

Risk Management within NPHC and DGC/MGC Councils

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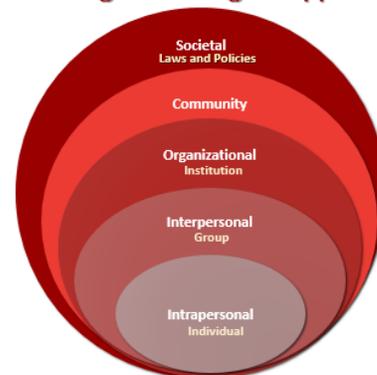
For many college campuses, the presence of high-risk alcohol use and substance abuse has been a long-standing issue and unfortunate reality. High-risk drinking and substance abuse is a serious public health issue being addressed by a variety of professionals on college campuses, and the movement to change campus culture must involve our diverse student representatives. I have had the opportunity of viewing high-risk behavior associated with consumption of drugs and alcohol from five different lenses – as an active and financial member of my undergraduate chapter, a Healthy P.I.R.A.T.E. Peer Educator, faculty and primary advisor for my sorority, assistant director of Greek Life, and as a health educator providing prevention services to campuses. There has been an unfortunate belief that Black and multicultural fraternities and sororities do not have the same risk management issues as their peers in IFC and NPC, and I am here to debunk that myth.

FACT: Regardless of the lens, risk management strategies should be addressed with Black and multicultural fraternities and sororities despite what is often believed or perceived.

Both public health and student development research illustrate the importance of reducing high-risk alcohol use and substance abuse to support student success and well-being. The active involvement and communication regarding student decision-making must involve students and staff from a variety of ethnicities, disciplines, and experiences. Students who actively engage in these discussions have fewer disciplinary interactions and greater academic success.

I have had the amazing opportunity to present and train members on risk management and harm reduction using the FIPG Risk Management Guidelines and the socio-ecological model for prevention. Because behavior is influenced at multiple levels, the most effective interventions should operate at multiple levels of the socio-ecological model. It never fails that when I ask NPHC and DGC/MGC councils if they are aware of FIPG and if they understand it enough to implement it, I get blank stares in return. These reactions are telltale signs they are clueless. Even if they have heard about FIPG, they do not believe it is applicable to them, as many of our inter/national organizations do not discuss it or include it in training or paperwork. High-risk alcohol use and substance abuse is an issue among Black and

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multicultural fraternities and sororities, but the behavior and risk factors often look different from what is seen from Caucasian students. Below you will find some recommendations for campus professionals on how they can improve their risk management initiatives for their students of color.

FACT: Unconscious biases in Alcohol Tobacco and Other Drug (ATOD) program development often lead to microaggressions. Unintentional biases communicate hostile, derogatory, or negative messages, which in turn impede ATOD prevention efforts on campus.

Prevention with Diversity in Mind

Students of color need targeted and tailored prevention and intervention! I have so many memories of sitting with my undergraduate Sorors at mandatory trainings and completely tuning out presenters because everything was targeted and tailored for IFC and NPC organizations. It is important that invited speakers, whether campus or community based, are made aware of the diversity within your various councils, organizations, and structures. Not every organization has a risk management chair, thus effective programming must be inclusive to what your students are actually doing. At the AFLV Central Conference, I asked students how many have had a risk management presentation that was tailored to what occurs within their chapters/councils, and only a handful of students raised their hands. As professionals, we must be diligent in being culturally competent and sensitive to avoid isolating our students. So, reach out to professionals from various backgrounds to come and speak to your students, and please ensure they are engaging and making the presentation interactive if possible. For example, many Black and multicultural fraternities and sororities do not have houses, but they will have a “get together”, house party, or kickback at someone’s home. FIPG guidelines emphasizes having a guest list and methods in place to ensure there is no underage or excessive drinking. These fraternity/sorority students may not see the need to implement these procedures as it is not an “official” chapter party, but these decisions to not follow FIPG guidelines increase their risk. Below are some questions professionals should consider and discuss with their campus partners:

- Are your ATOD prevention programs and services institutionally-focused?
 - Do your programs provide additional support to students who need it as opposed to following a standard approach in which all students receive the same level of services?
- Are your ATOD prevention programs and services racially conscious?
 - Are students of color represented in ATOD programs and participants in the services you provide?

- Are your ATOD prevention programs and services evidence-based?
 - Have you assessed student representation and outcome data disaggregated by race, ethnicity, gender, GPA, affiliation, and living arrangements?
 - When participant data from these groups are too low, what steps do you take to gather more data from them? (e.g., focus groups; review of data from post evaluations, etc.)
 - Have you used qualitative inquiry to determine the actual day-to-day usage, norms, and perceptions of your students?

Using data is a great tool to help guide your prevention efforts on your campus, but data should not be used exclusively. Because some currently used surveys are long and cover sensitive topics, there may be some apprehension from your students of color in completing the survey. Survey tools are rarely created specifically for diverse populations, and the questions may not resonate with them. They may mark an answer incorrectly due to wording or may feel the need to not be as truthful for fear of it being not being truly anonymous. Another factor to consider is the number of diverse student populations taking the survey and the likelihood of a high-risk student taking a survey about their health and wellness. Using a variety of sources will help get a fuller picture. These sources might include qualitative and quantitative data from students, campus police, residence life/housing, student conduct, student health, counseling services, the prevention office, and campus surveys. Risk management for fraternity and sorority organizations must emphasize how everyone must be accountable to the organization. Students should not just worry about their own personal level of risk they find acceptable, but also the behaviors other members with higher risk levels bring to the group. These behaviors will now affect everyone. To assist with creating and changing campus culture use the [CollegeAIM – Alcohol Intervention Matrix](#), also developed by the NIAAA.

How can your students feel empowered when they must confront their peers about their behavior? These trainings and workshops should identify ways in which a student is fully aware how their decisions affect their experiences during college, their organization and how professionals can help manage some of these barriers to success. Working together to develop inclusive policies and programming increases the efforts to create an atmosphere that places student safety and well-being as the top concern for our fraternities, sororities, and campus community.

References

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