ARGUMENT PRO INSTALLATION OF A PEER EDUCATION GROUP IN AN ALCOHOL-DRUG INFORMATION CENTER

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"The ultimate goal of any comprehensive campus alcohol program is to organize, develop, and launch the full potential inherent in the student body" (John W. Ryan, 1985, p. 79).

Alcohol and Drug Information Centers (ADIC) at many colleges and universities are given the duty of supplying a campus with pertinent information and educational programming on issues related to their title. The ADIC at Indiana University (IU), Bloomington sponsors programs based on the Health Belief Model. This model focuses on the belief that the threat of possible arrest is enough to deter and change unacceptable behavior. According to Bill Bailey (personal communication, Nov. 1988), Indiana University's ADIC Director, empirical evidence has widely proven the Health Belief Model effective in changing behavior of the chronic cases (e.g. students already in trouble or referred to the office because of previous behavior resultant of alcohol use). Yet, limiting the center to these types of programs fails to realize the "ultimate goal" stated by former IU president John W. Ryan. This goal is to "launch the full potential inherent in the student body." Keeping this goal in mind, several issues need to be addressed.

The Health Belief Model focuses on students already demonstrating alcohol-related problems while ignoring all others. Bailey (personal communication, Nov. 1988) has found that only 6% of all freshman males will get into trouble (with civil authorities) as a result of alcohol. Dan Rice (personal communication, Nov. 1988), a Graduate Assistant employed with the ADIC, finds the programs at the center do not reach a majority of the student body. This service is often implemented entirely by graduate assistants and the center's professional staff. Many adult facilitators are distrusted by students when presenting programs on alcohol use (Upcraft & Eck, 1986). Many program administrators and educators have increasingly recognized the limited effectiveness of programs similar to the one at IU (Sherwood, 1987). A way to ameliorate these issues is to utilize the most abundant resource on any campus: students. An ADIC can reach its "full potential" by initiating a peer education outreach program.

Evidence indicates that any type of peer education outreach program will enhance an alcohol education program (Hitchcock & Oliver, 1986; Myrick & Erney, 1979; Perkins & Kemerlng, 1983; Russel & Thompson, 1987; Sherwood, 1987; Upcraft & Eck, 1986). Access and availability of programs in any center will increase the number of students coming into contact with appropriate information. This includes chronic and all other cases. Bob Kirsch (personal communication, Nov. 1988). Butler University's Alcohol and Drug Center Director stated, "given the influence that peers exert, there is no doubt that peers are effective as facilitators." It is Kirsch's belief that peer educators are the whole heart and soul of the Butler program, and when trained properly, there is no doubt that peers will do a better job than older program facilitators. Finally, Upcraft and Eck (1986) found while working in the alcohol education program at Pennsylvania State University, the message of the program would be most credible if delivered by other students.

Illustrated below are two proposals for peer education programs which can be implemented in any ADIC. The size of the institution could determine which proposal one would use. Smaller institutions may choose to utilize the first proposal. Institutions of more than 10,000 students may dictate use of the second proposal.

One peer outreach program could be modeled after Butler University's Alcohol and Drug Center. An ADIC could recruit for student participants in an educational outreach program. Respondents could be screened, selected and trained by the ADIC professional staff. These peer educators would then be ready to facilitate programs (e.g., basic awareness, factual information, and activities) within the residence halls and throughout the campus.

A second model could be fashioned out of the impetus rising from the recent creation of FADD (Foster Against Drunk Driving). This group of Foster Quadrangle (a residence center at IU) residents formed their own version of SADD (Students Against Drunk Driving) organizing activities promoting responsible use of acohol and non-alcoholic programming. Interested members could be trained as paraprofessionals by the professional staff of an ADIC. This team of peer educators would then provide alcohol programming for their quad. Serving as a pilot program, the Foster Quad organization could become a model for all other residence centers. Through implementation of this model, each residence center would have a team of peer educators capable of conducting a variety of outreach programs. Three team members from each center could then be selected to form a campus wide coalition based at the ADIC. This coalition would then form the organization from which campus wide programming could be implemented.

If no undergraduates are currently involve in peer educational programs out of an ADIC, the following statement can be safely made. Student development would be facilitated through the implementation of a peer outreach group by creating more leadership positions, increasing opportunity for involvement, and stimulating greater outreach. Over all, the benefits of a peer education program are many, and evidence indicates "the peer approach works" (Hitchcock, p. 44). Any effective ADIC should make an effort to realize John W. Ryan's ultimate goal of unleashing the full potential of student body and form a peer outreach group within their office.

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THOUGHTS FROM A PROFESSOR:
AN INTERVIEW WITH CARNEY STRANGE

Jeff McColloch

Dr. Carney Strange is an Associate Professor in College Student Personnel at Bowling Green State University. He was a visiting professor at Indiana University during Fall Semester, 1988.

How did you get into the field of Student Affairs?

Like most people in the field, I got into it by accident. It is not something I wanted all my life. I was close to 27 or 28 when I decided this was something I could sink my teeth into. I came out of a small liberal arts college with a degree in French literature and classical languages. I didn't have a clear sense of what to do and didn't feel too bad about that. My life vision was short term. So I did what everyone else did who graduated from a liberal arts college, I taught. I taught high school for two years and taught all kinds of topics--chemistry, biology, music.

After that I spent two years in alternate service as a conscientious objector. I worked as a community organizer for the Catholic dioceses of Davenport, Iowa. As part of that I spent two years in the trenches of humanity working with low income families and elderly. I also had a part-time job at Mt. St. Clair College in Clinton, Iowa. My job there was to work as a maintenance man at the college. When they found out I was credentialed, I also taught there. So I was either working on plumbing or teaching social work. I knew my interest had always been in service-oriented fields. So I got into working for a drug/alcohol community service program. It was there that I heard about fellowships that the government was sponsoring for a drug counselling master's degree at the University of Iowa. I got one and attended the University of Iowa for two years.

My goal as a beginning master's student was clearly to be a clinician, a practitioner, and to work in a community-based drug alcohol program. I remember on my application them asking if you are interested in doing research and I said "only what's required." Then it asked if you are interested in pursuing a Ph.D., and I said "no, I am not." After about a year in the program, you had to choose one of the programs and I chose college student personnel. I always liked college settings. I like working with people who want to learn, who want to set goals, who are active questioners, and that is what attracted me to the field. It took about a year and I knew I was hooked.

How has the field of student development changed since Bob Brown's "Student Development in Tomorrow's Higher Education: A Return to the Academy" monograph was published in 1972?

I think for a long time this field meant being a good, kind, personable individual. Those were the models that we had. Someone who understands human behavior. Very much like the counselor-oriented model. I think something certainly changed with the 60s. We began to see ourselves as negotiators of people not only just responsive to individuals but now with groups of people. I think that forever shifted what we were about. I think the spirit of it was described in Brown's monograph. For the longest time I thought that was his last name--Monograph. As a beginning student you know you don't have all this lingo. So we set off to the first ACPA conference to meet Browns