategy that complements enforcement efforts and seeks to change the attitudes and behavior of students who violate the school's policy on alcohol and drugs.

"The program is not preachy, not prohibitionist," says Ellen Gold, Director of University Health Services. "It allows people to look introspectively at their behavior and think about the choices they've made, then decide for themselves if there's a reason to change."

The Checkpoint Program is an interactive, facilitated workshop for groups of six or eight first-time violators. In three 2-hour sessions, participants are guided through discussions on topics such as impaired driving, gender-specific drug and alcohol use, and the effects of alcohol on the body, the mind, and academic achievement. In one session, participants use their imaginations to recreate the events of a campus party, describing the revelers' behavior as the evening progresses and discussing what's happening to their brains in the flood of alcohol and drugs.

When developing a policy, consider students all along the drug-use continuum. The policy should take into account:

- Students who have never used drugs and who deserve a campus that reinforces their values.
- Students who use drugs but have not yet experienced the harmful consequences of their use; these students need pressure to stop as well as access to effective interventions.
- Students who are addicted to drugs and need support to increase their resolve to stop using, fix what is wrong, and participate in effective treatment at home or on campus with follow-up care on campus.

Student first-time violators are required to attend the Checkpoint Program, which is also available to the non-college community for youth ages 17 to 25 who have been cited for drug or alcohol offenses. The fees for the program are \$75 for an on-campus referral and \$100 for a court referral.

Each year, some 200 people (most of them freshmen) take part in the program. Followup interviews help determine its long-range effectiveness. So far, says Gold, it seems to be making a positive impact. "We've had people who've completed the program come back and volunteer to work for us," she says. "That tells us something has reached them."

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Your policy should encompass every aspect of alcohol and drug use, including methods of detection, sale and possession, and penalties for noncompliance. And it should be drawn up only after consultation with all who are touched by it: school administrators, faculty, students, representatives of student life and Greek life, health officials, campus police, parents, and alumni, among others. The policy should be reviewed carefully and periodically to make sure it is sufficient for the task of reducing drug use on your campus.

## **Building a Program That Works**

There is no “perfect” drug prevention program. Every college and university must adopt its own, perhaps unique, strategies for combating drug use.

However, the most effective drug prevention programs tend to share certain key characteristics. After conducting an 8-year analysis of drug prevention programs at 490 colleges and universities across the country, Dr. Andris Ziemelis of the University of Wisconsin–La Crosse identified a number of elements commonly found in programs that were most successful in reducing alcohol misuse and drug use.

**Environmental Change.** Programs that are successful at reducing the initiation of drug use and convincing users to stop typically take into account the importance of campus environments—physical, social/cultural, and regulatory—in influencing student attitudes and actions. These programs strive to create environments that discourage substance use while promoting a healthier lifestyle.

Eliminating alcohol advertising from the campus newspaper, for example, contributes to a healthy campus environment. As other examples, you could have campus police set up DUI stops on weekends and strictly enforce the laws regarding alcohol and drug use on campus.

## Myths and the Truth About Drugs and Alcohol

Myth	The Truth
<b>Marijuana is harmless.</b>	Marijuana use as a cause for emergency room visits has dramatically increased, surpassing heroin and rising 176 percent since 1994.
<b>Marijuana use is not addictive.</b>	More young people are now in treatment for marijuana dependency than for all other illegal drugs combined.
<b>Marijuana use helps you relax so you can learn.</b>	Studies show that smoking marijuana leads to changes in the brain similar to those caused by the use of cocaine and heroin. Marijuana use impairs the ability to retain information during the peak learning years, when the brain is still developing.
<b>Marijuana is not a "hard" drug.</b>	More than 60 percent of young people age 15-17 entering drug treatment are doing so because of marijuana use. Marijuana is the most widely used illicit drug in America, with more than 15 million current users.
<b>Party drugs are harmless.</b>	"Designer" drugs such as GHB, MDMA (Ecstasy), and LSD are readily available, affordable, and implicated in hundreds of deaths. They are sometimes confused with look-alike herbal products, and they often contain other illegal drugs (unknown to the user).
<b>Alcohol use is culturally acceptable.</b>	Alcohol remains a major problem on campus due to underage use, misuse, and excessive use accounting for increased liability costs for damages, broken relationships, poor academic performance, and injuries and deaths due to car crashes and other accidents.
<b>Alcohol and drug use is primarily a problem among men.</b>	Women's weight and physiology are different from those of men. The same amount of alcohol or drugs has a greater impact on women.
<b>Drug use is a personal freedom.</b>	A student convicted for any offense under any Federal or state law involving the possession or sale of a controlled substance is not eligible to receive any grant, beginning on the date of conviction.
<b>If drugs were legalized, there would be no consequences.</b>	Many drug users seek intervention due to the concerns expressed by families, friends, faculty, and the workplace. Legalizing drugs would remove only some legal consequences. It would not change the emotional, physical, or social consequences of drug use.

Educating your students, faculty, and staff about the risks of drug use should be the foundation of all your prevention efforts. As a leader at your institution, you should speak out frequently against drug use and alcohol misuse in language that is unambiguous and straightforward. Students who are struggling to resist peer pressure to use drugs will find strength in your words of support.

Look for creative venues for presenting drug education. Most effective are those programs that offer information without being coercive, and that encourage a dialog between the presenters and their audience.

**Proactive Alternatives.** The more successful programs generally work to provide proactive healthy alternatives to alcohol and drugs.

Make sure your school offers plenty of drug-free activities—parties, dances, socials, coffee houses, and movies, for example—so students can get together and have fun without the disruption and danger of alcohol or drugs. Other alternatives include educational activities such as seminars and film or video presentations.

**Student Involvement/Empowerment.** The most effective programs commonly raise awareness or provide information through interactive rather than one-sided or top-down communication. Student participation in workshops, retreats, or training activities, for example, is more likely to produce desired results than asking students to sit through lectures that offer few opportunities for participation.

Invite students to place anti-drug messages on your Web site, or enlist the support of your communications majors to develop a campus-wide media campaign. Have students write public service announcements. Use the campus radio and TV stations for interviews with researchers. Step up anti-drug and alcohol messages before major holidays and spring break.

By encouraging participation in volunteer activities, you can help students understand that their contributions to the school and to society are valued. Students who know they are making a difference by helping others are less likely to use drugs than those who do not see their own worth.

**Training.** Many successful drug prevention programs provide training opportunities for members of the university community.

Train your faculty, staff, and resident assistants to recognize drug use and alcohol misuse, and to know how and where to seek help for someone who may be using these substances. Be sure everyone on your health services staff knows the signs of drug use and understands that a brief intervention by a health care provider can be one of the most effective ways to help someone who has begun using drugs but is not yet addicted.

Extend training to student peer counselors and others, including campus police, resident assistants, coaches, and other faculty. Help them understand that confronting someone about his or her drug use is not an invasion of privacy, and in fact may be a lifesaving strategy.

**Support for the Policy.** Schools with successful drug prevention programs typically send an unequivocal message to the university community through the amount of attention they give to their alcohol-and-drug policies, whether by promoting, clarifying, reviewing, changing, disseminating, or enforcing them. Signals such as these reveal the institutional stance regarding substance use.

**Cooperation/Teamwork.** Successful programs encourage cooperation and teamwork, thus making prevention of drug use a shared responsibility. To this end, administrators might form steering groups or advisory boards; recruit student, staff, or faculty volunteers; or provide appropriate training opportunities for the university community—activities that also increase program visibility.

# An Infusion of Drug Awareness

**University of California,  
Santa Barbara  
Santa Barbara, CA**

In an effort to engage students in prevention activities, UCSB uses the broad-brush method of curriculum infusion to spread the word about the risks of drug use. Participating faculty in a variety of disciplines "infuse" their regular courses with prevention information. As a result, hundreds of students each year get valuable messages from people they respect about the risks of drugs and alcohol.

"When a faculty member they look up to is willing to talk to them about drugs, students will listen," says Sabina White, Director of Student Health.

Faculty participate in several ways. Some receive mini-grants from the Division of Student Affairs to cover the costs of incor-

porating material about drug use into their courses. Professors are given total creative freedom, so the drug-and-alcohol messages are often quite imaginative and go beyond the familiar warnings. In the course Popular Music in America, for example, students learn about the impact of drugs and alcohol on music and musicians. Students in a marine science course observe the effects of alcohol on living cells.

Working with faculty in the Film and Art Departments, students compete for funding to produce film and photography projects with prevention messages pertaining to alcohol and other drugs. Funds earmarked for curriculum infusion are also used to hire faculty in the Department of Dramatic Art to oversee student productions that focus on drug use and other health issues.

Of course, this spirit of shared responsibility should extend beyond the campus. Law enforcement authorities occasionally request the cooperation of college officials regarding reports of illegal drug trafficking on campus. Some administrators, concerned about the adverse publicity that will inevitably accompany a major drug bust, may be reluctant to help.

No college wants to advertise drug trafficking on its grounds. But by cooperating with law enforcement, you will learn a great deal about your school's drug problem and, consequently, what needs to be done to stop it. And even if the investigation stirs up a bit of controversy, parents will respect you for standing up to the problem.

In a class on Persuasion Theory, students develop social marketing products—brochures, radio spots, videos, and the like—with messages aimed at persuading their friends and classmates to avoid drugs and excessive drinking. Participating students gain insight into beliefs regarding alcohol and drugs, and they also learn about actual levels of use on campus.

One goal of this strategy, besides changing attitudes among the intended audience, is to promote self-discovery and greater awareness among the students who create the messages. “The value of these so-called ‘stealth education’ classes,” says White, “is that while students learn about communications, they’re also gaining valuable knowledge about things that can affect their health.”

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**Curriculum Infusion.** One of the most effective methods of spreading the anti-drug message is to encourage faculty to “infuse” regular courses with facts about the reality of alcohol and drug use. “Students look at the faculty member as an agent of social influence,” says Ziemelis. “As the purported expert, he or she has a sort of built-in credibility. So if the professor infuses material into the curriculum, it’s likely to have more of an effect.”

Anti-drug information is widely available, but information alone is not always enough to engage or motivate young people, says Ron Glick, a sociology professor at Northeastern Illinois University in Chicago. As director of the Network for the Dissemination of Curriculum Infusion, Glick works with faculty at institutions across the country on ways to

integrate the curriculum with facts about alcohol and drugs. “The idea,” he says, “is to bring prevention strategies into the classroom and seamlessly fit them into the courses being taught.” Curriculum infusion lends itself to just about any subject area, he points out, its scope and effectiveness limited only by the instructor’s imagination. And the response from students is overwhelmingly positive. “They pay attention,” says Glick, “because for them, this is real life.”

Consider working with faculty at your college or university on ways to integrate information about substance abuse into the curriculum. A biology course, for example, provides a natural setting for examining the effects of drug use on organisms. In anthropology class, students can discuss the role of drug use among different cultures. Students in a business and management course can learn about productivity lost as a result of substance abuse, and about the devastating impact of drug use on jobs and careers. Social science professors can infuse their courses with information about how drug use damages the community. Economics students can estimate the costs of legalizing marijuana and other illicit drugs. Math teachers can develop curricula using drug-use surveys and data on levels of use. Facts about drugs and alcohol can be woven into teacher education classes; for example, students can be asked to study learning problems that result from a mother’s use of cocaine or other drugs. English professors might ask students to examine the role of substance abuse in literature—perhaps with an assignment to write about how a character’s behavior or even the outcome of a story was influenced by drugs or alcohol.



Think also about expanding your course list with classes that focus specifically on drugs and drug use. You could offer elective courses such as the Health Effects of Illicit Drugs, or the Truth About Addiction. You might consider requiring all incoming freshmen to take an 8-week course on alcohol misuse and drug use, perhaps in conjunction with a wellness class.

Incorporate drug information from credible sources wherever and whenever possible—in video presentations, seminars, workshops, retreats, and peer education/counselor assistant programs. The more you get the word out, the better your chances of keeping drugs and the problems associated with them off your campus.

### **Remember Those in Recovery**

The majority of your students do not use drugs. Some are using but are not addicted. A small number may already be in treatment or need referral to treatment. Have your school set up a drug hotline for students who need treatment or want to help a friend in trouble.

If there are no drug and alcohol counselors on campus, make it clear where students can be referred if they have a problem or need intense treatment. Check for Twelve Step support groups in the local community, or consider starting one on campus. Keep a list of student-friendly Alcoholics Anonymous or Narcotics Anonymous meetings for referrals.

Consider those students who are in drug treatment or in recovery. They have made a decision to live without drugs and will need your support. It is especially important for the institution to provide substance-free activities and to normalize the clean and sober experience to help these students stay “clean.”

## **Work With the Community**

In recent years, several thousand “community anti-drug coalitions” have sprung up in towns, cities, and counties throughout the United States. These coalitions typically involve various sectors of the community and employ a range of strategies to address drug problems of all types.

Community coalitions often seek to form close working relationships with local colleges and universities, which in some cases act as host organizations for coalition operations. Such arrangements go a long way toward reducing “town and gown” conflicts. They also can provide institutions of higher education with valuable opportunities to tap into a wealth of resources. Through coalitions, schools can offer their students opportunities to get involved in volunteer activities, perhaps as tutors working with area youngsters in after-school programs. Linking with the community can expand the institution’s research possibilities, allowing graduate students, for example, to help area youth programs evaluate the effects of different drug-prevention techniques among youthful offenders. Alliances formed through coalitions can also create opportunities for senior scholars and administrators to take a leadership role in the community, perhaps by serving on the group’s board of directors.

In Michigan during the late 1990s, seven coalitions representing 17 cities came together to form what was called a Coalition of Healthy Communities. As part of one campaign, the group exhorted local residents and students at Oakland University to “Do Your Part” in preventing problems with alcohol and drugs. Nearly 500 volunteers and scores of area organizations—including churches, schools, the courts, and police departments—joined in the effort, along with students and faculty from the university. The group’s primary focus was alcohol, but its prevention message applied equally well to drug use.

Using materials supplied by the coalition, supermarkets displayed the “Do Your Part” message on thousands of grocery bags. Bar owners printed safe-drinking guidelines on cocktail napkins, and some of them went so far as to cancel “happy hour.” In a program sponsored in part by the Troy Chamber of Commerce, local cab companies gave free rides home to bar patrons who’d drunk too much—with an additional offer to bring them back the next day to fetch their cars. Elementary schools ran poster-making contests with a prevention theme. Businesses throughout the area displayed “Do Your Part” posters in their windows and flashed the coalition’s message on electronic signs along major highways.

Coalitions and the communities they serve are greatly enriched by their association with colleges and universities, which, as wellsprings of energy and new ideas, can serve as catalysts for positive change. In many cases, faculty from area universities are hired to provide important evaluation services for coalitions, helping them determine if their methods are effective and achieving their goals.

Find out if there are coalitions in your community, then work with these groups to address drug and alcohol problems both on and off your campus.

## **Harnessing the Power of Perceptions**

Young people are strongly influenced by their peers and the desire to fit in. They care about what their friends think of them and strive to adopt the norms, or shared behavior, of the social group. As researchers have found, perceptions of group behavior play a huge role in shaping an individual's behavior—even when those perceptions are wrong.

Many college students, for instance, believe their peers hold permissive attitudes toward drug use. The reality is that most students do not use illegal drugs. But if a student is convinced that “everyone does it,” he or she may be more inclined to use drugs in order to be part of the group.

“The perception of use creates a subtle kind of pressure for a person to become a user,” explains Dr. Alan Berkowitz, co-developer of the “social norms” approach to prevention. Social-norms programs attempt to influence behavior by harnessing the persuasive power of perceptions. The idea is to dispel myths about prevailing attitudes and concentrate on truths that are often overlooked.

“Illegal drug use is markedly overperceived, no matter how common the actual use is,” says Berkowitz. “When you give people feedback about the actual rates of use, people start using less.” Although the social-norms approach has been used mostly to prevent smoking and alcohol misuse, research suggests it holds promise as a drug prevention technique.

Social norms theory calls attention not to the rates of use, but to the actual rates of nonuse—the much greater percentage of people who behave responsibly or do not indulge in a particular behavior, such as illegal drug use or excessive or underage drinking. The result is a more accurate, and often more hopeful, picture of overall use. If young people form perceptions of group behavior based on reality, the theory goes, more of them will adapt to the norm of nonuse. The social norms approach, says Berkowitz, “prevents the self-fulfilling prophesy by simply telling people the truth and freeing the majority of students to follow their natural inclination toward good health.”

Free speech and open expression are time-honored institutions on the college campus. Unfortunately, the same openness that fosters intellectual growth can also make students more vulnerable to the misguided and destructive messages of groups pushing for relaxed drug laws. These advocates argue that drug use is a natural part of the college experience. They believe in little or no sanctions for drug offenders, only that students should “use responsibly.” They trumpet the mind-altering effects of drugs and downplay the severity of the risks.

Campus leaders have an obligation to challenge false and unhealthy messages from advocacy groups that wish to see anti-drug efforts fail. Those in positions of authority at colleges and universities cannot make drug use a serious matter if they do not behave as though it were—if they do not actively resist the drug culture and stand up to organizations advancing a pro-drug agenda.

As president or administrator of your institution, you can implement the social norms approach by documenting actual patterns of use on your campus and by finding ways to promote the fact that most students do not use drugs. Perception-related questions in ACHA's National College Health Assessment can yield valuable information about the overperception of actual drug use. If social norms techniques are already in place on your campus to target behaviors such as drinking or smoking, see if those efforts can be expanded to include illegal drugs.

Campus-wide advertising campaigns featuring posters, media broadcasts, and facts posted on your Web site can help drive home the point that nonuse is the norm. A number of institutions have taken this tack to change perceptions about drinking on campus. The University of Arizona, for example, recently ran a social norms campaign that featured posters based on a student survey. "Most UA students get involved and drink less than you think," declared one poster. It pointed out that "UA students average 3 drinks per week," adding that "1 out of 3 did not drink alcohol in the last 30 days."

There is every reason to believe the same approach can work for eliminating drug use. By drawing attention to the larger population of students who are nonusers, you can change inaccurate perceptions of drug use on your campus. These truer perceptions will, in turn, help steer students away from harmful behavior and toward a happier, healthier lifestyle.

## Action Steps to Effectiveness

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A common message from college presidents, administrators, and senior faculty is that schools need to take a comprehensive, big-picture approach to drug use on their campuses. Instead of relying on strategies that target individual students, institutions of higher learning must bring together a broader range of resources and make basic changes at the institutional, community, and public-policy levels.

The Presidents Leadership Group, created by the Higher Education Center for Alcohol and Other Drug Prevention, has issued a report urging college presidents to acknowledge the threat of drug use and take an active role in confronting it. The report, entitled *Be Vocal, Be Visible, Be Visionary*, also recommends that college presidents take the following action steps:

- Ensure that school officials routinely collect data on the extent of the alcohol or drug problem on campus and make this information available.
- Frame discussions of substance-abuse prevention in a context that other senior administrators, faculty, students, alumni, and trustees care about— excellence in education.
- Define alcohol and drug use not as a problem of the campus alone, but of the entire community, which will require community-level action to solve.
- Use every opportunity to speak out and write about drug use to reinforce it as a priority concern.
- Ensure that all elements of the college community avoid sending mixed messages that might encourage drug use.
- Budget sufficient resources to address the problem.
- Appoint a campuswide task force that includes other senior administrators, faculty, and students; has community representation; and reports directly to the president.
- Offer new initiatives to help students become better integrated into the intellectual life of the school, change student norms away from drugs and alcohol, and make it easier to identify and help students in trouble with substance use.
- Seek policy change at the state and local level, working for new laws and regulations that will affect the community as a whole.
- Participate in state, regional, and national associations to build support for appropriate changes in public policy.





## **The Rewards of Success**

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Through education, people acquire not only knowledge, but values as well. Education imparts skills that allow graduates to perform certain tasks and excel in the professions they choose. But education is more than just a set of skills. A good education draws people closer to a shared appreciation for their cultural heritage. It moves them toward a better understanding of the world, and helps them appreciate and enjoy the lives they lead.

Drug use is the antithesis of these goals. Drugs impede learning, isolate individuals, and narrow rather than expand horizons. Because these substances work to defeat everything your school hopes to achieve, you must make every effort to confront the threat and keep the danger to a minimum.

Begin by making it a priority to work toward a drug-free campus. Assess your school's drug-use situation with surveys and other tools. Through your words and actions let there be no doubt that you will not tolerate drugs at your institution. Engage your students in developing a viable drug and alcohol policy. Set high standards—and stick to them. Infuse your curriculum with facts about drug use and its consequences, and involve students in getting the message out in other ways.

Create drug-free alternatives for students. Put teeth in your drug and alcohol policy. Cooperate with campus security as well as local police, and confront your school's drug problems head-on. Build coalitions with the local community to work on the problem together.

Above all, don't lose heart. Working to eliminate drug use is an ongoing, difficult process. But as more and more of your graduates enter the world with fewer barriers to achieving their potential, you will know that rising to the challenge of maintaining a campus without drugs was well worth the effort.



## **Government Agencies and Services**

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### **Safe and Drug-Free Schools Program**

U.S. Department of Education

[www.ed.gov/offices/OSDFS](http://www.ed.gov/offices/OSDFS)

Administered by the U.S. Department of Education, this program is the Federal government's primary vehicle for reducing substance abuse and violence through education and prevention activities in schools and institutions of higher education.

### **Grant Information**

U.S. Department of Education

- Grants to Reduce Alcohol Abuse:  
[www.ed.gov/offices/OSDFS/dgraa.html](http://www.ed.gov/offices/OSDFS/dgraa.html)
- Grant Competition to Prevent High-Risk Drinking and Violent Behavior Among College Students:  
[www.ed.gov/offices/OSDFS/gcphdvvb.html](http://www.ed.gov/offices/OSDFS/gcphdvvb.html)
- Safe Schools/Healthy Students Discretionary Grants:  
[www.ed.gov/offices/OSDFS/sshdsdg.html](http://www.ed.gov/offices/OSDFS/sshdsdg.html)
- Alcohol and Other Drug Prevention Models on College Campuses:  
[www.ed.gov/offices/OSDFS/aodpm.html](http://www.ed.gov/offices/OSDFS/aodpm.html)
- State Formula Grants (84.186A):  
[www.ed.gov/offices/OSDFS/sfgsg.html](http://www.ed.gov/offices/OSDFS/sfgsg.html)

### **Higher Education Center for Alcohol and Other Drug Prevention**

U.S. Department of Education

Phone: 1-800-676-1730

Fax: 617-928-1537

E-mail: [HigherEdCtr@edc.org](mailto:HigherEdCtr@edc.org)

For general information: [www.edc.org/hec](http://www.edc.org/hec)

For information about current or upcoming grant opportunities: [www.edc.org/hec/ed](http://www.edc.org/hec/ed)  
The center works with colleges and universities to develop strategies for changing campus culture, to foster environments that promote healthy lifestyles, and to prevent illegal use of alcohol and other drugs among students.

### **Substance Abuse and Mental Health Services Administration (SAMHSA)**

U.S. Department of Health and Human Services

[www.samhsa.gov](http://www.samhsa.gov)

SAMHSA offers information on prevention, treatment, and mental health services, as well as free literature, topical searches, and identification of model programs and approaches for preventing and treating substance abuse.

### **National Clearinghouse for Alcohol and Drug Information**

U.S. Department of Human Services/SAMHSA

Phone: 1-800-729-6686

TDD (Hearing Impaired): 1-800-487-4889

Fax: 301-468-6433

Spanish Line: 1-877-767-8432

E-mail: [info@health.org](mailto:info@health.org)

<http://ncadi.samhsa.gov>

The clearinghouse is a one-stop resource for the most current and comprehensive information about substance abuse prevention and treatment.

### **The Drug-Free Communities Program**

<http://ojjdp.ncjrs.org/dfcs>

A program of the Office of National Drug Control Policy and the Office of Juvenile Justice and Delinquency Prevention, Drug-Free Communities is designed to strengthen community-based coalition efforts to reduce youth substance abuse. The site provides a database of funded coalitions nationwide.

**Substance Abuse Treatment Facility Locator**

[www.findtreatment.samhsa.gov](http://www.findtreatment.samhsa.gov)

**Office of National Drug Control Policy**

[www.whitehousedrugpolicy.gov/](http://www.whitehousedrugpolicy.gov/)

**Drug Enforcement Administration**

[www.dea.gov](http://www.dea.gov)

**National Institute on Drug Abuse**

[www.nida.nih.gov/](http://www.nida.nih.gov/)

**National Criminal Justice Reference Service**

[www.ncjrs.org/](http://www.ncjrs.org/)

**National Highway Traffic Safety Administration**

[www.nhtsa.dot.gov/people/injury/alcohol](http://www.nhtsa.dot.gov/people/injury/alcohol)

**National Institute of Alcohol Abuse and Alcoholism**

[www.niaaa.nih.gov](http://www.niaaa.nih.gov)

**Centers for Disease Control and Prevention**

[www.cdc.gov](http://www.cdc.gov)

**U.S. General Accounting Office**

[www.gao.gov](http://www.gao.gov)



## Prevention and Treatment

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### **Community Anti-Drug Coalitions of America**

Phone: 1-800-54-CADCA (1-800-542-2322) or 703-706-0560

Fax: 703-706-0565

E-mail: [webmaster@cadca.org](mailto:webmaster@cadca.org), or [info@cadca.org](mailto:info@cadca.org)

[www.cadca.org](http://www.cadca.org)

CADCA is a national organization of more than 5,000 coalitions working to create safe, healthy, and drug-free communities. The group publishes technical assistance documents, including *Strategizer: Working in Partnership with Local Colleges and Universities*, which shows how coalitions can play a role in helping college officials plan and implement effective drug prevention approaches.

### **The Core Institute**

Center for Alcohol and Other Drug Studies

Phone: 618-453-4366

Fax: 618-453-4449

E-mail: [coreinst@siu.edu](mailto:coreinst@siu.edu)

[www.siu.edu/~coreinst](http://www.siu.edu/~coreinst)

The Core Institute is a non-profit organization that helps institutions of higher education in their drug and alcohol prevention efforts. It offers both student and faculty/staff surveys, including the Core Alcohol and Drug Survey, a questionnaire that can be used as a pretest-posttest measure of the effectiveness of campus-based prevention programs.

### **Network for the Dissemination of Curriculum Infusion**

Ron Glick, Director

Northeastern Illinois University

5500 N. St. Louis Avenue

Room SCI 217-A

Chicago, IL 60625

Phone: 773-442-4908

E-mail: [r-glick@neiu.edu](mailto:r-glick@neiu.edu)

<http://www.neiu.edu/~cinfusi/>

### **Andris Ziemelis, Ed.D.**

Professor Emeritus

Counseling and Testing Center

University of Wisconsin-LaCrosse

Phone: 608-785-8073

E-mail: [Ziemelis.andr@uwlax.edu](mailto:Ziemelis.andr@uwlax.edu)



**Center for Prevention Research**

University of Kentucky

Phone: 859-257-5588

Fax: 859-257-5592

E-mail: Jeff Jones at Jajone00@uky.edu

[www.uky.edu/RGS/PreventionResearch](http://www.uky.edu/RGS/PreventionResearch)

Founded by the National Institute on Drug Abuse, the center examines the interaction of biological, psychological, and social factors as they relate to drug use and develops prevention strategies.

**BACCHUS & GAMMA Peer Education Network**

Phone: 303-871-0901

Fax: 303-871-0907

E-mail: [admin@bacchusgamma.org](mailto:admin@bacchusgamma.org)

[www.bacchusgamma.org](http://www.bacchusgamma.org)

The BACCHUS & GAMMA Peer Education Network is an international organization of college- and university-based peer education programs that focuses on substance-abuse prevention and other related student health and safety issues.

**Inter-Association Task Force on Alcohol and Other Substance Abuse Issues**

Phone: 303-871-0901

Fax: 303-871-0907

E-mail: [dhunter@du.edu](mailto:dhunter@du.edu)

[www.iatf.org](http://www.iatf.org)

The task force is a coalition of 22 higher education organizations committed to eradicating substance abuse among college students. The group supports teaching students life skills that will enable them to succeed in college and afterward.

**The American College Health Association**

Phone: 410-859-1500

Fax: 410-859-1510

E-mail: [evl@acha.org](mailto:evl@acha.org)

[www.acha.org](http://www.acha.org)

The association is the principal advocate and leadership organization for college and university health, providing advocacy, education, communications, products, and services. One of its principal surveying instruments is the National College Health Assessment (NCHA), which measures a broad range of health, risk, and protective behaviors, consequences of behavior, and perceptions among students. The survey also assesses illness and effects of selected health conditions on academic performance.

## **Web Sites of Other Organizations**

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### **Facts on Tap**

[www.factsontap.org](http://www.factsontap.org)

A college alcohol and other drug prevention and education program of Phoenix House prevention affiliates, the Children of Alcoholics Foundation, and the American Council for Drug Education.

### **Join Together**

Take Action Against Substance Abuse and Gun Violence

[www.jointogether.org](http://www.jointogether.org)

### **Addiction Technology Transfer Center**

[www.nattc.org](http://www.nattc.org)

### **American Medical Association**

[www.ama-assn.org](http://www.ama-assn.org)

### **American Society of Addiction Medicine**

[www.asam.org](http://www.asam.org)

### **American Public Health Association**

[www.apha.org](http://www.apha.org)

### **Monitoring the Future**

[www.isr.umich.edu/src/mtf](http://www.isr.umich.edu/src/mtf)

### **Brown University Center for Alcohol and Addiction Studies**

<http://center.butler.brown.edu>

### **The National Center on Addiction and Substance Abuse at Columbia University**

[www.casacolumbia.org](http://www.casacolumbia.org)

# A Guide to COMMON CAMPUS DRUGS

## MARIJUANA

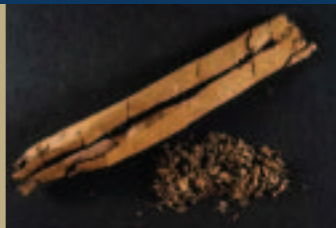
Marijuana is a greenish-gray mixture of the dried, shredded leaves, stems, seeds, and flowers of the plant *Cannabis sativa*. It is typically smoked in hand-rolled cigarettes (joints), cigars (blunts), pipes, or water pipes (bongs). Marijuana is the most commonly abused illicit drug in the United States. Some of the health effects of marijuana use include: respiratory infections, impaired memory and learning, increased heart rate, anxiety, and panic attacks.

### Street names

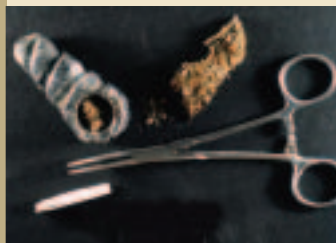
Aunt Mary, BC bud, Boom, Chronic, Dope, Ganja, Gangster, Grass, Harsh, Herb, Kiff, Mary Jane, Pot, Reefer, Sinsemilla, Skunk, Weed

### College use

Nearly half (49.5 percent) of the U.S. college students surveyed in 2002 as part of the Monitoring the Future Study reported using marijuana at least once during their lifetimes. Approximately 35 percent (34.7 percent) of college students had used marijuana at least one time during the past year, and 19.7 percent were current users of marijuana (meaning they used marijuana at least once during the month prior to being surveyed).



*Many people smoke marijuana in a hollowed-out cigar, or "blunt" (above). Others might use a pipe (below) or roll the dried leaves into a joint. A hemostat sometimes serves as a "roach clip," used to hold the joint and protect the fingers.*



## MDMA (ECSTASY)

MDMA (Ecstasy), a synthetic drug with both psychedelic and stimulant effects, is typically consumed orally in pill form. Although MDMA is predominantly known as a club drug due to the prevalence of its use at nightclubs and parties called raves, it is also being used increasingly in other settings, such as college dorms.

The effects of MDMA last between four and six hours and can include: confusion, depression, anxiety, sleeplessness, and paranoia. Physical effects of MDMA include muscle tension, involuntary teeth clenching (which is why some users suck on pacifiers), nausea, blurred vision, feeling of faintness, tremors, rapid eye movement, and sweating or chills. Rave attendees who use MDMA also risk dehydration, hyperthermia, and heart or kidney failure. MDMA use also damages parts of the brain that are critical to thought and memory.

### Street names

Adam, Beans, E, Hug drug, Love drug, M, Rolling, X, XTC

### College use

Nearly 13 percent (12.7 percent) of U.S. college students surveyed in 2002 as part of the Monitoring the Future Study reported using MDMA at least once during their lifetimes. (A decade earlier, only 3 percent of college students reported lifetime MDMA use.) Approximately 7 percent (6.8 percent) of college students used MDMA in the year before being surveyed, and 0.7 percent used the drug within the past month.



*MDMA tablets (above) come in hundreds of colors, sizes, and imprints. Popular items among those who use the drug include mouth guards, baby pacifiers, and light sticks, such as those below. Vapor rub smeared inside a dust mask is said to intensify the MDMA experience.*



# GHB AND ROHYPNOL ("DATE RAPE" DRUGS)



© Drug Identification Bible

*GHB is sometimes sold as a white powder (above), which dissolves invisibly when stirred into a drink. Rohypnol (shown below in front-and-back photos of foil packaging) is available legally by prescription in Mexico. Most of the Rohypnol on the U.S. market is smuggled from Mexico or Colombia.*



© Drug Identification Bible

The club drugs gamma hydroxybutyrate (GHB) and flunitrazepam (Rohypnol) are both central nervous system depressants that are sometimes used in the commission of drug-facilitated rapes and sexual assaults.

GHB is typically ingested orally. It can be purchased in liquid form or as a powder that easily dissolves in liquids. The drug is tasteless, odorless, often clear, and is usually undetectable when mixed in a drink.

Rohypnol can be ingested orally, snorted, or injected. This drug is also tasteless and odorless, and until recently it dissolved invisibly in liquids. Newer formulations contain a dye that makes the drug visible if slipped into a drink.

The effects of both substances, which usually begin within 15 minutes of ingestion, include muscle relaxation, decreased blood pressure, lessening/loss of motor coordination, loss of consciousness, and amnesia.

## Street names

GHB: G, Georgia home boy, Grievous bodily harm, Liquid ecstasy

Rohypnol: Forget pill, La Rocha, R-2, Rib, Roaches, Roofenol, Roofies, Rope, Rophies, Ruffies,



© Drug Identification Bible

*Meth is often packaged in small plastic bags (above) or glass vials like this meth "bullet" (below), which dispenses the powder in metered doses. Users smoke the drug in a pipe or just about anything else that does the job, including an ordinary light bulb with the base and filament removed (bottom).*



© Drug Identification Bible

# METHAMPHETAMINE

Methamphetamine is a highly addictive central nervous system stimulant that can be injected, snorted, smoked, or ingested orally. It is available in different forms and can be identified by color, which ranges from white or yellow to darker colors, such as red or brown. Methamphetamine comes in a powder form resembling granulated crystals and in a rock form known as ice.

When the drug is administered, users initially feel an intense rush. Some of the effects of methamphetamine use include aggression, anxiety, confusion, insomnia, hallucinations, mood disturbances, delusions, paranoia, and brain damage. The brain damage sometimes caused by meth is detectable months after the drug's use and is similar to the damage caused by Alzheimer's, stroke, and epilepsy.

## Street names

Chalk, Crank, Croak, Crypto, Crystal, Fire, Glass, Meth, Speed, White cross

## College use

Five percent of college students surveyed in 2002 as part of the Monitoring the Future Study reported using methamphetamine at least once during their lifetimes. More than 1 percent (1.2 percent) reported using methamphetamine in the year prior to being surveyed, and 0.2 percent used methamphetamine in the month before being surveyed.



© Drug Identification Bible

# COCAINE

Cocaine is a highly addictive central nervous system stimulant that can be snorted, smoked, or injected. Cocaine comes in two forms: a white crystalline powder and an off-white chunky material (crack).

Physical effects of cocaine use include constricted blood vessels and increased temperature, heart rate, and blood pressure. Users may also experience feelings of restlessness, irritability, and anxiety. Users who smoke the drug also may suffer from acute respiratory problems, including coughing, shortness of breath, and severe chest pains with lung trauma and bleeding.

## Street names

Big C, Blow, Coke, Flake, Freebase, Lady, Nose candy, Rock, Snow, White powder

## College use

Among U.S. college students surveyed in 2002 as part of the Monitoring the Future Study, 8.2 percent reported they have used cocaine during their lifetimes, 4.8 percent reported past-year cocaine use, and 1.6 percent reported past-month cocaine use.



*Cocaine paraphernalia (above) includes materials for "washing" the powder and cutting it for snorting. A gram of coke (below) yields about 20 snorting lines.*



© Drug Identification Bible

# HEROIN

Heroin, a highly addictive drug, is the most common and most rapidly acting of the opiates. It can be injected, smoked, or snorted. Pure heroin, which is rarely seen on the street, is a white powder with a bitter taste.

Most of the heroin found on the street is in powder form and varies in color from white to dark brown. Another form of the drug, "black tar" heroin, can be sticky like roofing tar or hard like coal, and its color varies from dark brown to black.

The short-term effects of heroin occur soon after the drug is ingested and include dry mouth, heavy extremities, a flushing of the skin, and an alternately wakeful/drowsy state. Additional long-term effects include collapsed veins, respiratory failure, impaired mental functioning, pneumonia, and overdose.

## Street names

Big H, Black tar, Brown sugar, Horse, Junk, Mud, Skag, Smack

## College use

Among U.S. college students surveyed in 2002 as part of the Monitoring the Future Study, 1.0 percent reported lifetime heroin use, and 0.1 percent reported past-year heroin use.



© Drug Identification Bible

*Heroin is sometimes sold in gelatin capsules (above), which prevent spillage and allow easy visual examination. The photo below shows paraphernalia used for injecting heroin, including a tourniquet, hypodermic needles, and a spoon for "cooking" the drug.*



© Drug Identification Bible

# KETAMINE

The abuse of ketamine, a tranquilizer most often used on animals, became popular in the 1980s when it was realized that large doses cause reactions similar to those associated with the use of PCP, such as dream-like states and hallucinations.

The liquid form of ketamine can be injected, consumed in drinks, or added to smokable materials. The powder form can also be added to drinks, smoked, or dissolved and then injected. In some cases, ketamine is injected intramuscularly.

## Street names

Cat valium, Ket, Kit kat, Purple, Special K, Vitamin K



*Ketamine is available as a liquid for veterinary use as well as for human use. The liquid may vary in color from clear to yellow.*

# MORE INFORMATION

## General Drug Facts

Office of National Drug Control Policy, Drug Facts section  
[www.whitehousedrugpolicy.gov/drugfact/index.html](http://www.whitehousedrugpolicy.gov/drugfact/index.html)

Office of National Drug Control Policy, "Street Terms: Drugs and the Drug Trade"  
[www.whitehousedrugpolicy.gov/streetterms/default.asp](http://www.whitehousedrugpolicy.gov/streetterms/default.asp)

Drug Enforcement Administration, Drug Descriptions section  
[www.dea.gov/concern/concern.htm](http://www.dea.gov/concern/concern.htm)

National Institute on Drug Abuse  
[www.nida.nih.gov](http://www.nida.nih.gov)

National Criminal Justice Reference Service, "In the Spotlight: Club Drugs"  
[www.ncjrs.org/club\\_drugs/summary.html](http://www.ncjrs.org/club_drugs/summary.html)

## Drug-Facilitated Rape Resources

Department of Justice Office of Community Oriented Policing Services, Acquaintance Rape of College Students, March 2002  
[www.cops.usdoj.gov/pdf/e03021472.pdf](http://www.cops.usdoj.gov/pdf/e03021472.pdf)

Office of National Drug Control Policy Clearinghouse, Gamma Hydroxybutyrate (GHB) Fact Sheet, November 2002  
[www.whitehousedrugpolicy.gov/pdf/gamma\\_hb.pdf](http://www.whitehousedrugpolicy.gov/pdf/gamma_hb.pdf)

Office of National Drug Control Policy Clearinghouse, Rohypnol Fact Sheet, December 2002  
[www.whitehousedrugpolicy.gov/publications/factsht/rohypnol/rohypnol.pdf](http://www.whitehousedrugpolicy.gov/publications/factsht/rohypnol/rohypnol.pdf)

## Additional photo credits:

Drug Enforcement Administration (MDMA)

Orange County, Florida, Sheriff's Office (marijuana, methamphetamine, cocaine)

California Department of Justice (heroin)

**Ordering Information**

This document is available online at [www.whitehousedrugpolicy.gov](http://www.whitehousedrugpolicy.gov).

Additional copies may be obtained from the ONDCP Drug Policy Information Clearinghouse by calling 1-800-666-3332, or by sending an e-mail to [ondcp@ncjrs.org](mailto:ondcp@ncjrs.org).



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