

Bridging the Gap

Research and Prevention on Campus

“Today, a great disconnect in substance abuse prevention is the gap between research and practice,” said Karol Kumpfer, Ph.D., director of the Center for Substance Abuse Prevention, at the U.S. Department of Education’s 12th Annual National Meeting on Alcohol, Other Drug, and Violence Prevention in Higher Education in October 1998.

For Kumpfer, an important role for CSAP is to build a bridge between research and practice. That means providing greater opportunities for people to interact more, with more connection between communities and more connections between campuses.

Kumpfer encouraged those working at colleges and universities to support the evaluation of their prevention efforts and to publish their findings.

“It’s amazing that at colleges and universities we have not had as many major researchers looking at this issue and getting their findings published,” she said.

According to Kumpfer, one way to learn more about what works in prevention at colleges and universities is to encourage faculty members who conduct research to study ways of improving the quality of student life on their campus.

Campus-Based Prevention

One faculty researcher who has undertaken this challenge is H. Wesley Perkins, Ph.D., a sociology professor at Hobart and William Smith Colleges in Geneva, New York. Over the past decade he has been testing his theories on how perceptions of social norms affect drinking behavior of students on his campus and has published his findings widely.

Perkins, a keynote speaker at the National Meeting, says that most prevention strategies have not had much positive effect on reducing collegiate alcohol abuse. But one approach—the

reduction of misperceptions about peer drinking norms—has shown particular promise at colleges and universities.

“Pervasive misperceptions exist on most college campuses. Students typically believe that campus drug norms are more permissive than is really the case among peers, even when the actual levels of use are quite high,” explained Perkins. If students believe that others are drinking more than they really are, those misperceptions can influence drinking behavior.

In 1996, with funding from the U.S. Department of Education, Hobart and William Smith Colleges launched a new prevention program to reduce misperceptions about student alcohol and other drug norms by developing an integrated academic and social climate characterized by a more realistic awareness of peer disapproval of alcohol and other drug use.

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The project included print media advertisements and poster campaigns, orientation program lectures, residence life workshops, and electronic communications with messages to reduce misperceptions of norms. These efforts were enhanced by linking them to various curricular initiatives and

to the participation of students in an interdisciplinary course on alcohol use and abuse.

After 18 months of prevention activities, student surveys found that problems related to drinking decreased. For example, property damage related to drinking declined 36 percent, and missed classes dropped 31 percent. And the rate of frequent “binge drinking”—having five or more drinks on a single occasion—declined by 21 percent.

Perkins pointed out that other campuses using the approach of reducing misperceptions have had similar reductions in high-risk drinking. For example, after two years of activities to correct misperceptions of drinking norms at the University of Arizona, “binge drinking” rates went down by 21 percent. Similar successes in reducing high-risk drinking through this approach were achieved at Western Washington University and Northern Illinois University.

Communicating with the American People

Surgeon General David Satcher, who also spoke at the National Meeting, explained that one of the most important functions of the surgeon general is to communicate directly with the American people “based on the best available science, not politics, not personal opinions, and not religion.”

Over the years the office has probably been best known for its reports to the nation, such as the influential 1964 *Surgeon General’s Report on Smoking and Health* by Luther Terry.

“Since that time there have been 50 *Surgeon General’s Reports*. In fact, there have about 28 reports dealing with smoking alone. Yet in all those years, there has never been a report on alcohol—not one—with the exception of a 1988 report on drunk driving.

“That tells us something. I think alcohol tends to get lost between tobacco and marijuana and illicit drugs. It’s unfortunate and we have to change that because alcohol is a very critical issue for us today,” said Satcher.

As for alcohol, other drug, and violence prevention, Satcher said that those who are working on prevention at college campuses probably agree with former Secretary of Health, Education, and Welfare John Gardner, who said: “Life is full of golden opportunities carefully disguised as irresolvable problems.”

But Satcher believes that there is hope. “The news is not all bad. We know that to combat the ravages of alcohol in our society we must educate, we must motivate, and we must mobilize people and communities about the consequences of irresponsible drinking.

“We know of several things that work. We can help parents by strictly enforcing the minimum age for alcohol sale laws. We can reduce alcohol advertising and marketing campaigns that appeal to youth. We can end the promotion of college athletics by alcoholic beverages [companies]. We can set personal examples for our children by appropriate drinking behaviors and being positive role models,” he said.

For additional information about the National Meeting visit the Center’s Website (www.edc.org/hec/).