



**LONG ISLAND
BUSINESS INSTITUTE**

BIENNIAL REVIEW

2017-2019

**Fall
2019**



BIENNIAL REVIEW - 2017-2019

LONG ISLAND BUSINESS INSTITUTE (LIBI)

LIBI was founded in 1968 in Commack, NY as a stenography school. As the field evolved, so did LIBI. As of 2019, LIBI has three locations, the original Commack location, the main campus in Flushing, and an extension center in the heart of Manhattan's Times Square. All locations reflect the unique character of the local communities in which they are located. The main campus is situated in Queens County -- the most diverse county in the US. The borough claimed the highest rate of racial and ethnic variety of all populous counties in the nation, according to a new study of 2017 census data by the website Axios.¹

LIBI is an urban commuter college without any dorms or off-campus housing. Approximately 900 students are enrolled in LIBI's six academic programs. Most students are degree-seeking and are the first generation in their family to attend college. A large portion of the student population at the main campus is made up of new immigrants, or students whose native language is not English. The college offers Associate in Occupational Studies (A.O.S) degrees and Associate in Applied Science (A.A.S.) degrees.

MISSION

The mission of the Long Island Business Institute is to provide a culturally diverse student body with current and relevant career and technical training that leads to new employment opportunities. LIBI provides a well-rounded educational experience for the development of a broader range of skill sets required to succeed in today's complex and challenging business environment. LIBI strives to create a positive and empowering learning environment that supports the immediate efforts of our students and lays the foundation for life-long learning.

INTRODUCTION

In accordance with the Drug Free Schools and Communities Act, Education Department General Administrative Regulations (EDGAR) Part 86, the Long Island Business Institute (LIBI), as an institution of higher education with federal funding, is required to conduct a Biennial Review of all alcohol and drug prevention efforts.

The Biennial Review requires the following two objectives be met:

1. To determine alcohol and other drug (AOD) prevention program effectiveness by identifying and implementing needed changes through a description of AOD program elements, goals and achievements, strengths and weaknesses, procedures for distributing AOD notifications, copies of policies available to students, and recommendations.
2. To enforce the sanctions fairly and consistently through reviews of past cases and documentation of the efforts to support the standards of conduct.

¹ Where America's diversity is increasing the fastest (<https://www.axios.com/where-americas-diversity-is-increasing-the-fastest-ae06eea7-e031-46a2-bb64-c74de85eca77.html>)

In order for the Biennial Review to be completed, the following offices were used to provide information through statistics, interviews, and online resources for the Biennial Review process:

- Office of the President
- Office of the Provost
- Office of Director of Operations
- Office of the Internal Auditor
- Conduct Office and HR

The data collected will be made available online through the Office of Director of Operations. Printed copies may be requested from the Office of the Director of Operations as well as the Senior Librarian. The purpose of this report is to meet the requirements set forth by the Drug Free Schools and Communities Act, as well as to educate the LIBI campus community on alcohol and drug prevention.

MATERIALS REVIEWED

The following materials and programs were examined for the biennial review:

- LIBI's College Catalog and Student Handbook
- LIBI's Annual Security Safety Report (ASR)
- LIBI's Annual AOD notifications (and communications to students and employees)
- LIBI's Policy on Drugs and Alcohol
- Drug/Alcohol Use Amnesty Policy
- LIBI's Website ("Everything a Student Should Know" section)
- Employee Handbook
- Faculty Handbook
- Resource and Help Centers Referral list
- Code of Conduct
- Sanctions

As required by The Drug-Free Schools and Communities Act, LIBI's policy contains the following information:

- Standards of conduct that prohibit unlawful possession, use, or distribution of illicit drugs and alcohol on its property or as a part of its activities.
- A description of the health risks associated with the use of illicit drugs and abuse of alcohol.
- A list of applicable legal sanctions under local, state, or federal law.
- A description of counseling or treatment programs available to employees and students.
- A statement and description of the disciplinary sanctions the institution will impose on students and employees.

[Click here to access LIBI's Drug and Alcohol Policy.](#)

NEW YORK STATE LAWS GOVERNING ALCOHOL

All Long Island Business Institute (LIBI) students are responsible for complying with the New York State laws, which include the following:

1. Providing alcohol to persons under the age of 21 or to persons who are visibly intoxicated: providing alcohol to persons under the age of 21 is a Class A misdemeanor which is punishable by imprisonment for up to one year, a fine of not more than \$1,000 and/or 3 years' probation;
2. To misrepresent the age of a person under the age of 21 for the purpose of inducing a sale of alcohol: those found guilty of violating this law shall be punished by a fine of not more than \$200, or by imprisonment for not more than five days, or by both fine and imprisonment;
3. For a person under the age of 21 to possess alcohol with the intent to consume it: those found guilty of violating this law shall be punished by a fine of not more than \$50, and/or required to complete an alcohol awareness program, and/or required to provide up to 30 hours of community service;
4. For any person under the age of 21 to present or to offer any written evidence of age which is false, fraudulent, or not actually his own, for the purpose of purchasing or attempting to purchase alcohol: those found guilty of violating this law shall be punished by a fine of not more than \$100, and/or required to complete an alcohol awareness program, and/or required to provide up to 30 hours of community service. Additionally, if it is found that a New York State driver's license was the written evidence of age used for the purpose of the purchase or attempted purchase, the person's license to drive a motor vehicle may be suspended for 90 days. Lastly, alteration of the required forms of identification (driver's license, passport or armed forces ID card) may constitute "possession of a forged instrument... with intent to defraud," which is a Class D felony under New York State penal law.
5. To sell alcohol, including charging admission at the door of an event where alcohol is distributed free of charge, without an Alcoholic Beverage Control license. Under New York State civil law, the provider of alcohol may be liable for any damages or injuries caused by an intoxicated person.

A violation of any state law regarding alcohol is also a violation of LIBI's code of conduct and will be treated as a separate disciplinary matter by the college.

Behavior that disrupts the educational environment, causes public inconvenience, annoyance, or alarm, or recklessly creates a risk to people and/or property, even though motivated by alcohol, is a violation of law and college code of conduct. It should be mentioned that no student-approved activities, on or off campus, are permitted to have alcohol.

Additional policies and guidelines which provide information related to alcohol and drugs can be found on the following website links as well as in designated offices:

Annual Notification: <https://libi.edu/wp-content/uploads/2020/01/LIBI-DRUG-ALCOHOL-annual-notification-2019-2020.pdf>

PAPER COPIES CAN BE OBTAINED FROM:

- ◆ Director of Operations
- ◆ Library staff

DRUG AND ALCOHOL POLICY:

<https://libi.edu/wp-content/uploads/2020/01/LIBI-DRUG-ALCOHOL-annual-notification-2019-2020.pdf>

PAPER COPIES CAN BE OBTAINED FROM:

- ◆ Director of Operations
- ◆ Library staff

Resources: <https://libi.edu/alcohol-and-other-drugs/>

DISTRIBUTION OF POLICIES

LIBI distributes the Drugs and Alcohol and Drug-Alcohol Use Amnesty policies to all students in a communitywide email each year, as required by college policy and the federal regulations. In addition, students receive a printed handout entitled “What’s in it for ME?”. The document describes legal sanctions for drug and alcohol misuse, health risks associated with substance abuse, and lists treatment and help centers. The Drugs and Alcohol policy is also distributed to all new employees as part of our onboarding process.

In the process of conducting the Biennial Review, discussions about the actual usage of the website for retrieving policies was held. It was agreed that we would try a more “on-demand” and “always on my mind” distribution approach for the 2020 calendar year. To make the AOD annual notification and the ASR more readily accessible by members of the community as required by the statute, the committee decided to ask members of senior staff and other key individuals at the college who routinely “mass email” the community to include active hyperlinks to those documents in their signature lines. This way, anyone receiving any type of a message from those individuals would have the opportunity to click on the hyperlink and be taken directly to the information. It is our hope that by eliminating “the search” component we will increase active interest. Additionally, by placing these hyperlinks to senior staff’s signature lines, the college hopes to signal the importance of the information contained therein. Individuals who have been designated to participate in this pilot are:

- The Provost: routine mass communication with full-time and adjunct faculty; occasional mass communication to the staff and students.
- The Dean of Academics: routine mass communication with full-time and adjunct faculty; routine and mass communication with students.
- Campus Director, Commack: routine mass communication with full-time and adjunct faculty; routine and mass communication with staff and students.
- Director of Operations: routine mass communication with full-time and adjunct faculty; routine and mass communication with staff and students.
- IT Manager: routine mass communications with all sectors of the college community.
- Members of the Campus Safety and Security Committee.

To better meet the requirements of the statute and because this committee believes that information has the potential to save lives, the annual notification has been developed to include a brief description of all required employee and student consumer information and a hyperlink to each section contained in the website.

AWARENESS LITERATURE, PROGRAMS, AND EVENTS

LIBI's Policy on Drugs and Alcohol Use is located in the following literature and on the institution's website (accessible to all):

- College Catalog
- "Everything a Student Should Know" webpages (easily accessible from any page on the website because it's located on very footer of every webpage)*
- The ASR (annual safety report located on the institutional website)
- Information on referrals and resources on the institutional website*
- LIBI offers the following programs and student classes to support students and employees in the awareness of the dangers of drug and alcohol abuse
- Classes with units on effects of drugs and alcohol (FYS100, PSY104)
- New students taking First-Year Seminar classes receive an in-person presentation by a representative from Drug-Free World: <https://www.drugfreeworld.org/>.
- FYS100 - AOD, EiE, & Title IX On-boarding Training ([click here to access the training](#))
- Psychology (Effects of Psychoactive Drugs on Consciousness).

In 2019 twenty staff and faculty members participated in an on-site training offered by NYS Health (the New York State Department of Health Opioid Overdose Initiative). Drug overdose is a serious public health concern and opioid-related overdose has increased as a health threat. A life-saving law took effect on April 1, 2006, making it legal in New York State for non-medical persons to administer Naloxone to another individual to prevent an opioid/heroin overdose from becoming fatal. All workshop participants received a Naxalone kit (a prescription medicine that reverses an overdose by blocking heroin (or other opioids) in the brain for 30 to 90 minutes). At least one member from each functional area of the college was present and received a kit.

ACCESSIBILITY OF INFORMATION

*This is located on LIBI's institutional website under "Everything a Student Should Know" Tab
<https://libi.edu/alcohol-and-other-drugs/>

LIBI's primary focus and priority is to ensure the safety and wellbeing of our students and employees. An important component of this commitment is the prevention of substance abuse by members of the LIBI community. Substance abuse obstructs learning, teaching and personal development. However, there are also serious criminal and disciplinary implications for students and employees who use, manufacture, or sell controlled or illicit substances on any of LIBI's properties, at LIBI sponsored events, or while representing the college. This notification recognizes LIBI's responsibility to implement and enforce alcohol and drug regulations that are consistent with New York State laws.

Resources and Annual Notification:

2019 Annual Notification

DRUG-FREE SCHOOLS AND COMMUNITIES ACT AMENDMENTS OF 1989

Well-being Community Census – Take the Quiz: do you have an alcohol problem?

Well-being Community Census – Take the Quiz: Am I addicted to drugs?

Additional Resources

- www.oasas.ny.gov
- www.health.ny.gov/professionals/narcotic/
- www.nysed.gov/
- <http://www.combatheroin.ny.gov/>
- <http://www.combatheroin.ny.gov/prevention>
- <http://www.combatheroin.ny.gov/kitchen-table-toolkit>
- www.health.ny.gov/diseases/aids/general/opioid_overdose_prevention/directories.htm
- www.health.ny.gov/professionals/narcotic/opioid_treatment_guidelines/
- <http://www.schoolhealthny.com/OpioidOverdose>
- <http://www.regents.nysed.gov/video/board-regents-meeting-opioid-panel-january-9-2017>
- www.health.ny.gov/professionals/narcotic/prescription_drug_abuse_awareness/
- www.health.ny.gov/professionals/narcotic/safe_disposal/
- www.p12.nysed.gov/sss/
- www.talk2prevent.ny.gov/
- <http://www.findaddictiontreatment.ny.gov/>
- <https://www.nysmokefree.com/>

Suggestions for Improvement To the "Everything a Student Should Know" Tab:

Categorize the resources under Additional Resources so that students can navigate the site more easily.
Add the following hyperlinks:

Calculate your Blood Alcohol Content (BAC):

http://www.clevelandclinic.org/health/interactive/alcohol_calculator.asp

Calculate the monthly cost of the alcohol you consume:

<https://www.collegedrinkingprevention.gov/SpecialFeatures/Calculators/alcoholcostcalculator.aspx>

Alcohol and You: An Interactive Body:

<https://www.collegedrinkingprevention.gov/SpecialFeatures/interactiveBody.aspx>

For the 2020-2022 period we plan to add the following programming:

- The members of the Campus Safety and Security Committee will go on a “listening tour” at the three campuses. We will hold focus groups with faculty and the students, especially trying to find time with those populations traditionally classified as “high-risk” based on research. According to the Addiction Center (<https://www.addictioncenter.com/college/>), college students make up one of the largest groups of drug abusers nationwide. Generally speaking, young people (ages 18 to 24) are already at a heightened risk of addiction, but “those who are enrolled in a full-time college program are twice as likely to abuse drugs and alcohol than those who don’t attend college”.
- Health fairs including Alcohol and Other Drugs (AOD) specific information, especially focusing on the “Ten Most Common Addictions”.

According to the AdditionCenter.com, the most common addictions are:

Tobacco (nicotine) – Over 40 Million;
Alcohol – 18 Million;
Marijuana – 4.2 Million;
Painkillers – 1.8 Million;
Cocaine – 821,000;
Heroin – 426,000;

Benzodiazepines – (such as Valium, Xanax, Diazepam and Klonopin — are prescribed as mood-regulating drugs to manage conditions like anxiety and stress. Those developing an addiction to these drugs oftentimes are not aware until they cannot function normally without the substance) – 400,000;

Stimulants – (these range from prescription drugs, such as Adderall or Ritalin – to illicit substances like meth. These drugs are highly addictive, and intense withdrawal symptoms make quitting difficult. Stimulant users can build a quick tolerance to the drug’s euphoric “high,” leading to increased use and risk of overdose) – 329,000;

Inhalants – (particularly dangerous because inhalants are volatile toxic substances. The effects of these substances — gasoline, household cleaning products, aerosols — are intense and can have immediate consequences including hospitalization or death. Chemicals prevalent in inhalants can linger in the body and brain long after stopping use, making complete recovery more difficult) – 140,000;

Sedatives – (barbiturates) – 78,000.²

- LIBI has recognized the opioid epidemic as a “must address” issue, and plans to continue to invite the New York City Health Department to conduct more Naxalone training workshops and to make it available to students who wish to take the training. Naloxone quickly restores normal breathing and saves the life of a person who is overdosing on opioids. In 2017, over 47,600 people died from an overdose on opioid drugs, including prescription pain relievers, heroin, and fentanyl.³

² <https://www.staging.addictioncenter.com/addiction/10-most-common-addictions/>

³ Scholl L, S.P., Kariisa M, Wilson N, Baldwin G. *Drug and Opioid-Involved Overdose Deaths - United States, 2013-2017* Morbidity and Mortality Weekly Report [MMWR] 2018; Available from: <https://www.cdc.gov/mmwr/volumes/67/wr/mm675152e1.htm>.

- “Shatter the Myths” tabling every April, as part of Alcohol Awareness Month.
- Put greater emphasis on being a smoke-free and vape-free campus. Sponsor events that promote quitting and educate the community about the emerging health risks of vaping.
- We plan to offer programming addressing “How Does Marijuana Affect the Brain”? As recreational marijuana use becomes legalized throughout the US, many people now wonder how marijuana affects the brain and whether or not it kills brain cells. Just as years of heavy alcohol, meth, and heroin use can cause some irreversible brain damage, prolonged marijuana abuse can affect the ability of brain cells to convey messages (also known as brain activity). Using marijuana can cause damage to brain cells that results in a number of concurrent symptoms throughout the body.⁴
- We also plan to bring awareness activities focusing on “Synthetic Marijuana’s Effect On The Brain”.

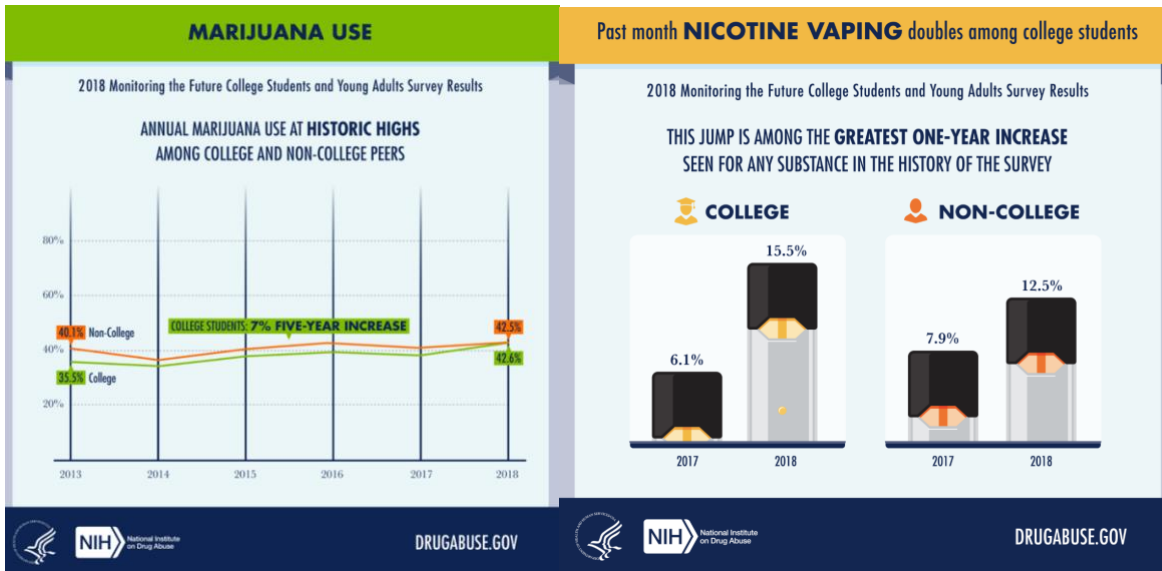
According to the AddictionCenter.com, synthetic marijuana may cause the brain and body to experience:

- Memory loss
- Seizures
- Psychosis
- Cardiac and respiratory problems
- Stroke
- Paranoia
- Hallucinations
- Altered perception or euphoria
- Violent behavior
- Kidney and brain damage

“In addition to the above symptoms, synthetic marijuana can be addictive to individuals who take it. Addiction, a chronic disease, can result in drug abuse that directly damages the brain, as well as risky behaviors that can cause further damage. After prolonged use of synthetic marijuana, brain cell activity is likely to decline with a concurrent increase in negative physiological symptoms like the ones above.”⁵

⁴ <https://www.staging.addictioncenter.com/drugs/marijuana/kill-brain-cells/>

⁵ <https://www.staging.addictioncenter.com/drugs/marijuana/kill-brain-cells/>



COMMITTEE EFFORTS 2017-2019

Assessment of Program Effectiveness

LIBI makes every effort to ensure a safe environment for its students, faculty, and staff including holding regular meetings of the Campus Safety and Security Committee. One of the main directives for the members of this committee is the implementation of policies and procedures relating to disruptive and threatening behavior, and related reporting, assessment, intervention, and resolution. The committee's work also focuses on communication and awareness campaigns related to the consequences of drug and alcohol use. The committee has reviewed its efforts and members have identified a number of actions and activities that are recommended to improve our compliance with the Drug-Free Schools and Communities Act.

Recommendations and Future Actions

Issues we will focus on for the review years 2020-2022

After review of LIBI's alcohol and other drug policies and programs, the primary recommendations to enhance our programming are:

We have concluded that focus groups and student feedback need to occur in person in order to help us better gauge the needs of our community. In order to begin meaningful discussions around alcohol consumption and alcohol-related problems, we must be careful not to create "empty noise" around the topic for the sake of compliance. Warnings of alcohol's potential to ruin lives have been in the mainstream media for most of our students' lives. Most of the community grew up hearing about designated drivers, for instance. In many ways, the more these discussions are commonplace the more we can see both attendees and presenters "going through the motions" to get through a workshop or a presentation. Offering information, bringing in speakers, and asking the community to fill-out copious surveys one year and short surveys another have yielded disappointing results and have been of little help to us as we attempt to assess effectiveness of our efforts. Through candid discussions and analysis of our survey data, it became clear to us that our findings are at best inconclusive and do not bring us closer to understanding what programming is most needed by members of our community.

One phenomenon we see on a reoccurring basis is that survey takers “sanitize” their answers. In fact, answers are so “sanitized” that, if these surveys were taken at face value, there would be no reasonable need to conduct prevention training. After analyzing surveys which we had hoped would provide us with a reliable baseline and inform the direction of our programming, we could see no patterns emerging and only isolated instances of individuals admitting to consuming alcohol – not to mention illegal drugs.

This predicament was addressed in full-committee meetings and the following steps were taken:

- Rather than having the survey administered through surveymonkey® (an online survey development cloud-based software service company), we would return to a paper-based format for a beta test. There was some concern articulated that because LIBI is a small environment and students generally take these surveys at the end of their class sessions, students would fear traceability of answers to the respondent. To eliminate that as a cause for our sanitized data, the committee motioned to do a beta test with two classes (one upper level English class and another with a Professional Career Development course (PCD200), a senior level class). The idea was to determine whether a paper-based method (collected by dropping off so that handwriting could not be identified) would encourage students to be more forthcoming with their alcohol and drug use habits.
- In addition to the paper-based beta test, the committee also agreed that a very clear written statement was needed to accompany the distribution of the surveys. The statement reassured the students of the anonymity of their answers and explained the need for both honesty and transparency. The statement indicated that there would be no repercussions whatsoever for truthfully answering the questions and that the answers would be used only to help LIBI plan useful and meaningful drug and alcohol programming for which the community could benefit. Results of the paper-based beta tests will be included in the Appendix of this document.

Using innovative approaches for the next two years, our overarching institutional goal for both the committee and the subcommittee is to create an effective and meaningful educational intervention program based on data that is reliable and meaningful.

In order to accomplish that, the questions we will have to answer through focus groups are:

- How do we understand the nature of alcohol-related problems the college community faces if students are unwilling to be transparent and forthcoming on surveys? What makes students unwilling to be forthcoming and honest about their substance use? What other methods should we be using to gain insight into the needs of the community with regard to drug and alcohol education?
- How do alcohol-related problems manifest themselves in our students’ communities? What do these problems look like?
- What problems are occurring/emerging in our college community that no one is talking about?
- What negative behaviors do you (the respondent) want to see change in your local and the broader community? What conditions or factors contribute to these problems? Are there efforts underway now to address these negative behaviors?

We will need to enlist the help of student leaders to help us craft evaluations and programming around the specific needs voiced by our focus group respondents.

RECOMMENDATIONS AND FUTURE ACTIONS CONTINUED

Through our biennial review, we also found that the institutional website does not provide sufficient information on tobacco use and smoking cessation programs. Committee discussions pointed to the need for more individuals to become involved in the monitoring process. Thus, to supplement and to enhance the work of the Campus Safety and Security Committee, a subcommittee will be formed comprised of a cross-section of faculty, staff, and students. The subcommittee will meet approximately once a quarter to the review programming offered, the effectiveness of the awareness activities during that time, and to review policies and procedures to ensure LIBI's commitment to the Drug-Free Schools and Communities Act. The sub-committee will be chaired by a senior faculty member, former chair of the Campus Safety and Security Committee.

In conjunction with the Campus Safety and Security Committee, the subgroup will continue to review the resources available at LIBI and their effectiveness. Primarily, the subgroup will review the materials available at the campuses and its "readability" and usefulness to students and employees. The group will consider new materials, as appropriate.

- Addition of sources/resources to LIBI's website will be reviewed and proposed to ensure that contents are updated to provide students and employees with the latest and most accurate information available for drug and alcohol treatment, and the health risks associated with drug and alcohol abuse.
- To strengthen policies and resources in support of a smoke-free campus, the group will consider resources on tobacco use and smoking cessation programs.
- Continue to utilize outside groups to assist LIBI in the development of effective programs and messaging regarding drug and alcohol abuse and prevention.
- Continue to provide a variety of student activities that encourage students to think about, not only the dangers of alcohol use, but also information on safe and responsible consumption.
- The group will review notifications that went out to students and employees during the quarter proceeding the meeting.
- Work on the roll-out of the online training program to all students.
- Address the peer-reviewed and published studies that indicate that exposure to secondhand marijuana smoke can have health and safety risks for the general public, especially due to its similar composition to secondhand tobacco smoke.
- The group will review materials for posting on the college website that bring awareness to increased marijuana use and the harmful effects of secondhand marijuana smoke, and try to bring awareness to the answers to the question, "What are marijuana's effects on lung health?"
- The group will work to bring awareness to the outbreak of lung injury associated with the use of e-cigarette and vaping products.
- Efforts will be made to invite speakers and produce workshops about prescription drug misuse.
- Develop a college-wide strategy to address prescription drug misuse and abuse.

JUSTIFICATION AND RATIONALE FOR THESE GOALS:

The section below outlines the need for the aforementioned goals.

ALCOHOL

There are roughly 80,000 deaths that are related to alcohol abuse every year, making it the 3rd highest cause of death in the U.S.⁶

18 to 34-year-olds binge drink the most. Binging can lead to unplanned pregnancy, car accidents, the spread of sexually transmitted diseases, violence, and alcohol dependence.⁷

College students aged 18 to 29 were almost twice as likely as adults 30 years of age or older to meet criteria for current alcohol abuse and more than 4 times as likely to meet criteria for current alcohol dependence.⁸

“Heavy and frequent” drinkers are approximately 5 to 6 times more likely than “non-heavy” drinkers to report that they had missed class and that they had performed poorly on a test or other project because of drinking.⁹

An estimated 400,000 students between the ages of 18 and 24 had unprotected sex and more than 100,000 students between the ages of 18 and 24 report having been too intoxicated to know if they consented to having sex.¹⁰

TOBACCO DEPENDENCY AND STRENGTHENING POLICIES AND RESOURCES IN SUPPORT OF SMOKE-FREE CAMPUSES.

Cigarette smoking causes about one of every five deaths in the United States each year.¹¹ Cigarette smoking is estimated to cause the following:

- More than 480,000 deaths annually (including deaths from secondhand smoke)
- 278,544 deaths annually among men (including deaths from secondhand smoke)

⁶ USA.gov. "Fact Sheets- Alcohol Use and Health." Centers for Disease Control and Prevention. Accessed February 25, 2014, <http://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm>.

⁷ USA.gov. "Fact Sheets - Binge Drinking." Centers for Disease Control and Prevention. Accessed February 26, 2014, <http://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm>

⁸ Dawson, D.A, Grant, B.F, Stinson, F.S, & Chou, P.S. (2004). Another look at heavy episodic drinking and alcohol use disorders among college and non-college youth. *Journal of Studies on Alcohol*, 65, 477–488.

⁹ Presley, C.A., & Pimentel E.R. (2006). The introduction of the heavy and frequent drinker: A proposed classification to increase accuracy of alcohol assessments in postsecondary educational settings. *Journal of Studies on Alcohol*, 67, 324-331.

¹⁰ Hingson, R.W., & Howland J. (2002) Comprehensive community interventions to promote health: Implications for college-age drinking problems. *Journal of Studies on Alcohol (Supplement)*, (14), 226-240

¹¹ U.S. Department of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress. A Report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014 [accessed 2015 Aug 17].

- 201,773 deaths annually among women (including deaths from secondhand smoke)¹²

CIGARETTE SMOKING CAUSES PREMATURE DEATH:

- Life expectancy for smokers is at least 10 years shorter than for nonsmokers.¹³
- Quitting smoking before the age of 40 reduces the risk of dying from smoking-related disease by about 90%.¹⁴

SECONDHAND SMOKE AND DEATH

Exposure to secondhand smoke causes an estimated 41,000 deaths each year among adults in the United States:¹⁵

- Secondhand smoke causes 7,333 annual deaths from lung cancer.
- Secondhand smoke causes 33,951 annual deaths from heart disease.¹⁶

More people in the United States are addicted to nicotine than to any other drug. Research suggests that nicotine may be as addictive as heroin, cocaine, or alcohol.¹⁷

Tobacco smoke contains a deadly mix of more than 7,000 chemicals; hundreds are harmful, and about 70 can cause cancer.¹⁸ Smoking increases the risk for serious health problems, many diseases, and death. People who stop smoking greatly reduce their risk for disease and early death. Although the health benefits are greater for people who stop at earlier ages, there are benefits to quitting at any age.¹⁹ No one is ever too old to quit – so raising awareness through positive campaigns and programming may help the smokers in our community become former smokers!

¹² U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress. A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014 [accessed 2015 Aug 17].

¹³ Jha P, Ramasundarahettige C, Landsman V, Rostrom B, Thun M, Anderson RN, McAfee T, Peto R. 21st Century Hazards of Smoking and Benefits of Cessation in the United States [PDF–738 KB]External. *New England Journal of Medicine*, 2013;368(4):341–50 [accessed 2015 Aug 17].

¹⁴ Jha P, Ramasundarahettige C, Landsman V, Rostrom B, Thun M, Anderson RN, McAfee T, Peto R. 21st Century Hazards of Smoking and Benefits of Cessation in the United States [PDF–738 KB]External. *New England Journal of Medicine*, 2013;368(4):341–50 [accessed 2015 Aug 17].

¹⁵ U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress. A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014 [accessed 2015 Aug 17].

¹⁶ U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress. A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014 [accessed 2015 Aug 17].

¹⁷ National Institute on Drug Abuse. Research Report Series: Is Nicotine Addictive? external icon. Bethesda (MD): National Institutes of Health, National Institute on Drug Abuse, 2012 [accessed 2017 Jan 24].

¹⁸ U.S. Department of Health and Human Services. How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010 [accessed 2017 Jan 24].

¹⁹ U.S. Department of Health and Human Services. The Health Benefits of Smoking Cessation: A Report of the Surgeon General external icon. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 1990 [accessed 2017 Jan 24].

OTHER ACTIONS

CONSISTENT AND INTERDEPENDENT ENFORCEMENT OF ALCOHOL POLICIES

Studies suggest that stronger enforcement of a stricter alcohol policy may be associated with reductions in student heavy drinking rates over time. An aggressive enforcement stance by colleges may be an important element of an effective college alcohol policy.

College policies emphasize personal liability and disciplinary actions associated with policy violations.²⁰ With three very distinct locations, it is necessary for LIBI to monitor consistent application and understanding of policies throughout the institution. The college administration is working closely with the Campus Safety and Security Committee and understands that faculty across the campuses must be educated about LIBI's institutional drug and alcohol policies and that they must be empowered to act within those boundaries. Faculty are a critical lynchpin in the early stage of identifying a student in distress because of substance abuse.

We will be producing institutional information campaigns to help existing and new faculty and staff at all locations better understand the need for consistent and interdependent enforcement of LIBI's alcohol policies.

Other awareness-building topics related to alcohol consumption we would like to focus on across the institution include: academic performance and alcohol consumption and binge drinking.

One of the most common consequences of alcohol abuse by students is difficulty keeping up with academic responsibilities. The number of drinks a student consumes is directly associated (and apparently negatively correlated) with the student's grades. Core Institute research shows the following correlation between grades and alcoholic drink consumption:

Students with B averages consume 1.1 more drinks per week than A students.

Students with C averages consume 2.7 more drinks per week than A students.

Students with D and F averages consume 6.4 more drinks per week than A students.²¹

OTHER ACADEMIC CONSEQUENCES

According to the National Institute on Alcohol Abuse and Alcoholism, about a quarter of college students report experiencing difficulty with academics due to alcohol use, including earning low grades, doing poorly on tests and papers, missing class, and falling behind.

Binge Drinking

According to the Centers for Disease Control and Prevention (CDC) in a report released January 2020, "Trends in Total Binge Drinks per Adult Who Reported Binge Drinking — United States, 2011–2017", each year, excessive drinking accounts for one in 10 deaths among U.S. adults aged 20–64 years²².

²⁰ Harris, S.K., Sherritt, L., Van Hook, S., Wechsler, H., & Knight, J.R. (2010). Alcohol policy enforcement and changes in student drinking rates in a statewide public college system: A follow-up study. *Substance Abuse Treatment, Prevention, and Policy*, 5,18.

²¹ "Academic Performance and Alcohol." National Drug Abuse Hotline and Treatment Locator Service, www.higheredcenter.org/academic-performance-and-alcohol.html.

²² Division of Population Health, National Center for Chronic Disease Prevention and Health Promotion, CDC; 2Section of General Internal Medicine, Boston Medical Center, Massachusetts.

Approximately 90% of adults who report excessive drinking* binge drink (i.e., consume five or more drinks for men or four or more drinks for women on a single occasion)²³.

The total annual number of binge drinks consumed per U.S. adult who reported binge drinking increased significantly by 12% from 2011 to 2017, including among non-Hispanic white adults and those aged ≥35 years.

The finding that the total number of binge drinks consumed per U.S. adult who reported binge drinking increased significantly among those with lower education and income levels is also consistent with a recent study that found the majority of persons reporting prescription opioid misuse also are adults who reported binge drinking, and that prescription opioid misuse tends to be most common among persons with lower household incomes²⁴.

DEVELOP A COLLEGE-WIDE STRATEGY TO ADDRESS PRESCRIPTION DRUG MISUSE AND ABUSE

Institution-wide strategies involving all major stakeholders have been shown to be highly effective, and critical, in reducing binge drinking, suicide, and other high-risk behaviors or outcomes on college campuses.²⁵

The significant rise in the misuse of prescription drugs nationally makes it essential for college communities to understand better the trends in prescription drug misuse among college students. Research shows that non-medical prescription stimulant users were more likely to report use of alcohol, cigarettes, marijuana, ecstasy, cocaine, and other risky behaviors.²⁶

During the next two-year cycle, we will work to develop educational campaigns about appropriate and safe medication use and disposal practices targeting students and stakeholders.

PROGRAM PHILOSOPHY

LIBI strongly believes that prevention and early intervention greatly reduces the impact on substance abuse and substance disorders. It is the hope of the college that the prevention programming and early intervention efforts offered will encourage knowledgeable decision-making and healthy behaviors.

As a commuter college where on-campus drinking is minimized by policies prohibiting such behavior and vigilant staff who enforces the policies, LIBI's programming focuses primarily on reducing student drinking off-campus—and thereby reducing other possible harmful consequences—including educating students about particular outcomes such as overdoses, sexual assaults, and alcohol-impaired driving. LIBI is keenly aware that alcohol-impaired driving accounts for the majority of alcohol-related deaths among college students nationwide; it is the college's hope that efforts to reduce student drinking will help to reduce the risk of alcohol-impaired driving as well.

²³ Esser MB, Hedden SL, Kanny D, Brewer RD, Gfroerer JC, Naimi TS. Prevalence of alcohol dependence among US adult drinkers, 2009–2011. *Prev Chronic Dis* 2014;11: E206

²⁴ Esser MB, Guy GP Jr, Zhang K, Brewer RD. Binge drinking and prescription opioid misuse in the United States, 2012–2014. *Am J Prev Med* 2019; 57:197–208

²⁵ Hingson, R.W., & Howland J. (2002) Comprehensive community interventions to promote health: Implications for college-age drinking problems. *Journal of Studies on Alcohol and Drug Use (Supplement)*, (14), 226-240.

²⁶ McCabe, Sean & Knight, John & Teter, Christian & Wechsler, Henry. (2005). Non-Medical Use of Prescription Stimulants Among US College Students: Prevalence and Correlates from a National Survey. *Addiction (Abingdon, England)*. 100. 96-106. 10.1111/j.1360-0443.2005.00944.x.

RESEARCHERS ESTIMATE THAT EACH YEAR:

1,825 college students between the ages of 18 and 24 die from alcohol-related unintentional injuries, including motor-vehicle crashes.²⁷

696,000 students between the ages of 18 and 24 are assaulted by another student who has been drinking.

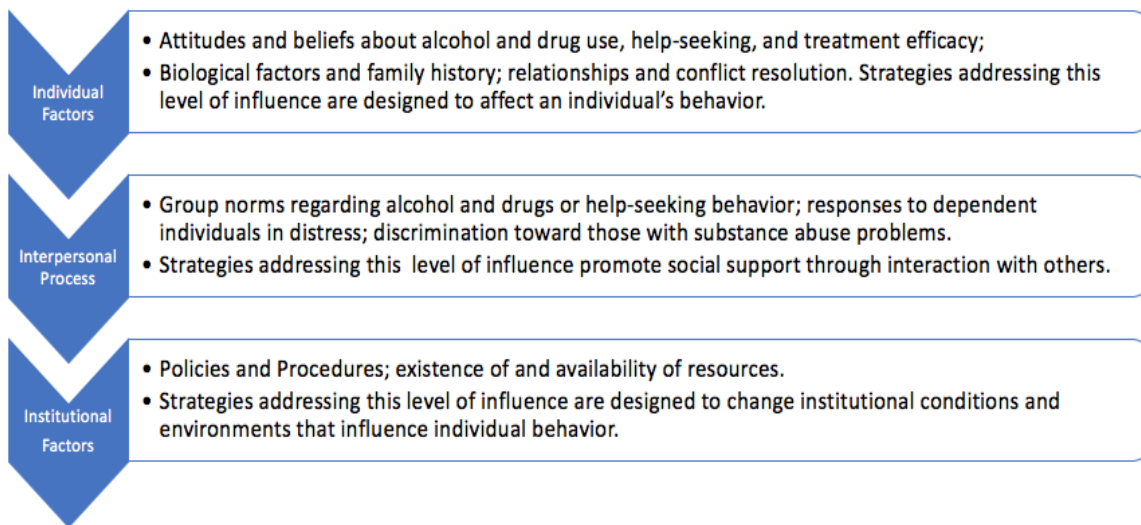
97,000 students between the ages of 18 and 24 report experiencing alcohol-related sexual assault or date rape.²⁸

Roughly 20 percent of college students meet the criteria for Alcohol Unintentional Deaths (AUD).²⁹

About 1 in 4 college students report academic consequences from drinking, including missing class, falling behind in class, doing poorly on exams or papers, and receiving lower grades overall.³⁰

For ease of visualization, the committee has summarized the general factors we feel need to be considered in a conversation about substance abuse:

General Factors that need to be considered in contributing to substance abuse



²⁷ Hingson, R.W.; Zha, W.; and Weitzman, E.R. Magnitude of and trends in alcohol-related mortality and morbidity among U.S. college students ages 18–24, 1998–2005. *Journal of Studies on Alcohol and Drugs (Suppl. 16)*:12–20, 2009. PMID: 19538908.

²⁸ Hingson, R.; Heeren, T.; Winter, M.; et al. Magnitude of alcohol-related mortality and morbidity among U.S. college students ages 18–24: Changes from 1998 to 2001. *Annual Review of Public Health* 26:259–279, 2005. PMID: 15760289

²⁹ Blanco, C.; Okuda, M.; Wright, C. et al. Mental health of college students and their non-college-attending peers: Results from the National Epidemiologic Study on Alcohol and Related Conditions. *Archives of General Psychiatry* 65(12):1429–1437, 2008. PMID: 19047530

³⁰ Wechsler, H.; Dowdall, G.W.; Maenner, G.; et al. Changes in binge drinking and related problems among American college students between 1993 and 1997: Results of the Harvard School of Public Health College Alcohol Study. *Journal of American College Health* 47(2):57–68, 1998. PMID: 9782661

DISCUSSION OF FINDINGS AND IMPROVEMENTS FOR THE FUTURE

Evaluation is all about asking and answering questions that matter...

Goal: to develop a set of evaluation questions that reflects the perspectives, experiences, and insights of as many individuals within our community as possible.

Reality: Although LIBI has been systematically providing a wide range of prevention activities, the college is struggling to prove that we, in fact, meet the diverse information needs of all stakeholders. Our programming offers a great deal of information, but we have a difficult time being able to demonstrate statistically the effectiveness of our prevention interventions. As noted in a previous section of this report, our survey efforts have not proven helpful for several suspected reasons, including the size of the college, fear of being identified, as well as cultural (LIBI's students represent 52 different nationalities outside of the US) and religious beliefs of our student body which is largely immigrant and first-time college students. With the challenges at hand, the committee has shifted gears and our dialogue is now much more concerned with *improving the processes* rather than *proving effectiveness*.

Offering information and specialized programming does not mean that we are reaching the target audience immediately, it just means we are busy.

Our toughest to achieve objective will be to increase "buy-in" from students and employees that their participation in evaluations of activities and surveys are valued and will be used to create more culturally appropriate and relevant programming without repercussions for the respondents. We posit that by seeking opinions and input about priorities directly from the stakeholders much earlier in the evaluation process, we will be far more likely to produce programming that addresses the specific needs of our students, and in turn we should be more likely to obtain more robust evaluation of the effectiveness of our efforts. As we mentioned previously, our college brings together a wide spectrum of cultures, so engaging a wide range of stakeholders in the question development process should afford us opportunities to question some of our inadvertent assumptions and to develop consensus around what the evaluation *should* address.

If the programming and evaluation sound "credible" because stakeholder viewpoints are taken into consideration, the results should be taken more seriously by the community.

Because many of our students are new immigrants and the topic of substance abuse is a taboo in many of our students' cultures and religions, we must be far more sensitive than we have been in terms of how questions are posed or how long the evaluation is. *We will need to inquire systematically.* Additionally, we will be experimenting with on-line intervention programming as well as in-person programming to see if there is a difference in participation once we change the format.

Facing these difficulties, we need to be far more concise with data collection. We must identify a set of anticipated outcomes that is clear and measurable.

To ensure that we are aligned in our goals and mission for the 2020-2022 review period, the following summarizes how we will progress going forward:

We will use a logic model to help us establish program goals and objectives and criteria and standards against which we will determine program performance. **We will identify the goals and objectives of the**

program component or intervention we plan to evaluate before we offer it to the different student groups.

We will map the cultural landscape of each campus to identify different student groups/audiences. We will aim to analyze assessment data by group going forward. We then will share and discuss our findings with those groups. We will invite student leaders of these groups to participate in drafting evaluations and prevention planning.

We anticipate that planning will be the key to successful execution of targeted programing; it is for this reason that we will try to recruit students from the target audiences to help us identify the most appropriate intervention programming before we offer it.

The following is a roadmap for Developing Program Goals and Measurable Objectives offered by the CDC:

1. *Outcomes* are the changes we hope our interventions produce.
2. Going forward, each activity will be accompanied by statements describing the results to be achieved, and the manner in which they will be achieved.
3. Objectives can be process or outcome oriented.
4. Outcome objectives specify the intended effect of the program in the target population or end result of a program. The outcome objective focuses on what our target population(s) will know or will be able to do as a result of our program/activity.
5. Process objectives describe the activities/services/strategies that will be delivered as part of implementing the program. Process objectives, by their nature, are usually short-term.
6. **Short-term outcome** objectives are the initial expected changes in our target population(s) after implementing certain activities or interventions (e.g., **changes in knowledge, skills, and attitudes**).
7. **Intermediate outcome** objectives are those interim results that provide a sense of progress toward reaching the long-term objectives (e.g., **changes in behavior, norms, and policy**).
8. **Long-term objectives** are achieved only after the program has been in place for some time (e.g., **changes in mortality, morbidity, quality of life**).³¹

Our *short-term outcomes* include changes in knowledge, attitudes, beliefs, and skills. We hope to improve participants' knowledge, alter what they think about the AOD topic offered; perhaps change how they behave; or what their condition is following the program.

³¹ <https://www.cdc.gov/std/Program/pupestd/Developing%20Program%20Goals%20and%20Objectives.pdf>

HOW WE WILL MEASURE USING SMART OBJECTIVES:

- **Specific:** Concrete, detailed, and well defined so that we know where we are going and what to expect when we arrive
- **Measurable:** Numbers and quantities provide means of measurement and comparison
- **Achievable:** Feasible and easy to put into action
- **Realistic:** Considers constraints such as resources, personnel, cost, and time frame
- **Time-Bound:** A time frame helps to set boundaries around the objective³²

WE ALSO PROPOSE A MIXED METHODOLOGY DATA COLLECTION APPROACH GOING FORWARD:



EVALUATION PLANNING AND DEFINING TARGET POPULATIONS

As mentioned, LIBI has three campus locations and each campus faces its own individual socioeconomic and cultural challenges. Research indicates that the most at-risk for substance use disorder college students are between the ages of 18-24. The average age of a LIBI student is 32 (median age 30).

Seventy-one percent (71%) of LIBI's students are women. In 2017, about 9.4% of men and 5.2% of women age 12 and older had a substance use disorder.³³ Even though men may be more likely to abuse illicit drugs than women, women are just as prone to addiction as men when they do abuse them.³⁴ More specifically, according to the National Institute on Drug Abuse (NIH), men are more likely than women to use almost

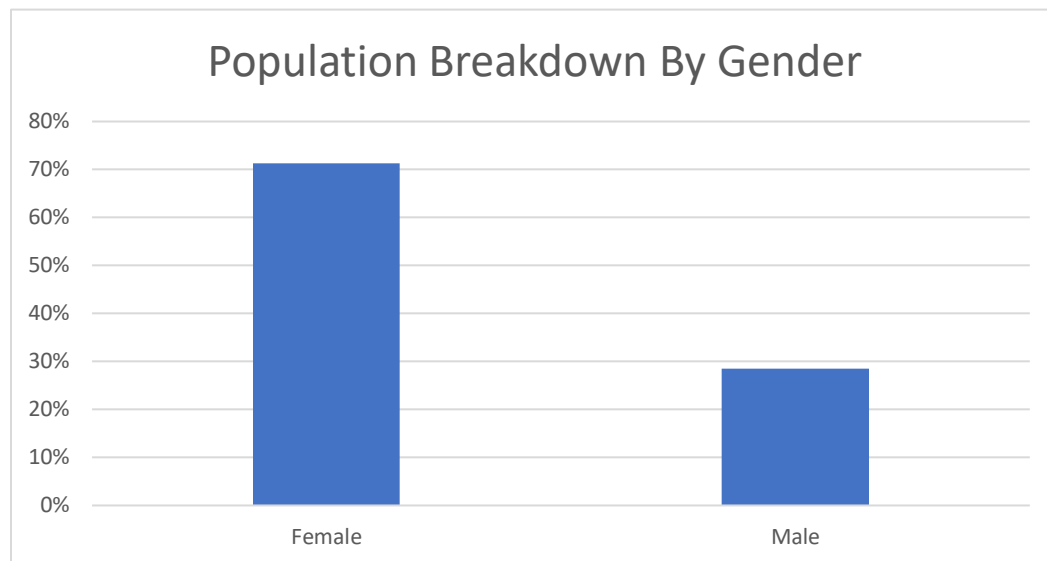
³² https://www.cdc.gov/phcommunities/resourcekit/evaluate/smart_objectives.html

³³ Substance Abuse and Mental Health Services Administration. (2018). *Results from the 2017 National Survey on Drug Use and Health: Detailed Tables*.

³⁴ National Institute on Drug Abuse. (2018). *Substance Use in Women*.

all types of illicit drugs,³⁵ and illicit drug use is more likely to result in emergency hospital visits or overdose deaths for men than for women. "Illicit" refers to use of illegal drugs, including marijuana (according to federal law) and misuse of prescription drugs. For most age groups, men have higher rates of use or dependence on illicit drugs and alcohol than do women.³⁶ NIH underscores "that women are just as likely as men to develop a substance use disorder".³⁷ The NIH further notes that women may actually be more susceptible to craving³⁸ and relapse,³⁹ which are key phases of the addiction cycle.

Inevitably, the large proportion of female students across LIBI's campuses makes women a major specific target group for our programming.



OTHER SEX AND GENDER ISSUES FOR WOMEN RELATED TO SUBSTANCE USE

Many women with substance use disorders are also diagnosed with other mental disorders. This is important because interactions between illnesses can worsen the course of both.

Additionally, more than 1 in 3 women have experienced physical violence at the hands of an intimate partner, including a range of behaviors from slapping, pushing, or shoving to severe acts such as being

³⁵ Center for Behavioral Health Statistics and Quality. *Results from the 2016 National Survey on Drug Use and Health: Detailed Tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2017. <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.pdf>. Accessed November 7, 2017.

³⁶ Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. Treatment Episode Data Set (TEDS): 2004-2014. *National Admissions to Substance Abuse Treatment Services*. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2016. https://www.dasis.samhsa.gov/dasis2/teds_pubs/2014_teds_rpt_natl.pdf.

³⁷ Anthony JC, Warner LA, Kessler RC. Comparative epidemiology of dependence on tobacco, alcohol, controlled substances, and inhalants: Basic findings from the National Comorbidity Survey. *Exp Clin Psychopharmacol*. 1994;2(3):244-268. doi:10.1037/1064-1297.2.3.24

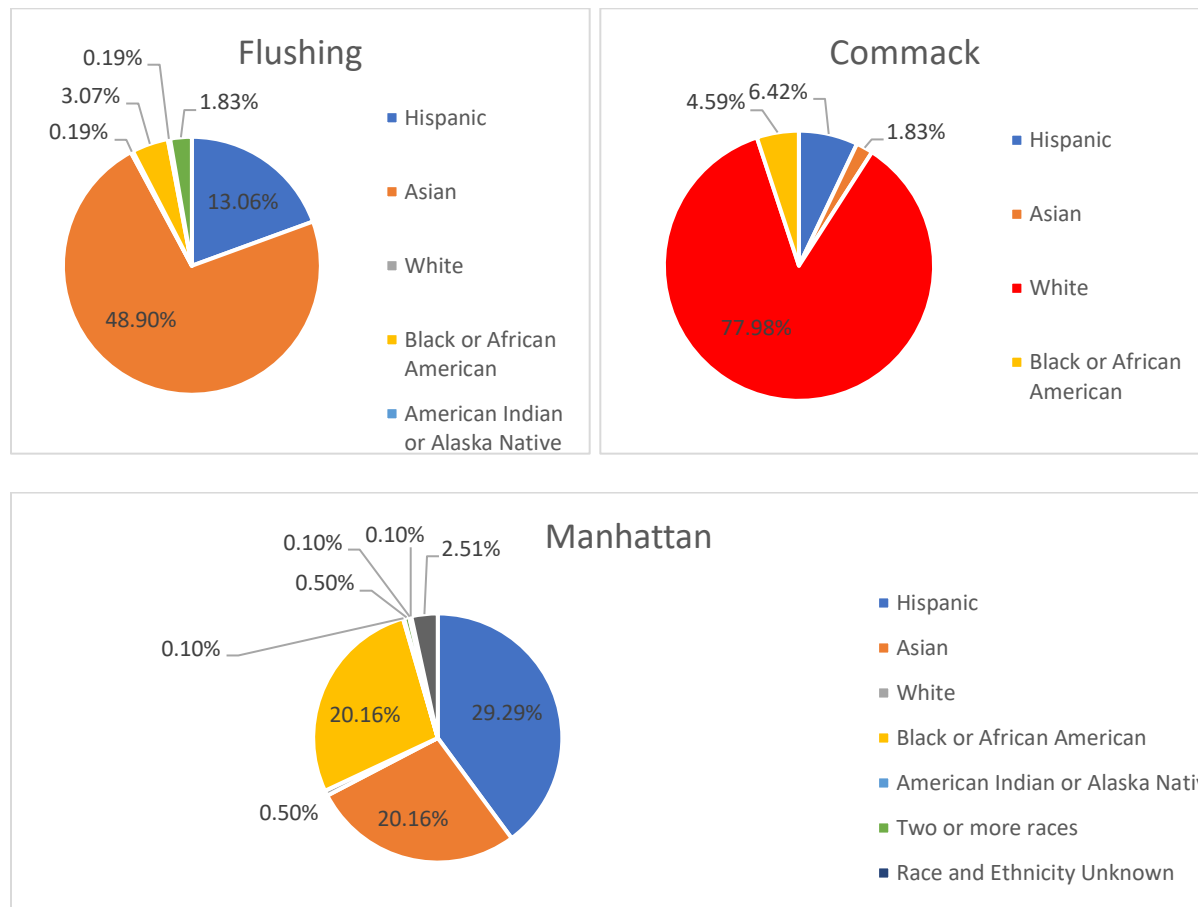
³⁸ Robbins SJ, Ehrman RN, Childress AR, O'Brien CP. Comparing levels of cocaine cue reactivity in male and female outpatients. *Drug Alcohol Depend*. 1999;53(3):223-230.

³⁹ Kippin TE, Fuchs RA, Mehta RH, et al. Potentiation of cocaine-primed reinstatement of drug seeking in female rats during estrus. *Psychopharmacology (Berl)*. 2005;182(2):245-252. doi:10.1007/s00213-005-0071-y

beaten, burned, raped, or choked.⁴⁰ Victims of violence are at increased risk of chronic health conditions, including obesity, chronic pain, depression, and substance use.⁴¹

Moreover, according to the NIH, race and ethnicity play a role with regard to drug use and treatment needs.

According to the NIH, African-American and American Indian/Alaska Native women are more likely than women of other racial and ethnic groups to be victims of rape, physical violence, and stalking by an intimate partner in their lifetime. As discussed above, these issues are risk factors for substance use. LIBI's racial and ethnic composition for female students by campus is as follows:



Because all three locations are very distinct in terms of the racial and ethnic breakdown of our student body, as mentioned previously, we feel that it will be imperative to conduct listening tours at each campus to understand better the needs of each community. We anticipate that our Commack campus and the main campus in Flushing will have more specific prevention programming needs as both of these locations have distinct large racial and ethnic clusters. At the Flushing campus Asian females make up 48.9% of the

⁴⁰ de Boynville M. Office of The Assistant Secretary for Planning and Evaluation. *ASPE Policy Brief: Screening for Domestic Violence in Health Care Settings*. Washington, DC: U.S. Department of Health and Human Services; 2013.

⁴¹ U.S. Department of Health and Human Services (HHS). 2013 Trans-HHS Intimate Partner Violence Screening and Counseling: Research Symposium. <https://sis.nlm.nih.gov/outreach/2013IPVsymposium.html>. Published October 5, 2015. Accessed January 24, 2018.

student body, whereas at the Commack campus Caucasian (non-Hispanic White) females comprise 77.9% of the student population at that campus. In addition to the socio-cultural-economic factors and risks discussed by NIH, LIBI's female students face another hurdle when it comes to addressing health-related issues. Namely, a portion of LIBI's Asian female students, primarily at the main campus in Flushing, face linguistic isolation. Some of this is also true of the Spanish-speaking female student population attending the Manhattan Extension Center.

Given the demographics of our college, we conclude that we must offer gender-appropriate and culturally responsive intervention programming going forward. Research strongly supports our intention to reorganize our programming as it shows that "the risks of substance abuse, its consequences, and the processes for treatment and recovery differ by gender, race, ethnicity, sexual orientation, age, and other factors. Women's risks for substance use disorders are best understood in the context in which the influences of gender, race and ethnicity, culture, education, economic status, age, geographic location, sexual orientation, and other factors converge. Understanding group differences across segments of the women's population is critical to designing and implementing effective substance abuse treatment programs for women".⁴²

The committee is aware of the particularly unique challenges that come with being able to establish a trusting rapport with groups that are just starting to go through the process of acculturation into the U.S. Although a racially and ethnically diverse group of faculty and administrators, the members of the Campus Safety and Security committee may be perceived by students in our target populations as outsiders. This may hinder our ability to drill down to the issues that should be addressed in our prevention programming. To prevent delays and to avoid aborted efforts at focus groups, we will first identify student leaders in each of our linguistic subgroups. Once those student leaders are in place, we will work closely with them to ensure that they become "ambassadors" to their community within the college. These key individuals will accompany the members of the committee to focus groups and will be asked to co-design prevention events.

Although we plan to focus on providing information about drugs and alcohol based specifically on what we learn from our focus groups, following are the topics we would like to include in our general programming to all female students at all three locations:

WOMEN AND MARIJUANA USE

Because most of our female students are of child-bearing age, we will raise awareness around the topic of women and marijuana use during pregnancy.

As noted previously, the increased legalization of marijuana across the nation has not only lessened the stigma around usage, but also, arguably, has normalized it. National estimates show that between 3 and 7 percent of pregnant women report using marijuana while pregnant.⁴³ In order to raise awareness of the known and potential harms of marijuana use during pregnancy, LIBI libraries will keep and make available to students the Substance Abuse and Mental Health Services Administration (SAMHSA) produced guide that focuses on the growing body of evidence related to maternal marijuana use. Evidence suggests that

42 Center for Substance Abuse Treatment. Substance Abuse Treatment: Addressing the Specific Needs of Women. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2009. (Treatment Improvement Protocol (TIP) Series, No. 51.) Chapter 6: Substance Abuse Among Specific Population Groups and Settings. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK83240/>

43 Volkow, N. D., Han, B., Compton, W. M., & McCance-Katz, E. F. (2019). Self-reported medical and nonmedical cannabis use among pregnant women in the United States. *Journal of the American Medical Association*, 322(2), 167–169. doi:10.1001/jama.2019.7982

women’s concerns about how substances will affect the developing fetus can motivate them to reduce or abstain from substances (e.g., alcohol, tobacco, and illicit drugs) during pregnancy.⁴⁴ It is based on this premise that we will make most up-to-date and relevant information on this topic widely available to the college community.

WOMEN AND ALCOHOL

National surveys show that about **1 in 2 women of child-bearing age (i.e., aged 18–44 years) drink alcohol**, and **18% of women who drink alcohol in this age group binge drink**.⁴⁵ As mentioned previously, the average age of a LIBI student is 32 and since 71% of our student body is female, this statistic is particularly relevant to our prevention programming efforts.

The Centers for Disease Control and Prevention (CDC) reports that:

- 46% of women report drinking alcohol in the past 30 days⁴⁶
- 12% of women report binge drinking three times per month, with five or more drinks per binge⁴⁷
- 2.5% of women and 4.5% of men met the diagnostic criteria for alcohol dependence in the past year⁴⁸

More Women in the US Are Drinking Than Ever Before

“A 2017 study published in the Journal of the American Medical Association (JAMA) Psychiatry found that, since 2001, alcohol use disorders have increased overall by 50%, and both high-risk and disordered drinking rose about 20%. These increases were apparent in everyone, but they were much higher in women. For men, high risk drinking increased 15% and alcohol use disorder increased close to 35%. For women, high-risk drinking increased close to 60%, and alcohol use disorder increased nearly 84%.”⁴⁹

The authors of this study noted that stress is a factor that is associated with alcohol consumption regardless of the individual’s sex. As such, since starting college is typically a life changing event for many adult learners, naturally, the increased level of stress associated with it, may trigger increased levels of alcohol consumption in our students.

Going forward, since nearly three quarters of our student body is female, in addition to general prevention programming, we also will conduct programming specific to the needs of women.

⁴⁴ Forray, A., Merry, B., Lin, H., Ruger, J. P., & Yonkers, K. A. (2015). Perinatal substance use: A prospective evaluation of abstinence and relapse. *Drug and Alcohol Dependence*, 150, 147–155. doi: 10.1016/j.drugalcdep.2015.02.027

⁴⁵ Tan CH, Denny CH, Cheal NE, Sniezek JE, Kanny D. Alcohol Use and Binge Drinking Among Women of Childbearing Age — United States, 2011–2013. *MMWR* 2015;64:1042-1046.

⁴⁶ Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System survey data. Atlanta, GA: CDC.

⁴⁷ Centers for Disease Control and Prevention. Chronic Disease Indicators. Atlanta, GA: CDC.

⁴⁸ Esser MB, Hedden SL, Kanny D, Brewer RD, Gfroerer JC, Naimi TS. Prevalence of Alcohol Dependence Among US Adult Drinkers, 2009–2011. *Prev Chronic Dis* 2014;11:140329.

⁴⁹ <https://time.com/4893108/alcohol-use-disorder-drinking/>

ADDITIONAL TOPICS -- GENERAL PROGRAMMING

- Impaired Driving

Awareness events covering critical information on which drugs are linked to drugged driving.

After alcohol, marijuana is the drug most often found in the blood of drivers involved in crashes. Tests for detecting marijuana in drivers measure the level of *delta-9-tetrahydrocannabinol* (THC), marijuana's mind-altering ingredient, in the blood. But the role that marijuana plays in crashes is often unclear. THC can be detected in body fluids for days or even weeks after use, and it is often combined with alcohol. The vehicle crash risk associated with marijuana in combination with alcohol, cocaine, or benzodiazepines appears to be greater than that for each drug by itself.⁵⁰

Several studies have shown that drivers with THC in their blood were roughly twice as likely to be responsible for a deadly crash or be killed than drivers who had not used drugs or alcohol.⁵¹

Surveys show that men are more likely than women to drive under the influence of drugs or alcohol.⁵²

ADDITIONAL TOPICS:

Effects of marijuana – with and without alcohol – on driving performance.

Work with faculty and the Curriculum Standards Committee to incorporate short videos such as "Eyes On" Research in Drugged Driving in classes where the content will be appropriate.

<https://www.drugabuse.gov/related-topics/drugged-driving>

Through the process of identifying our target groups, we concluded that there is another significant subgroup (regardless of gender) at both our main campus and at the extension center. It cannot be ignored that we serve an appreciable number of students at our Flushing campus and the Manhattan extension center who are new immigrants. Although they are likely aware that there are legal ramifications behind impaired driving, they may not understand fully the extent to which an impaired driver can be prosecuted. We will include programming around the penalties for drunk and drugged driving along with the extensive lists of penalties for drug possession and selling.

We will take into consideration informational resources similar to the Driver's Manual & Practice Tests issued by the NYS Department of Motor Vehicles (DMV) when we prepare the on-boarding training for freshman students:

Driver's Manual & Practice Tests - English: <https://dmv.ny.gov/about-dmv/chapter-9-alcohol-and-other-drugs>

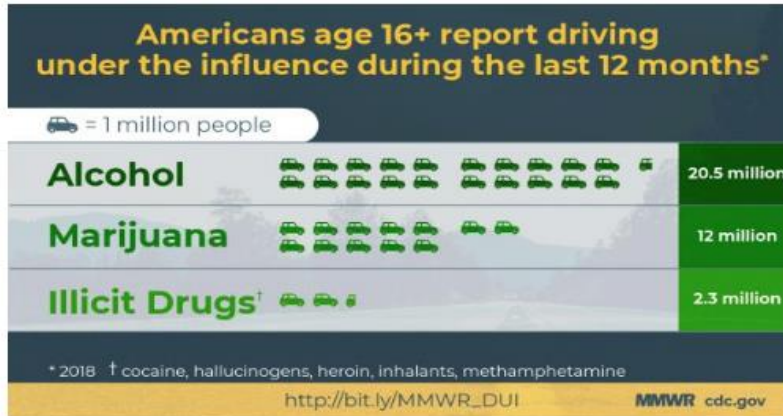
Driver's Manual & Practice Tests - Chinese version: <https://dmv.ny.gov/more-info/%E4%B8%AD%E6%96%87-chinese>

Driver's Manual & Practice Tests - Spanish version: <https://dmv.ny.gov/more-info/espa%C3%B1ol-spanish>

⁵⁰ Hartman RL, Huestis MA. Cannabis effects on driving skills. *Clin Chem*. 2013;59(3):478-492. doi: 10.1373/clinchem.2012.194381

⁵¹ Wilson FA, Stimpson JP, Pagán JA. Fatal crashes from drivers testing positive for drugs in the U.S., 1993-2010. *Public Health Rep Wash DC* 1974. 2014;129(4):342-350.

⁴⁹ National Institute on Drug Abuse; National Institutes of Health; U.S. Department of Health and Human Services.



In 2018, 12 million Americans aged 16 and older reported driving under the influence of marijuana and 2.3 million reported driving under the influence of illicit drugs other than marijuana during the past 12 months. Driving under the influence of drugs and alcohol is a serious public health concern that needs to be better addressed to safeguard the health and safety of everyone on the road.

The rest of this document contains support materials for items referenced within.

Categories for “Everything Students Should Know” that support our 2020-2022 prevention programming plan:

ALCOHOL RESOURCES:

Penalties for Alcohol or Drug-related Violations (New York State)

<https://dmv.ny.gov/tickets/penalties-alcohol-or-drug-related-violations>

Calculate your Blood Alcohol Content (BAC):

http://www.clevelandclinic.org/health/interactive/alcohol_calculator.asp

Calculate the monthly cost of the alcohol you consume:

<https://www.collegedrinkingprevention.gov/SpecialFeatures/Calculators/alcoholcostcalculator.aspx>

Alcohol and You: An Interactive Body:

<https://www.collegedrinkingprevention.gov/SpecialFeatures/interactiveBody.aspx>

Alcohol -- Warning Signs

<https://oasas.ny.gov/alcohol>

Impaired Driving

https://www.cdc.gov/motorvehiclesafety/impaired_driving/

Effects of Alcohol on YOUR Health

<https://www.cdc.gov/alcoholportal/>

Alcohol Use in Pregnancy

<https://www.cdc.gov/ncbddd/fasd/alcohol-use.html>

Consumo de alcohol durante el embarazo

<https://www.cdc.gov/ncbddd/Spanish/fasd/alcohol-use.html>

Alcohol Myths

<https://www.collegedrinkingprevention.gov/SpecialFeatures/alcoholMyths.aspx>

Getting Help

<https://www.collegedrinkingprevention.gov/SpecialFeatures/gettinghelp.aspx>

QUIT SMOKING RESOURCES

- 1-800-QUIT-NOW
1-800-784-8669
- NY State Smokers' Quitline
<https://www.nysmokefree.com/>
1-866-NY-QUITS (1-866-697-8487)
- Outbreak of Lung Injury Associated with the Use of E-Cigarette, or Vaping, Products
https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html
- Brote de lesiones pulmonares asociado al uso de productos de cigarrillos electrónicos o vapeo
https://www.cdc.gov/tobacco/basic_information/e-cigarettes/spanish/enfermedad-pulmonar-grave/index.html
- External Resources on E-Cigarettes
<https://www.lung.org/assets/documents/stop-smoking/external-e-cigarette-resources.pdf>

GOVERNMENT RESOURCES

- [Tips From Former Smokers[®]](#)
This CDC campaign Web site lets you view the ads, learn more about the people featured and their health conditions, and access quit-smoking resources.
- [1-800-QUIT-NOW](#) [external icon](#)
A free, phone-based service with educational materials, coaches, a quit plan, and referrals to local resources to help you quit tobacco use.
- [1-855-DÉJELO-YA \(1-855-335-3569\)](#) [external icon](#)
A free, phone-based service to help Spanish speaking persons quit tobacco use.
- [BeTobaccoFree.gov](#) [external icon](#)
This HHS Web site provides one-stop access to tobacco-related information, including information on quitting tobacco use, from its various agencies.
- [smokefree.gov](#) [External icon](#)
A Web site that provides free, accurate information and assistance to help you quit smoking and stay tobacco-free.

- [smokefree.gov \(en Español\) external icon](#)
A Spanish-language Web site that provides free, accurate information and assistance to help you quit smoking and stay tobacco-free.
- [Smokefree Women External icon](#)
A Web site that provides free, accurate information and assistance to help women quit smoking and stay tobacco-free.
- [SfT \(Smokefree Teen\) External icon](#)
A Web site that provides free, accurate information and assistance to help teens quit smoking and stay tobacco-free.
- [Smoke free TXT External icon](#)
A mobile service that provides encouragement, advice, and tips to help young adults quit smoking.
- [Smokefree Smartphone Apps External icon](#)
Smokefree smartphone applications that help you track your quit smoking progress, receive motivational reminders, and more.
- [Quit Tobacco—Make Everyone Proud external icon](#)
A DoD-sponsored Web site for military personnel and their families.
- [Treating Tobacco Use and Dependence: 2008 Update—Overview external icon](#)
Consumer materials to help tobacco users become tobacco-free.
- [Harms of Smoking and Benefits of Quitting External icon](#)
A fact sheet from the National Cancer Institute that summarizes the harmful effects of smoking and short- and long-term benefits of quitting.

OTHER RESOURCES

- [American Cancer Society External icon](#)
Guide to quitting smoking.
- [American Heart Association External icon](#)
Information and support to help you quit smoking.
- [American Lung Association External icon](#)
Resources to help smokers figure out their reasons for quitting and then take the big step of quitting for good.

UNDERSTANDING DRUG USE AND ADDICTION

<https://www.drugabuse.gov/publications/drugfacts/understanding-drug-use-addiction>

DRUGS OF ABUSE

<https://www.drugabuse.gov/drugs-abuse>

SYNTHETIC CANNABINOIDS

Also known by many other names including synthetic marijuana, K2, and Spice

<https://oasas.ny.gov/synthetic-cannabinoids>

https://www.health.ny.gov/professionals/narcotic/synthetic_cannabinoids/

“Synthetic Marijuana” Fact Sheet

<https://oasas.ny.gov/system/files/documents/2019/07/Synthetics%20Facts%20Sheet.pdf>

Effects of Secondhand Exposure to Marijuana Smoke

<https://www.drugabuse.gov/publications/research-reports/marijuana/what-are-effects-secondhand-exposure-to-marijuana-smoke>

Marijuana's Effects on Lung Health

<https://www.drugabuse.gov/publications/research-reports/marijuana/what-are-marijuanas-effects-lung-health>

Available Treatments for Marijuana Use Disorders

<https://www.drugabuse.gov/publications/research-reports/marijuana/available-treatments-marijuana-use-disorders>

Prescription Drug Abuse Awareness

https://www.health.ny.gov/professionals/narcotic/prescription_drug_abuse_awareness/

HIV and Substance Use in the United States

<https://www.cdc.gov/hiv/risk/substanceuse.html>

El VIH y el consumo de sustancias en los Estados Unidos

<https://www.cdc.gov/hiv/spanish/risk/substanceuse.html>

Talk to Prevent

<https://oasas.ny.gov/prevention>

Step by Step Guides to Finding Treatment for Drug Use Disorders

<https://www.drugabuse.gov/publications/step-by-step-guides-to-finding-treatment-drug-use-disorders/if-you-have-problem-drugs-adults>

Treatment Availability Dashboard

<https://findaddictiontreatment.ny.gov/>

Find Treatment

<https://findtreatment.gov/>