

CHAPTER 14

Alcohol, Other Drugs, and Sex

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We know from numerous studies that about 75 percent of traditional-age college students have engaged in sexual intercourse at least once. Drinking, smoking, and drug abuse are also a concern on college campuses. You will probably want to think about these things and decide what's comfortable for you. Furthermore, we hope you'll conclude (1) that choosing to have sex also means choosing to protect yourself against unwanted pregnancy, unwanted sex, and sexually transmitted infections (STIs), and (2) that choosing whether to drink, smoke, or take illegal drugs also means making your own decisions instead of following the crowd.

Not all first-year students are sexually active. However, college seems to be a time when recent high school graduates begin to think even more seriously about sex. Regardless of the reasons, it can be helpful to explore your sexual values and to consider whether sex is right for you at this time.

IN THIS CHAPTER, YOU WILL LEARN

- Factors in sexual decision making
- Advantages and disadvantages of contraceptive methods
- Ways to prevent sexually transmitted infections
- What to do if your relationship is abusive
- Three reasons college students drink
- The realities of abusing prescription drugs and tobacco
- The agony of Ecstasy and other illegal drugs

Sexual Decision Making

Although the sexual revolutions of the 1960s and 1970s may have made premarital sex more socially acceptable, people have not necessarily become better equipped to deal with sexual freedom. The rate of STIs among college students has increased, and unwanted pregnancies are not uncommon.

If you are in your late teens or early 20s, you may feel you are invincible or immune from danger. There are so many pressures to become sexually active; at the same time, many factors may discourage sexual activity:

ENCOURAGERS	DISCOURAGERS
Hormones	Family values/expectations
Peer pressure	Religious values
Alcohol/other drugs	Sexually transmitted infections
Curiosity	Fear of pregnancy
The media	Concern for reputation

With such powerful pressures on each side, some people get confused and overwhelmed and fail to make any decisions. Often, sex “just happens” and is not planned.

Birth Control

What is the best method of contraception? It is any method that you use correctly and consistently each time you have intercourse. We hope you will choose a birth control method and adopt some strategies for avoiding sexually transmitted infections (STIs). That’s the bottom line.

Table 14.1 compares the major features of some common methods, presented in descending order of effectiveness. The “typical use effectiveness” numbers represent the percentage of women experiencing an unwanted pregnancy in 1 year per 100 uses of the method, with the normal number of human errors, memory lapses, and incomplete or incorrect use. A low number indicates the method is more effective, while a high number signals less effectiveness.

Sexually Transmitted Infections (STIs)

In general, STIs continue to increase faster than other illnesses on campuses today, and approximately 5 to 10 percent of visits by U.S. college students to college health services are for the diagnosis and treatment of STIs. If you choose to be sexually active, particularly with more than one partner, exposure to an STI is a real possibility.

STIs are usually spread through the following types of sexual contact: vaginal–penile, oral–genital, hand–genital, and anal–genital. Sometimes, however, STIs can be transmitted through mouth-to-mouth contact. There are more than twenty known types of STIs; in Table 14.2, we discuss the most common ones on campuses.

Table 14.1 Methods of Contraception**STERILIZATION****Failure Rate^a**

Female: 0.05% Male: 0.15%

Advantages Provides nearly permanent protection from future pregnancies.

Disadvantages Not considered reversible; not a good option for anyone wanting children at a later date.

NORPLANT**Failure Rate^a** 0.05%

Advantages Highly effective. Works up to 5 years. Allows sexual spontaneity. Low hormone dose makes this medically safer than other hormonal methods.

Disadvantages Removal may be difficult. Very expensive to obtain initially. Insurance may not cover cost. Does not protect against STIs.

DEPO-PROVERA**Failure Rate^a** 0.3%

Advantages Highly effective. Allows for sexual spontaneity. Relatively low yearly cost.

Disadvantages A variety of side effects typical of progestin-type contraceptives may persist up to 6-8 months after termination. Does not protect against STIs.

ORAL CONTRACEPTIVES**Failure Rate^a** 0.5%

Advantages Highly effective. Allows for sexual spontaneity. Most women have lighter or shorter periods.

Disadvantages Many minor side effects (nausea, weight gain), which cause a significant percentage of users to discontinue. Provides no protection against STIs.

INTRAUTERINE DEVICE (IUD)**Failure Rate^a** 1-2%^b

Advantages May be left in for up to 10 years, depending on type. Less expensive than other long-term methods.

Disadvantages Increased risk of complications such as pelvic inflammatory disease and menstrual problems. Possible increased risk of contracting HIV, if exposed.

CONTRACEPTIVE PATCH

Failure Rate^a N/A. Appears to be less effective in women weighing more than 198 pounds.

Advantages Convenient. New patch applied once a week for three weeks. Patch not worn fourth week and woman has a menstrual period.

Disadvantages Similar to oral contraceptives. No protection from STIs.

CONDOM**Failure Rate^a** 14%

Advantages Only birth control method that also provides good protection against STIs, including HIV. Actively involves male partner.

Disadvantages Less spontaneous than some other methods because must be put on right before intercourse. Some men believe it cuts down on pleasurable sensations.

FEMALE CONDOM**Failure Rate^a** 21%

Advantages Highly safe medically; does not require spermicide. Theoretically provides excellent protection against STIs—almost perfectly leakproof and better than male condom in this regard.

Disadvantages Has not gained wide acceptance. Visible outer ring has been displeasing to some potential users.

DIAPHRAGM**Failure Rate^a** 20%

Advantages Safe method of birth control, virtually no side effects. May be inserted up to 2 hours prior to intercourse. May provide small measure of protection against STIs.

Disadvantages Wide variation in effectiveness depending on consistent use, the fit of the diaphragm, and frequency of intercourse. Multiple acts of intercourse require use of additional spermicide.

CERVICAL CAP**Failure Rate^a** 20-40%^c

Advantages Similar to diaphragm, but may be worn longer—up to 48 hours. May provide small measure of protection against STIs.

Disadvantages Not widely available due to lack of practitioners trained in fitting them.

Continued

Table 14.1 Methods of Contraception (continued)

<p>SPERMICIDAL FOAMS, CREAMS, JELLIES, FILM, AND SUPPOSITORIES</p> <p>Failure Rate^a 26%</p> <p>Advantages Easy to purchase and use. Provide some protection against STIs, including HIV.</p> <p>Disadvantages Lower effectiveness than many methods. Can be messy. May increase likelihood of birth defects should pregnancy occur.</p>	<p>PERIODIC ABSTINENCE</p> <p>Failure Rate^a 25%</p> <p>Advantages Requires no devices or chemicals.</p> <p>Disadvantages Requires period of abstinence each month, when ovulation is expected. Requires diligent record keeping. Provides no protection against STIs.</p>
<p>COITUS INTERRUPTUS</p> <p>Failure Rate^a 19%</p> <p>Advantages Requires no devices or chemicals and can be used at any time, at no cost.</p> <p>Disadvantages Relies heavily on man having enough control to remove himself from the vagina well in advance of ejaculation. May diminish pleasure for the couple.</p>	<p>CHANCE OR NO METHOD</p> <p>Failure Rate^a 85%</p> <p>Advantages No monetary costs or side effects.</p> <p>Disadvantages High risk for pregnancy and STIs.</p>

^a Failure Rate: the percentage of women experiencing an unintended pregnancy within 1 year per 100 uses of the method with the normal number of human errors, memory lapses, and incorrect or incomplete uses.

^b Range depends on type of IUD: Progesterone T, Copper T 380A, or LNG 20.

^c Range depends on the number of children a woman has had; women who have not given birth may have a lower percentage.

Source: Adapted from Rebecca J. Donatelle and Lorraine G. Davis, *Access to Health*, 6th ed., p. 175. Copyright © 2000 Allyn & Bacon.

Options for Safer Sex

Celibacy One choice you always have is not to have sex with others. Even if 75 percent of college students are having sex, that still leaves 25 percent who are not.

Abstinence Abstinence (with a partner) encompasses a wide variety of behaviors, from holding hands to more sexually intimate behaviors short of intercourse.

Masturbation Although many people are uncomfortable talking (or even reading!) about masturbation, it is a common sexual practice for people of all ages. Self-stimulation (or with a partner) can provide a safe sexual outlet and is one way to learn about our bodies and our feelings.

Monogamy A safe behavior, in terms of disease prevention, is having sex exclusively with one partner who is uninfected. However, having a long-term monogamous relationship is not always practical, because many college students want to date and may not be interested in becoming serious. Your chances of remaining healthy are better if you limit the number of sexual partners and maintain a relationship disease-free over a reasonably long period.

Table 14.2 Sexually Transmitted Infections

SEXUALLY TRANSMITTED INFECTION	WHAT IT IS	SYMPTOMS	TREATMENT	DANGERS	HOW TO AVOID IT
Chlamydia	Bacterial infection	Include mild abdominal pain, discharge, and pain and burning with urination. In some people, no symptoms appear.	Antibiotics	In women, can progress to pelvic inflammatory disease (PID) and lead to infertility.	Abstinence or monogamy with an uninfected partner Condoms reduce but do not eliminate the risk of infection.
Human Papilloma Virus	Virus	None. Warts can be detected by a physician during physical exam.	No cure. Treatment includes burning, freezing, chemical destruction, or laser surgery.	Causes venereal warts. HPV has been associated with cervical cancer in women.	HPV can spread even when condoms are used. Routine screening for HIV by a physician is advised.
Gonorrhea	Bacterial infection	In men, burning sensation during urination, discharge from penis, swollen testicles. In women, discharge from vagina, vaginal bleeding between periods. Can also infect anus and throat, in cases of transmission via oral/anal intercourse.	Antibiotics	If untreated, gonorrhea can cause pelvic inflammatory disease, male infertility, difficult urination, and life-threatening spread to blood or joints.	Abstinence or monogamy with an uninfected partner. Condoms reduce but do not eliminate the risk of infection.
Herpes	Virus	Blisters or lesions on the genital area. In some cases, no symptoms appear.	No cure. Medications can reduce length and severity of outbreaks.	Most likely to be transmitted just before or after lesions appear.	Condoms, abstaining from sex before, during, and after outbreak.
Hepatitis B	Virus	Stomach virus, yellowing of the skin and eyes	No cure. Rest and healthy diet are prescribed. A vaccine is available to prevent it.	100 times more contagious than HIV. May lead to permanent liver disease.	Avoid unprotected sex and contact with infected blood.
Human Immunodeficiency Virus (HIV)	Virus that causes AIDS	Often there are no symptoms. There are many possible symptoms. Only an HIV test can diagnose HIV	No cure. Various medications are available to lessen symptoms and prolong life	Although medications can prolong life and prevent the onset of AIDS, the disease eventually kills.	Use condoms, make sure partner is uninfected.

Condoms In addition to being a contraceptive, the condom can help prevent the spread of STIs, including HIV. The condom's effectiveness against disease holds true for anal, vaginal, and oral intercourse. The most current research indicates that the rate of protection provided by condoms against STIs is similar to its rate of protection against pregnancy (90–99%). Note that only latex rubber condoms—not lambskin or other types of “natural membrane” condoms—provide this protection. Use a water-based lubricant (such as KY Jelly) to keep the condom from breaking.

Unhealthy Relationships

Intimate Partner Violence

Some individuals express their love in strange and improper ways. It's called intimate partner violence: emotional, abusive, and violent acts occurring between two people who presumably care very much for each other. First-year students may be easy targets.

Approximately one-third of all college-age students will experience a violent intimate relationship. Almost every 15 seconds, a woman in the United States is battered by her boyfriend, husband, or live-in partner. And nearly half a million women report being stalked by a partner in the previous year.

Though statistics indicate that the majority of abusers involved in intimate partner violence are male, females can also be physically, emotionally, and verbally abusive to their partners.

It's important to recognize the warning signs and know what to do if you find yourself (or know a friend) in an abusive relationship.

- An abuser typically has low self-esteem, blames the victim and others for what is actually his or her own behavior, can be pathologically jealous of others who approach the partner, may use alcohol or drugs to manage stress, and views the partner as a possession.
- A battered person typically has low self-esteem, accepts responsibility for the abuser's actions, is passive but has tremendous strength, believes no one can help, and thinks no one else is experiencing such violence.

What to Do If Your Relationship Is Abusive

Tell your abuser the violence must stop. If you don't want sex, say no firmly. Call the police, consult campus resources (women's student services, the sexual assault office, and so forth), call a community domestic violence center or

rape crisis center, or call someone else on campus you can trust. Find a counselor or support group on campus or in the community. You can even obtain a restraining order through your local magistrate or county court. If the abuser is a student at the same institution, schedule an appointment with your campus judicial officer to explore campus disciplinary action. Once you decide to make a break, it's wise to remove yourself from the other person's physical presence. This may include changing your daily patterns. For further advice, contact your counselor to find out about restraining orders, listing the abuser's name at the front desk, changing your locks, securing windows, and taking other precautions.

To support a friend whose relationship is abusive, be there. Listen. Help your friend recognize the abuse. Be nonjudgmental. Help your friend contact campus and community resources for help. If you become frustrated or frightened, seek help for yourself as well.

Sexual Assault

Anyone is at risk for being raped, but the majority of victims are women. By the time they graduate, an estimated one out of four college women will be the victim of attempted rape, and one out of six will be raped.

Tricia Phaup of the University of South Carolina, Columbia, offers this advice on avoiding sexual assault:

- Know what you want and do not want sexually.
- Go to parties or social gatherings with friends, and leave with them.
- Avoid being alone with people you don't know very well.
- Trust your gut.
- Be alert to unconscious messages you may be sending.
- Be conscious of how much alcohol you drink, if any.

If you are ever tempted to force another person to have sex:

- Realize that it is *never* okay to force yourself sexually on someone.
- Don't assume you know what your date wants.
- If you're getting mixed messages, ask.
- Be aware of the effects of alcohol.
- Remember that rape is legally and morally wrong.

The following people or offices may be available on or near your campus to deal with a sexual assault: campus sexual assault coordinator, local rape crisis center, campus police department, counseling center, student health services, student affairs professionals, women's student services office, residence life staff, local hospital emergency rooms, and campus chaplains.

Making Decisions about Alcohol and Other Drugs

Even if you don't drink, you should read this information because 50 percent of college students reported helping a drunken peer (friend, classmate, study partner) in the past year.

A number of surveys have confirmed that your peers aren't drinking as much as you think they are, so there's no need for you to try and "catch up." Most students are off by almost half—and that's the truth.

In the final analysis, it's your decision to drink or not to drink alcoholic beverages; to drink moderately or to drink heavily; to know when to stop or to be labeled as a drunk who isn't fun to be around. Alcohol can turn people into victims even though they don't drink: people killed by drunk drivers or people who suffer from the behavior of an alcoholic family member.

According to most college presidents, alcohol abuse is the greatest single threat to students' health, safety, and academic performance. Over the course of one year, about 20 to 30 percent of students report serious problems related to excessive alcohol use.

Why College Students Drink

Social Learning

Students drink alcoholic beverages for many reasons, but those reasons can be divided into two major categories: (1) social learning and (2) a desire to feel good or not to feel bad. Social learning simply means learning by watching others. The major sources of social learning for drinking are parents, mass media, and peers.

Parents A parent who comes home from a hard day at work and says, "I need a drink" may be conditioning his or her children to use alcohol as a stress-relief drug.

Mass Media Commercial marketers have learned that associating sex appeal, the outdoors, and healthy-looking young people with their products catches your attention and encourages you to think favorably about their product.

Peers The best social predictor of your drinking behavior is the behavior of the people you hang out with, especially friends and close associates. A drinking game may drive a group of friends to drink more than usual. Also, the overall campus culture or the behaviors of members of clubs or Greek societies can influence your decisions about drinking. You may feel you need to change your drinking habits to be accepted by certain groups.

Drinking to Feel Good or Not to Feel Bad

At low to moderate doses, alcohol is a drug that can produce feelings of relaxation or pleasure. When people do something that is pleasurable, they are likely to do it again. This process is called positive reinforcement. So if one drink makes you feel good, it may encourage you to drink more frequently.

Related to the concept of drinking to feel good is the phenomenon of drinking not to feel bad. Some people may experience temporary relief of unpleasant feelings when drinking, such as feeling less tense or less sad. In extreme cases, a person may drink to forget. When people do something that stops them from feeling bad, they are likely to do it again.

Alcohol and Behavior

At low doses, alcohol has a stimulating effect on the human brain, making you feel animated and energized. More drinks may make you feel rowdy or boisterous. This is where most people report feeling a buzz from alcohol. After that, alcohol starts to act as a depressant. When the brain starts to slow down, your coordination, thinking, and judgment may be impaired. So as soon as you feel that buzz from alcohol, remember that you are on the brink of losing coordination, clear thinking, and judgment.

As you consume more alcohol, you will become progressively less coordinated and less able to make good decisions. Ultimately, most people who have had too much to drink become severely uncoordinated and may begin falling asleep, falling down, or slurring their speech. Eventually, heavy drinkers tend to suffer memory loss or blackouts. This may lead to nausea and vomiting. Commonly associated with nausea is a feeling of dizziness or a sensation that the room is spinning, a result of the disruption of the brain's balancing system.

Unfortunately, even after you pass out and stop drinking, your alcohol level can continue to rise as alcohol in your stomach is released to the intestine and absorbed into the bloodstream. Your body may try to get rid of alcohol by vomiting, but you can choke if you are unconscious, semiconscious, or severely uncoordinated. A person who is extremely drunk will show signs of severe alcohol poisoning such as an inability to wake up, slowed breathing, fast but weak pulse, cool or damp skin, and pale or bluish skin. People exhibiting these symptoms need medical assistance *immediately*. If you ever find someone in such a state, remember to keep the person on his or her side with the head lower than the rest of the body. Check to see that the airway is clear, especially if the person is vomiting. Even if the person is not vomiting, a severely drunk person lying on his or her back can be so relaxed that the airway can close if the tongue is blocking the back of the throat.

If a drinker passes out but does not have these severe symptoms, someone should watch him or her carefully and check back frequently until the person is awake. Even then, you may need to protect him or her from doing something dangerous, such as falling down a flight of stairs or starting a fire.

Alcohol can be fatal if you drink enough of it. You may also be more susceptible to accidents in an intoxicated condition. To be on the safe side, avoid strong drinks made with high-alcohol-content distilled spirits (such as 151-proof rum) or multiple shots of distilled spirits.

Consequences for All

Surveys conducted since the early 1990s have consistently shown a negative correlation between grades and the number of drinks per week—and not just for heavy drinkers. Findings are similar for both two-year and four-year institutions (see Table 14.3 below).

Alcohol Addiction

According to the medical definition, someone is alcohol-dependent or alcoholic if he or she exhibits three of the following symptoms:

1. A significant tolerance for alcohol
2. Withdrawal symptoms such as the shakes
3. Overuse of alcohol
4. Attempts to control or cut down on use

Table 14.3 Comparison of Percentage of Students Reporting Alcohol-Related Problems Experienced by Light to Moderate Drinkers, Heavy Drinkers, and Frequent Heavy Drinkers

PROBLEM	LIGHT TO MODERATE DRINKERS	HEAVY DRINKERS	FREQUENT HEAVY DRINKERS
Got behind on schoolwork	9	25	48
Missed a class due to drinking	10	33	65
Argued with friends while drinking	10	24	47
Got hurt or injured	3	11	27
Damaged property	3	10	25
Got in trouble with campus police	2	5	15
Had 5 or more alcohol-related problems since the beginning of the school year	4	17	52

Source: Data from Henry Wechsler 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 (1998): 57-68.

5. Preoccupation with drinking or becoming anxious when you do not have a “stash”
6. Making new friends who drink and staying away from friends who do not drink or who do not drink to get drunk
7. Continued heavy drinking despite experiencing alcohol-related social, academic, legal, or health problems

Fortunately, most college students do not become alcoholics. However, if you or someone you know is progressing toward alcoholism, you should contact a source on campus that can help. Student health centers are almost always a good place to start, but many other sources are available. Your course instructor, residence hall advisor, or academic advisor should be able to help you decide where to seek help for yourself or someone you care about.

Tobacco—The Other Legal Drug

Tobacco use is clearly the cause of many serious medical conditions, including heart disease, cancer, and lung ailments. Over the years, tobacco has led to the deaths of hundreds of thousands of individuals.

Unfortunately, cigarette smoking is on the rise among college students. “The rise in this group is really an alarming sign,” says Henry Wechsler of Harvard University. A 1998 survey indicated that smoking among college students had risen 28 percent in four years, with nearly 30 percent of college students smoking. Because more women than men now smoke, the rate of lung cancer in women is rapidly approaching or surpassing rates in men. Chemicals in tobacco are highly addictive, making it hard to quit. Although young people may not worry about long-term side effects, increased numbers of respiratory infections, worsening of asthma, bad breath, and stained teeth should be motivations to not start smoking at all.

Prescription Drug Abuse and Addiction

An estimated 9 million people ages 12 and older used prescription drugs for nonmedical reasons in 1999, nearly triple the number for the previous year. Three classes of prescription drugs are the most commonly abused: opioids, central nervous system (CNS) depressants, and stimulants. We will discuss them briefly.

Opioids These pain relievers include morphine, codeine, and such branded drugs as OxyContin, Darvon, Vicodin, Demerol, and Dilaudid. Opioids work by blocking the transmission of pain messages to the brain. Chronic use can

result in tolerance, which means that users must take higher doses to achieve the same initial effects, and can ultimately lead to addiction. Taking a large single dose of an opioid could cause a severe reduction in your breathing rate that can lead to death. It appears that college students' nonmedical use of pain relievers is on the rise and that many individuals may engage in "doctor shopping" to get multiple prescriptions for the drugs they abuse.

CNS Depressants These substances can slow normal brain function and, taken properly, can be useful in the treatment of anxiety and sleep disorders. If one develops a tolerance for CNS depressants, however, larger doses will be needed to achieve the same initial effects. If one stops taking them, the brain's activity can rebound and race out of control, possibly leading to seizures and other harmful consequences.

Stimulants Stimulants are a class of drugs that enhance brain activity, causing an increase in alertness, attention, and energy that is accompanied by elevated blood pressure and increased heart rate. Taking high doses of some stimulants repeatedly over a short time can lead to feelings of hostility or paranoia, as well as dangerously high body temperatures and irregular heartbeat.¹

Ecstasy

A troubling trend on college campuses is the increased use of a synthetic drug called MDMA, or Ecstasy. While many young people believe that MDMA is safe and offers nothing but a pleasant high for the \$25 cost of a single tablet (How bad can it be if it's that cheap?), the reality is far different.

MDMA exerts its primary effects in the brain on neurons that use the chemical serotonin to communicate with other neurons. The serotonin system plays an important role in regulating mood, aggression, sexual activity, sleep, and sensitivity to pain. As MDMA significantly depletes serotonin, it takes the brain a significant amount of time to rebuild the amount needed to perform important physiological and psychological functions.

Controlled studies in humans have shown that MDMA has potent effects on the cardiovascular system and on the body's ability to regulate its internal temperature. Of great concern is MDMA's adverse effects on the pumping effi-

¹ Adapted from "Prescription Drugs: Abuse and Addiction." National Institute on Drug Abuse, part of the National Institutes of Health, a division of the U.S. Department of Health and Human Services.

ciency of the heart. And since MDMA radically alters serotonin levels, heavy users experience obsessive traits, anxiety, paranoia, and sleep disturbance. Another study indicates that MDMA can have long-lasting effects on short-term, visual, and verbal memory and other mental functions.²

Other Illegal Drugs

Illegal recreational drugs, such as marijuana, cocaine, Ecstasy, LSD, and heroin, are used by a much smaller number of college students and far less frequently than alcohol. These drugs are significant public health issues for college students, however, and we hope that the comparative statistics shown in Table 14.4 and the brief additional information that follows will provoke further reading and discussion.

All the drugs listed in Table 14.4, with the exception of alcohol, are illegal. The penalties associated with their possession or use tend to be much more severe than those associated with underage alcohol use. In contrast to earlier recommendations regarding the potential for moderate and lower-risk consumption of alcohol, we cannot offer such advice for illicit drugs (except to never share drug needles). Side effects include the potential for long-term abuse, addiction, and severe health problems.

In addition, athletic departments, potential employers, and government agencies do routine screenings for many of these drugs. Future employability, athletic scholarships, and insurability may be compromised if you test positive for any of these substances.

Table 14.4 Usage of Alcohol and Other Drugs on College Campuses

DRUG	% USING AT LEAST ONCE IN PRECEDING YEAR	% USING DURING PREVIOUS 30 DAYS
Alcohol	83%	70%
Marijuana	31%	19%
Cocaine	3.9%	1.6%
Amphetamines	6.9%	3.1%
Designer drugs (Ecstasy, etc.)	3.6%	1.3%

SOURCE: C. A. Presley and J. S. Leichter, *Recent Statistics on Alcohol and Other Drug Use on American College Campuses: 1995-96*. Carbondale: The Core Institute, Southern Illinois University.

² Excerpted from "Ecstasy: What We Know and Don't Know About MDMA: A Scientific Review." National Institute on Drug Abuse, part of the National Institutes of Health (NIH), a division of the U.S. Department of Health and Human Services.

YOUR PERSONAL JOURNAL

Here are a number of things to write about. Choose one or more, or choose another topic related to this chapter.

1. Is it okay for people to use alcohol or other drugs to put themselves in a sexy mood? Or, after drinking or using drugs, might people indulge in sexual behaviors that they really didn't intend to? If so, how might they feel about it afterward?
2. What are the qualities of healthy intimate relationships? Think of your own intimate (not necessarily sexual) relationships, past or present. How would you characterize them? Healthy, unhealthy, or a combination?
3. If you know someone who drinks heavily on a regular basis, write how you feel about that person. If you don't know anyone like that, write how you feel about heavy drinking.
4. How does your campus culture encourage drinking behavior? Use of illegal drugs? How does your campus culture discourage drinking behavior? Use of illegal drugs?
5. What behaviors are you willing to change after reading this chapter? How might you go about changing them?
6. What else is on your mind this week? If you wish to share something with your instructor, add it to this journal entry.

READINGS

Diversity of Students Lowers College Binge Drinking Rates*

Drinking rates among the highest-risk drinkers on American college campuses—those who are white, male, and underage—are significantly lower on college campuses with larger proportions of minority, female, and older students, according to a study published in . . . *American Journal of Public Health*.

The study, "Watering Down the Drinks: The Moderating Effect of College Demographics on Alcohol Use of High-Risk Groups," is the first to examine the

**Alcoholism & Drug Abuse Weekly*, November 10, 2003, v15, i43, p. 3(2). Copyright 2003 Manisses Communications Group, Inc. Reprinted with permission.

role of college student demographics and diversity in moderating binge drinking among high-risk students.

The study found that greater diversity on campuses may serve as a risk-protective factor, even for those who were binge drinkers in high school.

Researchers with the Harvard School of Public Health College Alcohol Study (CAS) examined whether colleges with larger enrollments of students from demographic groups with lower rates of binge drinking exert a moderating effect on students from groups with higher binge drinking rates. They analyzed data from 52,312 college students at 114 colleges from the 1993, 1997, 1999, and 2001 CAS surveys.

According to the study, binge-drinking rates vary among student subgroups. African-American and Asian, female, and older students have lower rates of binge drinking than do white, male, and younger students.

“Our major finding is that white students, underage students, and men were less likely to be binge drinkers if they attend college with more minority, older, and women students,” Henry Wechsler, Ph.D., principal investigator of the study and director of CAS, told *Alcoholism & Drug Abuse Weekly*.

College student binge drinking is defined by Wechsler and other public health researchers as the consumption of five or more drinks in a row at least once in the past two weeks for men, and four or more drinks in a row for women. According to the study, research indicates that this style of binge drinking is associated with lower grades, vandalism, and physical and sexual violence.

“The number one public health problem of college students is binge drinking, which is responsible for a number of problems to the drinker, such as missing classes, becoming injured, and getting into trouble with the police,” said Wechsler. The secondhand effects from the binge-drinking behavior affects other students through such behaviors as physical assault, vandalism, and noise, said Wechsler.

According to the study, white, male, underage students who did not binge drink in high school would be less likely to take up binge drinking at schools with more minority, female, and older students. The study also found that white, male, underage students who were binge drinking in high school would be less likely to continue binge drinking at schools with more minority, female, and older students.

The higher the percentage of minority, female, and older students in a school, the lower the binge drinking rates for total students and high-risk subgroups, researchers found.

According to the study, the percentage of female students was significantly associated with lower binge drinking rates for total students and high-risk subgroups among small/medium schools. The percentage of female students had no significant effect on binge rates in large schools. Researchers said this may have been because the gender ratio did not vary very much significantly at larger campuses.

The study found that although various interventions have been attempted to help lower the level of binge drinking on college campuses, colleges have not yet examined housing and admission policies and student demographics. Although most colleges are trying to do something to lower the level of binge drinking on its campuses, one area not being examined has been the role of demographics, said Wechsler.

Researchers indicated that student-body composition and demographic diversity should be examined by colleges wishing to reduce their binge drinking problems, researchers said. Having more minority students, older students, and women should provide more models of abstention and responsible drinking and should lower the overall binge-drinking rate.

According to researchers, the findings help explain why fraternities and sororities and segregated freshmen dormitories that provide the highest concentrations of binge drinkers account for the bulk of alcohol problems on campus.

The study indicated that encouraging more older students to live on campus and in fraternity houses may be one practical application of the findings. Another may be decreasing the heavy concentration of young, male, white students in residential arrangements.

Colleges should encourage older students to live on campus and make it more financially desirable by altering financial arrangements in some way, Wechsler said. "The policy of grouping all freshmen together and separating freshmen from older students may make for a concentration of heavy drinkers," Wechsler said.

According to researchers, the findings suggest practical solutions for predominantly white colleges, including:

- Creating a campus environment that would attract a diverse student body;
- Increasing the number of minorities on campus;
- Encouraging more women and older students to live on campus, and in fraternity and sorority houses;
- Decreasing the heavy concentration on campus of likely high-risk drinkers who are overwhelmingly young, male, and white.

Survey Finds High Number of College Students Using Tobacco Products*

Significant proportions of college students use tobacco, typically in the form of cigarettes and cigars, according to a survey reported in the *Journal of the American Medical Association*.

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Nancy A. Rigotti, M.D., and colleagues from Massachusetts General Hospital surveyed the use of tobacco products in a sample of students from 119 U.S. four-year colleges as part of the Harvard College Alcohol Survey. That study surveyed randomly selected, cross-sectional samples of students in 1993, 1997, and 1999. The data reported in the current paper were gathered in 1999.

The colleges surveyed were located in 39 states and represented all regions of the U.S.

The questionnaire assessed demographic factors, substance use, satisfaction with education, and students' interests and lifestyle choices. Subjects were asked if they had ever smoked a cigarette, cigar, or pipe, or used smokeless tobacco.³

The investigators found that 60 percent of college students surveyed had ever tried a tobacco product, one-third within the past month. Cigarettes were the most commonly used tobacco product, with 53.4 percent of students reporting having smoked one in their lifetime, 38.1 percent in the past year, and 28.5 percent in the past month. The plurality of most current smokers (43.6%) smoked between 1 and 10 cigarettes per day, although a significant minority (12.8%) smoked one or more packs per day.

Men were more likely to use any tobacco product than women (53% vs. 41.3%) and to have used tobacco in the past year (37.9% vs. 29.7%). However, most of the difference was due to non-cigarette tobacco use among men, since, the investigators report, men and women had nearly identical cigarette current smoking rates (28.4% vs. 28.5%).

Among non-cigarette tobacco products, cigars were the most commonly used, with more than one-third of students reporting having ever smoked a cigar. Nearly 25 percent had smoked a cigar in the past year, and 8.5 percent had smoked a cigar in the past month. However, less than 1 percent of current users reported smoking cigars daily.

Students who used tobacco typically use more than one tobacco product, investigators found. More than half of tobacco users (51.3%) reported using more than one tobacco product. The most frequent combinations were cigarettes and cigars (19.7%), cigarettes and pipes (12%), and cigarettes, cigars, and smokeless tobacco (6%). Men were more likely to use multiple tobacco products than women.

In terms of demographic factors, investigators found that the median age of first cigarette use was 14 for both men and women. Median age for first cigar use was 17 for men and 18 for women.

Tobacco use was linked with being male and white. Students who used tobacco were more likely to smoke marijuana, binge drink, have more sexual

³ Rigotti N.A., Lee J.E., Wechsler H.: U.S. college students' use of tobacco products: Results of a national survey. *JAMA* 2000; 284: 699-705.

partners, have lower grades, and spend more time socializing with friends. Tobacco users were less likely to rate athletics or religion as important or to be satisfied with their education.

Study Limits

The authors note that this study may have a nonresponse bias, since only 60 percent of students surveyed returned the questionnaire. They also note that measures of tobacco use depended upon students' self-reports.

Authors' Conclusions

Based on this data, the authors conclude that tobacco use among college students is more prevalent than previously realized, mainly because tobacco use is not limited to cigarettes. Cigars, smokeless tobacco, and, more rarely, pipes are also used. College students who use tobacco are likely to be white, single, and experimenting with other risky behaviors. They are also often part of a lifestyle that values social life over education, athletics, or religion.

Authors' Recommendations

Colleges offer a potential site for interventions to discourage tobacco use. Colleges' alcohol and substance use prevention and treatment programs should also target tobacco. In addition, environmental changes—such as making all college buildings, including dorms, smoke-free—can help to protect nonsmokers and discourage occasional users from becoming regular users.

DISCUSSION

1. Your authors recognize that students do *not* want pious and moralistic “thou shalt nots” jammed down their throats; and that many students believe “I’ve heard it all before.” With that as a context on which to base a discussion, talk with fellow students about what you have read in this chapter that might still be worthy of consideration and possible action.
2. It should be apparent to you that the topics of college student sexuality, alcohol consumption, and drug use are pervasive in the media portrayal of college life and are big issues with some of the people in authority on college campuses. Are they correct in seeing these as major issues for college students? Why?
3. One of your readings reports that the extent of “binge drinking” in the highest cohort of students engaging in this behavior (white, male, under-age students) occurs at lower rates on campuses where there are higher rates of African-American, Asian, female, and older students. The reading

offers some possible hypotheses for this finding. Discuss with fellow students what you think may explain why the more characteristically heaviest drinkers may consume at lower levels on some campuses than others.

4. In the reading on tobacco use, note again the researchers' conclusions that use is more prevalent in the very same group in which binge drinking is also more likely to be found: white males who are experimenting with other risky behaviors. Discuss with other students just what is going on with young, white males in our society. Why are they behaving differently from other groups on college campuses? What are the implications of this for your success in college?

