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Drug and Alcohol Abuse Prevention: Defining the Need in Organizations

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ABSTRACT

This paper outlines initial interventions to prevent drug and alcohol abuse in organizations. Grounded in sociological theory, the first intervention is to define the nature of the problem through data gathering and analysis, particularly self-reports of drug and alcohol use by the organization's members. The self-report data, when compared with national data, provide a base of information from which direct interventions can be designed. Student, faculty, administration, and staff survey results from a university and their applications are reported as a case study. Interventions which center on peer prevention are briefly discussed. Self-report survey data of drug and alcohol abuse define the problem and the types of interventions that are likely to be successful.

Guided by theory, sociological practitioners can take a leadership role in identifying and intervening with drug and alcohol abuse within communities (Watts, 1989; Watts and Wright, 1990), professions (Watts and Short, 1990), and social organizations. Sociological theory provides a rich conceptual base for analyzing and intervening with problem behaviors, such as drug and alcohol

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abuse. This paper outlines the initial interventions for sociological practice to prevent drug and alcohol abuse in organizations, using a university as a case study. The emphasis here is on defining the nature of the problem and developing strategies for intervention.

Theory

As discussed elsewhere (Watts, 1989), drug abuse can be conceptualized as occurring at three different levels of social response and control: the individual, community or organization, and society. Intervention strategies may cut across different problem levels. For example, education is a strategy for preparing individuals for the risks of drug and alcohol use, whether as students or employees. National education and advertising campaigns to increase knowledge and awareness of drug and alcohol use are strategies to prevent abuse on the societal level. Before education and other prevention strategies can be effective, drug abuse as a problem must be recognized.

The first theoretical and practical problem in intervention with drug and alcohol abuse, whether at the community or organizational level, is definition of the situation. The process of defining the existence of drug use, recognizing that drug use is a problem behavior, and the recognition that drug use occurs in specific organizations can be explicated with social construction theory. The second theoretical perspective, peer or work culture, is useful for understanding drug and alcohol use in organizations as well as adolescent groups. Focused research defines the nature of the drug and alcohol abuse problem in each organizational environment and develops strategies for intervention from the correlates of abuse. These two theoretical models will be applied to data from a university, illustrating the interactive relationship between theory, data, and practice.

Definition of the Situation

Denial of drug and alcohol abuse is common, whether by an individual, family, organization, or community. Individuals who abuse drugs and alcohol deny that they have a problem, while many work associates almost consciously ignore that a co-worker or colleague has a problem with drugs. Even when other problems are consequences of drug and alcohol abuse, these problems may be recognized, but not the drug abuse. Organizations are no different in the reliance upon denial. In American universities, for example, student drug and alcohol abuse has been endemic for decades and acknowledged with a wink and a nod. Only recently have universities addressed themselves to problems of drug abuse among students, and they are just beginning to examine drug and alcohol abuse

among faculty and staff. In many other organizations, drug and alcohol abuse is not perceived as an important issue affecting the organization; instead, worker productivity, management expertise and decision-making, or marketing are seen as problems that the organization must resolve. Indeed, even though drug abuse may be an outcome of organizational dysfunction, organization members may interpret it as contributing to group cohesion and morale.

How can organizational denial be overcome? Social construction theory can be applied successfully to the problem of denial. As described by Berger and Luckmann (1966) and Straus (1984), socially constructed reality delimits the range of social action by defining norms legitimated in the society's symbolic universe. In American society, facts are an important element in the knowledge base that structures role performance and group action. For individuals, the macro-factual or empirical reality may not be as effective as the concrete, interpreted experience of everyday life; however, data which define a problem on a societal or institutional level can affect indirectly individuals and their behavior. For example, the increasing recognition in the United States over the last 25 years that cigarette smoking increases rates of lung cancer, heart disease, high blood pressure, and other illnesses has resulted in reduced tobacco consumption. Macro-data have successfully affected social behavior mediated by social institutions, groups, and processes.

Definition of the problem with data also can be accomplished in organizations. Data can identify empirically for employers the presence of a drug and alcohol problem within organizations. Since drug and alcohol abuse are factors which impact on productivity, morale, and absenteeism, the demonstrated existence of abuse can affect employers' decisions to implement prevention efforts like employee assistance programs.

A number of techniques exist for assessing the extent of drug abuse in the workforce. Estimation of the proportion of workers who use drugs in different types of industries, occupations, and professions is possible with the National Household Survey (Voss, 1989). The National Household Survey (1989), which uses door to door interviews with masked responses, assesses the prevalence and frequency of eight drugs including cigarettes and alcohol for the population aged 12 and older. Prevalence and frequency data, when cross-tabulated with occupation, can yield significant information about employee drug abuse. Data from this survey are particularly useful for establishing validity parameters for drug abuse information gathered in specialized populations, such as organizations.

Self-report surveys are the most common mechanisms for tracking prevalence and frequency of drug and alcohol use. On a regional, national, and international basis, self-report studies are important tools for assessment, monitoring, and evaluation of drug and alcohol abuse in different populations. The availability of

national, self-report data serves as an important means for checking the validity of local, organizational, or professional assessments.

Sociologists can contribute to the recognition of drug abuse as a problem through knowledge production techniques which alter the definition of the situation. Knowledge of the prevalence and frequency of drug and alcohol abuse is the first level of sociological intervention to socially construct the group or organization's definition of the situation regarding drug and alcohol abuse. Second, appropriate statistics on arrests for drug and alcohol related offenses, such as driving while intoxicated, possession, and sale, can provide useful information. Mental health data regarding commitments or treatment for substance abuse, along with data on alcohol sales, can document the prevalence of serious drug and alcohol abuse. Third, the sociologist can contribute to the social process of defining what is the problem with drugs and alcohol in the social group organization.

Organizations: Drug Prevention in the University

Within an organization, sociologists can play a leading or central role in the creation of and awareness about drug and alcohol abuse. While gaining access to some organizations may be problematic, many sociologists are associated with universities. Perhaps more so than other formal organizations in modern society, universities have been affected by the prevalence of drug problems. In the sixties, drug use on college campuses became fashionable and continued to grow in the seventies. Only in the mid-eighties was there a challenge to the tolerance of drug and alcohol use on American college campuses. The national surveys of high school seniors have been expanded to include college students and other young adults, thereby providing a routine source of information on a national basis to track the prevalence and frequency of drug and alcohol abuse (Johnston, 1986). These data do not tell any specific campus (except those that participate in the survey in any single year) about the prevalence and frequency of drug and alcohol abuse on that campus. Sociologists have an opportunity to assist university administrators in defining the nature of the problem and developing interventions by gathering and analyzing drug abuse data.

In addition to student drug and alcohol problems, some researchers have identified the academy as a organizational environment conducive to alcohol and drug abuse by faculty and staff. Thoreson (1984) identified job characteristics, such as low visibility and minimal supervision, maximum security, minimum opportunity for advancement, collegiality (which eliminates the distance needed for effective supervision), and an aging professoriate, as contributing to alcoholism. Since universities, by their very nature, are places for original and creative activity which require a high tolerance for idiosyncratic behavior, they

are good environments for drug and alcohol abuse (Donovan, 1990). Instead of a peer culture that actively promotes drug use, the university may passively support drug and alcohol use by culturally and organizationally ignoring it. While the need to examine faculty drug and alcohol abuse has been identified, little attention has been given to administrators, clerical and physical support personnel.

Due to external pressures, universities have had to become more aware of drug abuse. First, they are required by law to certify that they maintain a drug-free workplace. Second, grant money is available to universities to implement drug abuse prevention programs on their campuses. The former requirement is not as draconian as it sounds; it simply requires the university to certify that it has and enforces rules to prohibit drug possession and use on campus. In conjunction with the latter, sociologists can use their research skills to investigate the prevalence and frequency of drug abuse and their practice skills to prevent it.

Defining University Student Drug Use

The strategy suggested here uses self-report surveys to measure the extent of drug and alcohol abuse and to develop strategies to deal with it. At one university, located in the southwestern United States, surveys of a large sample of students are conducted annually to assess the amount and frequency of drug use. The data have documented the extent of the need for drug and alcohol abuse prevention programs on campus. With these data, the campus has successfully obtained funds to develop programs to prevent drug use and to reduce alcohol consumption. Follow-up surveys have documented a reduction in drug use since the programs sponsored by the grant have been in place.

The first data were gathered to assess the relative amount of student drug use on this campus. The data showed that attitudes toward drug and alcohol use were tolerant and even favorable. As displayed in Table 1, the rates of drug use, particularly for marijuana, alcohol, and other drugs, were significantly higher for the campus under study than national data when focusing on use in the last 30 days. These data became the basis for a drug abuse prevention program to change attitudes and behaviors.

These efforts included the establishment of a peer assistance network, designed to train students in the psychological, physical, and social consequences of drug use. Peer assistance students, in turn, would then train others in the student community about the dangers of drug use. The need for peer prevention is demonstrated by the high correlation (.67, $p<.001$) between the student respondent's drug use and friends' drug use. Data define not only the extent of the problem but the nature of the interventions to be undertaken.

Table 1
Local University and National Sample Student Trends
in Annual and 30-day Prevalence of Drug Use by Sex
(N=853)

		Percent Use in Last 12 Months National Sample*	Local University
Any Illicit Drug		46.3	52.6
	Males	50.9	56.7
	Females	42.7	49.8
Any Illicit Drug Other		26.7	33.8
Than Marijuana	Males	29.7	35.0
	Females	24.4	33.1
Any Illicit Drug Other		21.4	31.2
Than Marijuana	Males	24.4	33.2
or Stimulants	Females	19.0	29.9
		Percent Use in Last 30 Days National Sample	Local University
Any Illicit Drug		26.1	34.3
	Males	29.9	40.9
	Females	23.2	29.0
Any Illicit Drug Other		11.8	17.8
Than Marijuana	Males	12.7	20.5
	Females	11.2	15.6
Any Illicit Drug Other		9.1	16.3
Than Marijuana	Males	10.6	19.4
or Stimulants	Females	3.0	13.9

*Adapted from Johnston, Lloyd D. et al. (1986) *Drug Use Among American High School, College Students, and Other Young Adults: Trends through 1985*, Rockville, MD: NIDA.

Other prevention activities included faculty course changes and proposals for new courses. The drug abuse prevention program sponsored a number of events throughout the year, such as alcohol awareness week and the pre-spring break drug and alcohol awareness campaign. One element that became clear in the data collection is that students who use drugs are more likely to report having sex without condoms and with multiple partners. On the basis of this information, the university initiated an AIDS awareness campaign both together with, and separately from, drug abuse education.

Data analysis serves at least three functions from the perspective of social construction theory. First, data demonstrate that a problem exists. While there are problems with the validity of self-report surveys (Nurco, 1985), no other methods of estimating the rates of drug use offer significant advantages over the self-report technique. One of the functions of data gathering and analysis is to define for the community the outline of the problem that exists. As shown in Table 1, the data identified that this university had an excessive amount of drug and alcohol use among its student population; the nature of the problem was defined sufficiently that the university was able to document the need for and obtain funding to implement a prevention program. The second purpose of data gathering and analysis is to outline the nature of the interventions to be undertaken. The information showed some striking things about the drug and alcohol abuse problem that, to some extent, were specific to this university. For example, the drug "ecstasy," while not common at other universities during the time of the initial survey, was clearly identified as a problem. Appropriate intervention steps were designed to deal with it. Third, continued data collection provides a foundation for assessment and modification of prevention programs that initially have been put in place.

Analysis of the most recent college student data on drug and alcohol abuse on this campus shows reductions in both alcohol frequency and drug use prevalence and frequency. Student awareness of the harmfulness of drugs appears to be increasing. Students have a higher awareness of cocaine's physical consequences and its addictive potential than in the first survey. While it is too early to show the effects of the peer assistance program in actually reducing student drug use, it is clear that through data gathering, analysis and systematic efforts at prevention, the frequency and prevalence of drug and alcohol abuse among college students can be affected.

Defining Faculty and Staff Drug Use

The formal organization, like a family or nation, can be seen as an interdependent community. The existence of a problem behavior in one sector, while not necessarily repeated in the same form, also affects other components of the

organization. The university as a community is no different. The university atmosphere of tolerance for exploration and creativity (which some suggest is the soul of a university) may have provided supportive environmental conditions where not only students, but faculty and staff, have become vulnerable to drug and alcohol abuse. The tolerance of student drug use has affected faculty, staff, and administrative drug use if, for no other reason, than by the advancement of generations.

In an effort to establish a comprehensive prevention program in a university, how does one assess the prevalence and frequency of drug and alcohol abuse among faculty and staff? While there are a number of direct and indirect measures available (for example, the number of cases seeking treatment for substance abuse as reported by the institution's insurance office), drug and alcohol abuse is a form of hidden deviance. The autonomy and collegiality that are the hallmarks of a university mask members' problems from one another and require denial even when problems are known to exist. Who wants to deal with the mess of personnel issues that are created when either administrators or faculty actively intervene with a colleague who is abusing alcohol or other drugs? While problems with self-report validity are greater in employee surveys than in other types, due primarily to the perceived threat that an anonymous survey implies to employees, the other alternatives for prevalence and frequency data have even more severe limitations.

Increasing attention has been given to urinalysis as a valid and reliable means of assessing the prevalence of a drug problem among existing and prospective employees. A number of studies (Sheridan and Winkler, 1989; Axel, 1989; Normand and Salyards, 1989) have examined the effectiveness of drug testing programs, focusing particularly on pre-employment screening. Anglin and Westland (1989), reporting for the California Drug Abuse Information and Monitoring Project, which compiles urinalysis results from the criminal justice system, drug treatment programs, the medical community, and employers in the state, found that of the four populations studied, employee drug use was the lowest.

While the validity of urinalysis has been questioned, the principal objection has been to the intrusive nature of the test and the violation of privacy that is widely recognized to be occurring with the procedure. Random urinalysis is probably not an effective way to gain a picture of the rate of substance abuse in a higher education community, since it so clearly violates the relationship of trust between faculty, staff, and administration that must exist for universities to be effectively operated. Instead of urinalysis on the college campus, the self-report test, with its limitations (see Nurco, 1985; Cook, 1989) can be a useful means for gathering information on the frequency and prevalence of drug and alcohol abuse in a higher education community.

In the same university discussed above, an anonymous, confidential population survey of all faculty, clerical staff, physical/custodial personnel, and administrators was undertaken with an instrument which measured drug and alcohol use, demographic data, leisure patterns, and perceived job stress. The complete results of that survey are reported elsewhere (Watts et al., 1990), but for the purposes of this paper it is useful to summarize some of the drug use findings. For hallucinogens and narcotics, lifetime drug use was measured, but most measures were limited to within the last year and last month. The response rate on the survey was 55 percent, produced with a round of follow-up cards after the initial mailing of the questionnaire.

The faculty/staff drug use findings, as displayed in Tables 2, 3, and 4, show that this institution had higher rates of use than national comparison data for alcohol, for lifetime drug use of hallucinogens, and for use in the last year of cocaine and tranquilizers. Most surprising are the findings that the local organization use rates exceeded the national rates for use in the last month on all drugs (cocaine, barbiturates, amphetamines, and tranquilizers) except marijuana. These findings are conservative estimates of drug use in this institution given the self-report method limitations and the disproportionately high response rate by females in the sample. If males had responded proportionate to their numbers in the population, it is expected that usage rates for marijuana would have been higher.

Table 2
Alcohol Use in Percentages

Main Duties	Alcohol Last Year N=838	Alcohol Last Month N=808	5 or more drinks at a time last 2 weeks N=837
Teaching	83.8	74.9	11.7
Administration	80.2	68.1	14.1
Clerical Support	74.3	58.4	13.7
Physical Plant/Custodial	66.3	50.6	22.0
Local All	78.9	67.0	13.7
Nation*	63.3	48.0	N/A

*Derived from the southern region by age group as reported in National Household Survey on Drug Abuse: Population Estimates 1988, (1989) Rockville, MD.: US Department of Health and Human Services, ADAMHA.

The most widely used drug is, of course, alcohol. However, the total sample's use rate in the last month and year, as shown in Table 2, exceeded the national rates by 19 percent and 15.6 percent, respectively. The use rates in the last year for faculty were 20.5 percent higher than the national sample and 26.9 percent higher in the last month. Unfortunately, it is not possible to compare the heavy drinking measure (five or more drinks at a time in the last two weeks) with the national data, but the local rates appear high. Certainly for the physical plant personnel, 22 percent of whom report that rate of use, heavy drinking is quite high.

Table 3
Lifetime Drug Use

	Hallucinogenics N=840				Narcotics N=837			
Main Duties	No Use	1–2	3–14	15 or More	No Use	1–2	3–14	15 or More
Teaching	91.4	3.3	2.8	2.5	95.0	3.1	0.8	1.1
Administration	91.1	4.7	4.2	—	95.8	1.6	2.1	0.5
Clerical	95.6	3.9	—	0.5	95.6	3.4	0.5	0.5
Physical Plant	92.8	2.4	1.2	3.6	96.3	1.2	—	2.5
Local All	92.5	3.7	2.3	1.6	95.5	2.6	1.0	1.0
Nation*	95.5				95.5			

*Derived from the southern region by age group as reported in National Household Survey on Drug Abuse: Population Estimates 1988, (1989) Rockville, MD.: US Department of Health and Human Services, ADAMHA.

Lifetime drug use was measured with only two drugs: hallucinogens and narcotics. For the population as a whole, as displayed in Table 3, lifetime hallucinogenic drug use was 7.5 percent, and for faculty it was 8.6 percent. These rates significantly surpass the national hallucinogen lifetime use rate and support the hypothesis that some of yesterday's student hallucinogen users are today's college professors. Narcotic use was 4.5 percent of all respondents and 5.0 percent for faculty. These rates, which are tied with or exceed adults in the National Household Survey, are sufficiently high to suggest the need for interventions to assist faculty and staff to prevent drug and alcohol abuse. As problematic as lifetime use may be for institutions of higher education, current use by faculty and staff is of greater concern.

As shown in Table 4, the most popular illegal drug used in the last year was marijuana (6.7 percent), followed by cocaine. For the faculty, marijuana use was 5.6 percent, followed closely by cocaine at 4.6 percent. Last year's cocaine use

rate by faculty and clerical personnel is almost double the 2.7 percent rate of the national sample. Barbiturate use in the last year by administrators exceeds national rates as does amphetamine use by clerical personnel. The rates for marijuana use in the last month were quite low: 1.8 percent for the whole sample and ranging from 0.6 percent for faculty to 3.2 percent for physical plant and custodial personnel. The last month cocaine use rate for faculty and staff tied the national use rate, while cocaine use by administrators, clerical staff, and physical/custodial personnel was slightly higher than the national rate. As shown in

Table 4
Current Drug Use

Drug Use in Last Year in %

Main Duties	Marijuana N=837	Cocaine N=830	Barbiturate N=841	Amphetamine N=839	Tranquilizer N=842
Teaching	5.6	4.6	0.8	0.6	3.1
Administration	7.3	3.2	2.1	1.0	2.1
Clerical Support	7.8	4.4	1.0	1.9	2.9
Physical Plant Custodial	7.2	1.2	1.2	1.2	2.4
Local All	6.7	3.6	1.2	1.1	2.7
Nation*	7.8	2.7	1.4	N/A	2.5

Drug Use in Last Month in %

Main Duties	Marijuana N=828	Cocaine N=824	Barbiturate N=834	Amphetamine N=834	Tranquilizer N=835
Teaching	0.6	0.6	0.6	0.3	0.1
Administration	2.1	1.1	1.0	0.0	1.0
Clerical Support	2.9	1.5	0.0	1.2	1.5
Physical Plant Custodial	3.2	1.3	2.5	1.8	1.2
Local All	1.8	1.0	0.7	0.6	1.2
Nation*	4.6	1.0	0.4	0.6	0.4

*Derived from the southern region by age group as reported in National Household Survey on Drug Abuse: Population Estimates 1988 (1989) Rockville, MD.: US Department of Health and Human Services, ADAMHA.

Table 4, barbiturate use in the last month by faculty, administration and physical plant staff exceeded the national rate. Among physical/custodial personnel, the use is six times the national rate. Amphetamine use in the last month by clerical and physical/custodial personnel is two to three times the national rate, while tranquilizer use by administration, clerical support and physical/custodial personnel is two to three times greater than the national sample rate.

Perhaps the most striking measure of drug and alcohol related problems and the need for the organization to take steps to actively intervene is shown by the proportion of respondents who reported that there was a drug or alcohol abuse problem in their families. Twenty percent of all respondents reported such a problem: 17.6 percent of faculty and 25.2 percent of clerical staff. In other words, approximately one in five employees report a drug or alcohol abuse problem among family members. Since most members of these families are covered as dependents on university group insurances, it may be a cost effective measure for the institution to establish an employee assistance program that actively intervenes with families.

Identifying Prevention Strategies

Data explicating the nature of the drug and alcohol abuse problem within an institution can be useful for establishing prevention programs. Correlates of drug and alcohol use are keys to defining directions for intervention with the different cultures that exist in the university. The student culture is complex and heterogeneous, yet, through analysis of the student self-report data, it is clear that student drug use can be most effectively prevented by peer prevention. Focus on ancillary issues, such as drug education in classes, while furthering the educational mission of the university, will not contribute substantially to drug use reduction (Tobler, 1986; Perry, 1987). Suggestions for implementation of a peer prevention program have been offered elsewhere (Watts and Wright, 1990), but the need for peer prevention can be identified only through research which defines the problem.

Defining the problem with data is the first step in creating a culture of prevention in an organization, community, or group. The more complex the structure of the organization or community, the greater the need for the sociologist to define the problem with data. In a complex institution like the university, with many occupational and professional roles that cut across a wide array of demographic characteristics, the identification of similarities and differences in alcohol and drug abuse is important for planning prevention efforts. Knowing that over one-fifth of physical/custodial personnel are heavy drinkers suggests that training for these workers needs to focus on alcohol. The large proportion of heavy drinkers suggests that a culture of drinking exists in the physical maintenance division

of this organization. A training program which uses physical plant and custodial employees as trainers on drug and alcohol abuse has a better chance of successful intervention with the worker-drinking culture than other more conventional training models. The problem is compounded by the fact that this university exists in a larger community which culturally supports heavy drinking.

The institution also must focus on other patterns of drinking and drug use. The fact that the university community as a whole drinks more than the nation suggests the need for greater awareness of the problem. For example, the data on faculty cocaine use suggest that prevention efforts for faculty should emphasize cocaine and other drugs for which faculty are at risk. Within each occupational subculture specific rationales, contextual cues, and opportunities for drinking and drug use occur. Institution-wide prevention campaigns can miss the differences among these subcultures. For example, cocaine prevention aimed at faculty may miss secretaries and physical plant personnel who are the most prevalent users. Prevention programming needs to be data-based and culturally specific.

In addition to specific drugs, prevention programs must take into account correlates of drug and alcohol abuse. For example, for faculty and staff, depression is correlated with drug use in the last year (.175, $p<.001$), last 30 days (.178, $p<.001$), lifetime hallucinogenic drug use (.162, $p<.001$), and heavy alcohol use (.111, $p<.001$). It is also correlated with family alcohol and drug problems (.136, $p<.001$), absences from work (.122, $p<.001$), and reported suicidal thoughts (.406, $p<.001$). For this university, prevention efforts need to be targeted at the work and cultural conditions that support depression, which is associated with a range of psychosocial problems, including drug use.

Drug use and its prevention are interwoven with a range of other problems, including depression. The high rate of respondents who report that someone in their family has a problem with drugs or alcohol and the consistent correlation of depression with other problem behaviors, including drug and alcohol abuse, reinforces the need for this institution to establish an employee assistance program. Such an office may assist with a range of acute problems, while developing and coordinating peer prevention with other drug and alcohol training opportunities.

Of course, collecting and analyzing data are not enough. The information must be presented to the organizational leaders who have the authority and power to take steps to intervene. When dealing with data on drug abuse, care must be taken to empower decision makers and other community leaders. Simply publicizing the findings of a survey is not an effective way to initiate interventions with drug and alcohol use. Working with key institutional or community leaders, who recognize the existence of a problem with the help of data, empowers them to exercise a leadership role. The sociologist works through the

legitimized authority structure, serving as an expert consultant, while organization leaders are empowered by the sociologist to carry out their role vis à vis drug prevention.

Conclusions

What are effective drug prevention strategies in organizations? Effective drug prevention strategies differ according to the culture of the organization in which they are to be applied. The practicing sociologist, by collecting and analyzing self-report drug and alcohol abuse data, can identify patterns of abuse, their correlates, and recommend to organizational leaders a prevention program that is institutionally specific and empirically grounded.

Sociological practitioners, who seek to apply theory and method to the improvement of widely recognized social problems, have a rich field of opportunities in the area of drug and alcohol abuse. Based on work in a university, theoretically based strategies for drug abuse prevention in organizations have been discussed. Assessment of the prevalence and frequency of drug and alcohol abuse in an organization is necessary for problem definition and the identification of correlates upon which prevention strategies can be built. Since peer use of drugs is a strong correlate of drug use, peer culture theory has been used to develop strategies to prevent student and faculty/staff drug use.

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