## A Culturally Appropriate Framework for Educating Collegiate International Students about Alcohol

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### Abstract

International students enrolling in American universities may receive education on alcohol use because alcohol consumption is a key concern across American colleges and universities. However, general alcohol education often overlooks the specific cultural, language, and learning needs of international students. This article reviews one current alcohol education program, AlcoholEdu, on a college campus and uses specific examples from international students and the literature to recommend a culturally appropriate alcohol education framework for international students to assist with social, cultural, and educational adjustments related to the college experience.

Key words: Alcohol Education; Cultural Awareness; Student Experience; College Students.

## Introduction

### **Alcohol Use in International Contexts**

According to the World Health Organization<sup>1</sup> alcohol consumption is a prominent health concern across the globe with over 2 billion consumers of alcoholic beverages and an estimated 76.3 million with a diagnosable alcohol use disorder. Alcohol has been an integral component of the human experience dating back to 6400 BC with consumption at ceremonies, religious practices, initiations, celebrations, and meals.<sup>2</sup> Drinking practices and beliefs vary across religious, ethnic, national, and cultural groups and alcohol consumption behaviors today are often identified by two distinct patterns of consumption.<sup>3</sup> Alcohol may be consumed regularly and moderately as part of every day life in a permissible, socially acceptable way.<sup>4-6</sup> Alcohol may also be consumed on sporadic occasions but at higher levels during each occasion.<sup>6</sup>

Epidemiological research reveals an inverse relationship between regular drinking and binge drinking in European nations.<sup>7</sup> Table 1 shows the percentage of males drinking daily, binge drinking, and experiencing adverse consequences with alcohol use. For example, male residents surveyed in Ireland, the UK, Sweden, and Finland reported lower rates of daily drinking but had higher binge drinking rates. On the other hand, France and Italy, with higher rates of daily drinking, reported lower levels of binge drinking.<sup>7</sup>

The World Health Organization<sup>1</sup> suggests that alcohol remains an addictive drug that contributes to chronic disease, mortality, and accidents across the globe. Drinking increases one's risk of being in hazardous situations and experiencing personal, societal, and legal consequences. Researchers have noted the potential adverse effects of alcohol consumption, which include blackouts, alcohol overdose, unintentional injuries, violence, unprotected or unintended sexual activities, academic problems, increased alcohol tolerance, and psychological problems including anti-social behavior or destructive behavior.<sup>8-11</sup> In communities, effects of underage and problematic alcohol consumption enlist the services of valuable resources including police, hospitals, and the courts.<sup>11</sup>

#### Alcohol Use and Education in University Contexts

Alcohol-related consumption patterns and behaviors vary across cultures, subcultures, and populations. Therefore, prevention strategies should also vary across culture, subcultures, and populations. The U.S. Safe and Drug Free Schools and Communities Act <sup>12</sup> mandates that resources and information on college alcohol policies and sanctions, as well as health consequences associated with alcohol use, be made available to all college students. Published research also discusses the need to provide relevant, culturally-appropriate alcohol education for international students entering United States universities to promote a safe and smooth transition.<sup>6,13</sup>

The National Institute of Health (NIH) is a federal agency within the U.S. Department of Health and Human Services responsible for conducting and supporting medical research to improve health (NIH).<sup>14</sup> The infrastructure of the NIH includes the National Institute on Alcohol Abuse and Alcoholism (NIAAA), which focuses on alcohol use and reducing alcohol-related problems. Based on college drinking research, the NIAAA developed a 3-in-1 framework recommending that colleges and universities implement a comprehensive alcohol intervention approach occurring at three levels, which includes the environmental and social influences often underlying alcohol consumption. The 3-in-1 framework proposes specific prevention strategies for individual students, especially at-risk drinkers, the general student population, and the college and surrounding community.<sup>15</sup>

In order to provide individual members of the student body with an alcohol prevention program, an increasing number of college campuses across the country are turning to commercially available, webbased programs to educate high-risk college student populations.<sup>16</sup> One such program is AlcoholEdu, an online, evidence-based alcohol education program used by over 500 campuses to educate incoming first-year students and other student groups. AlcoholEdu is a primary prevention strategy designed by Outside the Classroom, Inc. to inform students, whether non-drinkers, moderate drinkers, or heavy drinkers, about high-risk drinking and negative consequences resulting from alcohol consumption.<sup>17</sup>

Health literacy experts suggest being aware of the potential for limited English proficiency by developing health education materials using plain English and writing to an audience that reads at a lower grade level.<sup>13,18</sup> Logically, this will increase health knowledge gains and subsequently lead to better comprehension of the presented materials.<sup>19</sup> However, when materials are delivered in English, many international students hear or read them in their non-native language. Even though the materials are written in plain English and at a low literacy level, this may be irrelevant because health concepts assume American constructs of health. Therefore, despite intentional attempts to minimize health communication barriers, the cultural appropriateness of materials may result in further comprehension barriers.<sup>18</sup>

## **Purpose of Study**

The purpose of this paper is to explore a culturally appropriate design for educating international students about alcohol because implementing alcohol education programs for a general college student population often overlooks the specific needs of international students.

# International Student Experiences with AlcoholEdu

This section will offer international students' personal experiences with AlcoholEdu on one midwestern campus along with tailored strategies to overcome health and literacy barriers. Feedback from international students, residence life staff, and university staff has posited that cultural and literacy barriers prevent some international students from having a positive experience with the AlcoholEdu course. Although the AlcoholEdu course is updated annually to incorporate new research and was recently reformatted to be more engaging and interactive to students, it is evident that some international students continue to report challenges completing the on-line course.<sup>17</sup> This indicates a further need to focus on tailoring the university's alcohol education components for international students.

The following is a record of emails or personally voiced concerns from international students directed to the course administrator:

• "I would be confused about what you ask me to do! You let me to attend the online class for the study of alcohol! I feel wronged about that! I do really never drink nay kind of alcohol liquid up to now and never want to try it! Still when I was in [my country], I do really never try wine or beer or any other alcohol during my 22 years life. Because my family do not have the habit to drink even during the festival or big events! And I am allergy to alcohol. Once I have a medical care and eat two pills of which contain a little alcohol, I was almost lost my life! Besides, I do hate the smell and the taste of alcohol! I learn your course on the website carefully, I finished all the tests attentively and I told my entire friend here conscientious about alcohol harm... The last question about whether I would change my habit after your course, I choose not at all. Because I do not have an alcohol drink! SO I think it is not fair to me, to a non-drink girl here!" (female student, email)

- "...I am not a drinker and never try the alcohol, so the questions concerning about the feeling of drunk or how many caps /bottles will it let me drunk etc. I really do not know the answer to!... And my family also has no habit of drunk or being keen on alcohol because we always drink tea during our dinner or festivals (my hometown has been most famous for its tea culture), so when you ask me the relative family members of who had been drunk, I can only choose 0..."(female student, email)
- One male international student described the on-line course as the most difficult thing he had to do since arriving in the United States during an appointment with the course administrator. He had even sent an email to top campus leadership about his problems with the course. This student reported that the program was challenging and time consuming as it used unfamiliar vocabulary and concepts since his knowledge of alcohol was minimal being from an Islamic country.
- A female international student informed the course administrator on campus about her troubles understanding audio components of the course, the speed at which the course narrator progressed through the course, and alcohol-related vocabulary.

### **Recommendations for a Culturally Appropriate** Alcohol Education Framework

Experiences at this Midwestern university have highlighted the need to redesign the cross-cultural encounter between international students and the alcohol education components they participate in. Several health literacy and communication strategies would encourage campus administrators to understand cultural sensitivities and student needs.<sup>19</sup> Campus administrators may not fully recognize the purpose of implementing a culturally relevant alcohol education program for international students until they read comments about the barriers and adjustments some students face with a population-based program. Therefore, promoting interactions among campus administrators with individuals of diverse cultures is integral to positively impacting personal knowledge, awareness, and behaviors that are culturally derived. For example, Stoy<sup>20(p.17)</sup> notes that health educators can improve their intercultural competence by "expanding their knowledge, changing their behaviors in situations with crosscultural differences, and considering culture as an important variable in the educational process." Professionals responsible for the education and knowledge gains of those challenged by literacy, culture, and language barriers must be able to support their audience through social, cultural, and educational adjustments and be sensitive to the audience's circumstances.<sup>18</sup>

With student drinking being a persistent problem on many American college campuses, questions are raised as to which prevention initiatives are actually successful in minimizing harmful drinking.<sup>21</sup> A number of traditional prevention strategies are currently employed to educate students about alcohol, including awareness programs, values clarification programs, social norm campaigns, and motivational/feedback interventions.<sup>22</sup> Brief, nonjudgmental skills-based interventions which target students at higher risk and also reduce misperceived norms serve campuses best.<sup>22</sup> While each prevention strategy may be considered valuable based on its context, purpose, and implementation process, strategies need to be continuously evaluated regarding their delivery and impact. However, few evaluated studies of intervention and prevention strategies analyze the knowledge gains or behavioral changes in international student populations.

### Harm Reduction Techniques: Implications

A portion of collegiate alcohol education programs in the United States emphasize abstinence from drinking because the student population receiving these programs is under the legal drinking age of 21.<sup>6</sup> However, many underage American youth do not abstain from alcohol. According to the National Survey on Drug Use and Health<sup>23</sup> in 2007, about 29% of the 16 to 17 year-old age group and 50.7% of the 18 to 20 year-old age group reported consuming alcohol in the past month. Since some underage youth are in fact consuming alcohol, some colleges and universities may stray from this abstinence- based approach in reducing problematic drinking.<sup>6</sup> Instead, some colleges implement alcohol education initiatives to promote low risk drinking and reduce alcohol-related harm by teaching safe consumption behaviors and emphasizing protective factors.<sup>6</sup> Hope and Bryne<sup>24</sup> recommended harm reduction practices based on observations of youth drinking in countries that do not promote abstinence but rather socialize youth to consume alcohol in lowrisk ways. Although using a non-abstinence based approach to educating students below the minimum age of consumption is difficult to do, Hope and Bryne<sup>24</sup> suggest that the choices to drink moderately and abstain from alcohol should be presented as equally acceptable.

The following provides examples of program content that supports a harm reduction alcohol education program:

- Campus, Federal, State, and Local Policies: Some experts suggest that international students may and often times actually do face minimum punishment for noncompliance from campus jurisdiction or in international courts.<sup>25</sup> However, Epstein<sup>25</sup> states that international students still need to be educated on federal alcohol laws and the various state, local, and institutional policies that they must comply with. It is also important to clarify that alcohol policies vary by school, city, and state. This is important because an international student may learn about the policies at one institution or in a specific state and assume that these policies apply to all American institutions and all states.
- Secondary Effects of Alcohol Consumption: This may include details on sexual assault, violence, and further personal or social alcohol-related consequences.<sup>25</sup>
- Explanation of American Constructs and Terms: International students may be unfamiliar with American cultural references, examples from pop culture, or institution specific concepts or traditions.<sup>25</sup> For example, concepts such as drinking games or competitive drinking, hazing activities, or uncontrolled celebratory drinking may need to be clarified. Names of specific drinking games and names and standard drink sizes for popular American

alcoholic beverages may also need to be clarified.

Most collegiate institutions have a new student orientation program or welcome event to assist with the transition to college. Some schools may even have an additional or separate program for incoming international students. When time and resources are already set aside for an international student orientation, this may be a prime opportunity to implement an alcohol education program for international students. Offering a culturally appropriate alcohol education program for international students would include time to present alcohol-related content, answer student concerns and questions, and listen to student perceptions and ideas. The following guidelines for program facilitators and administrators focus on working with international students.

### **Presentation Guidelines:**

- Presenters must acknowledge cultural differences in learning styles and communication patterns including nonverbal communication, facial expressions, and showing emotions.<sup>22</sup>
- Provide information through multiple formats including lectures, videos, handouts, or slides as students often have more exposure to written rather than spoken English. Clarify any cultural references with related background information.
- Distribute handouts before the presentation as opposed to after.
- Consider written and spoken English proficiency when developing a program because English is often not the primary language of the students.
- Use field testing and pilot programs before implementing the program full-scale.<sup>26</sup>

In the process of investigating culturally sensitive alcohol education materials for international students, the following university websites were helpful. The universities listed in Table 2 represent the top institutions with the largest international student populations in the United States in 2008 according to the Institution of International Education.<sup>27</sup> After obtaining a list of the institutions with the largest international student populations, the institutional websites were searched to identify the current alcohol education programs received by international students at each university. Institutions

presented in this paper were those institutions whose websites provided relevant information.

### **Cultural Implications for Health Literacy**

Individuals learn about their culture through interactions with family members, friends and acquaintances, cultural products, and life experiences.<sup>19</sup> Culture is a prime influence in shaping an individual's health attitudes, health beliefs, and ultimately health literacy.<sup>32</sup> Styles of communicating health information, health beliefs, health practices, and health values differ across cultures.<sup>13</sup> Therefore, culture and communication styles must consider literacy, language, and cultural concepts when educating for health and delivering health messages across populations.<sup>28</sup> Both culture and health literacy influence health information, and health literacy is a channel for comprehending health information.<sup>28</sup>

## Conclusion

This paper highlighted the need to tailor alcohol education programs to international students. Published research suggests relevant, culturalappropriate health education for international students entering American universities.<sup>6,13</sup> Therefore to maximize the information students receive and to promote a safe and smooth transition, college international students should be offered culturally relevant alcohol education programs. With alcohol consumption patterns and practices differing across American campuses, cultures, and nations, prevention strategies must address the specific direct and indirect consequences related to the alcohol consumption practices.<sup>3</sup> It is not sufficient to translate education information into another language; instead attention should be given to cultural sensitivity, relevance, and what makes a group unique.<sup>29</sup>

While existing programs for American students may demonstrate benefits in knowledge gains and behavior change in American college students, the international student population can get lost without a program tailored to their specific needs. This paper provided international student perspectives on a current alcohol education program at one Midwestern university, recommendations for culturally appropriate alcohol education program content based on literature, guidelines for presentations to international students, and examples of how other universities with large international student populations are educating students. The potential successes of alcohol education in addressing the needs of international students may provide a smoother, safer cultural transition to college and reduce social barriers during the orientation process on campus.

## References

- 1. World Health Organization Department of Mental Health and Substance Abuse. *Global Status Report: Alcohol Policy* 2004. Geneva, Switzerland: World Health Organization Publication; 2004.
- Ksir C, Hart CL, Ray O. Drugs, Society and Human Behavior. New York: McGraw-Hill; 2006.
- 3. Currie C, et al. eds. *Young People's Health in Context*. Copenhagen: World Health Organization Publication; 2004.
- 4. Babor T, Caetano R, Casswell S, et al. *Alcohol: No Ordinary Commodity: Research and Public Policy.* New York: Oxford University Press; 2003.
- Rehm J, Room R, Graham K, et al. Relationship of average volume of alcohol consumption and patterns of drinking to burden of disease: an overview. *Addiction*. 2003; 98:1209-1228.
- Peele, S. Reducing harms from youth drinking. *J Alcohol Drug Educ*. 2006; 50(4):67-87.
- Ramstedt M, Hope A. *The Irish Drinking Culture: Drinking and Drinking-related Harm, a European Comparison.* Dublin, Ireland: Report for the Health Promotion Unit, Ministry of Health and Children; 2003.
- Boyle JR. Perceived parental approval of drinking and its impact on problem drinking behaviors among first-year college students. *J Am Coll Health*. 2006; 54(4):238-244.
- 9. Coleman L. Underage 'binge' drinking: a qualitative study into motivations and outcomes. *Drugs: Education, Prevention & Policy*, 2005; 12(2):125-136.

- Turrisi R, Mallett KA, Mastroleo NR. Heavy drinking in college students: who is at risk and what is being done about it. J Gen Psychol. 2006; 133(4):401-420.
- 11. Wechsler H, Lee JE, Nelson T, Kuo M. Underage college students' drinking behaviors, access to alcohol, and the influence of deterrence policies. *J Am Coll Health*. 2002; 50(5):223-236.
- 12. United States Department of Education. Office of Safe and Drug-Free Schools. Available at: http://www.ed.gov/about/ offices/list/osdfs/index.html. Accessed November 5, 2008.
- 13. Institute of Medicine. Speaking of Health: Assessing Health Communication Strategies for Diverse Populations. Washington, DC: The National Academies Press; 2002.
- 14. National Institute of Health. About NIH. 2009. Available at: http://www.nih.gov/about/. Accessed April 1, 2009.
- 15. National Institute on Alcohol Abuse and Alcoholism. *What Colleges Need to Know Now: An Update on College Drinking Research.* Washington, DC: NIH Publication; 2007.
- Walters ST, Miller E, Chiauzzi E. Wired for wellness: e-Interventions for addressing college drinking. *J Subst Abuse Treat*. 2005; 29(2):139-145.
- Outside the Classroom. AlcoholEdu for College: Population-Level Prevention. Available at: http://www.outsidethe classroom.com/prodandserv/higher/alcohole du\_college/index.asp. Accessed March 14, 2009.
- Andrulis DP, Brach C. Integrating literacy, culture, and language to improve health care quality for diverse populations. *Am J Health Behav.* 2007; 31(Suppl 1):S122-133.
- 19. Pignone M, DeWalt DA, Sheridan S, et al. Interventions to improve health outcomes for patients with low literacy. A systematic review. *J Gen Intern Med*. 2005; 20(2):185-192.

- 20. Stoy DB. Developing intercultural competence: An action plan for health educators. *Am J Health Educ*. 2000; 31(1):16-19.
- Casper MF, Child JT, Gilmour D, et al. Healthy research perspectives: Incorporating college student experiences with alcohol. *Health Comm.* 2006; 20(3):289-298.
- 22. Larimer ME, Cronce JM. Identification, prevention and treatment: A review of individual-focused strategies to reduce problematic alcohol consumption by college students. *J Stud Alcohol.* 2002; (Sup.14):148-163.
- Substance Abuse and Mental Health Services Administration, Office of Applied Studies. *Results from the 2007 National Survey on Drug Use and Health: National Findings* (NSDUH Series H-34, DHHS Publication No. SMA08-4343). Rockville, MD; 2008.
- Hope A, Byrne S. ECAS findings: policy implications from an EU perspective. In: Norström T, ed. Alcohol in Postwar Europe: Consumption, Drinking Patterns, Consequences and Policy Responses in 15 European Countries. Stockholm, SW: National Institute of Public Health; 2002:206-212.
- 25. Epstein J. A discussion about alcohol and student exchange. The Center for Global Education SAFETI Newsletter. 2000; 1(2). Available at: http://www.globaled.us/ safeti/v1n2\_rhodes\_epstein.html. Accessed November 6, 2008.
- 26. Zarcadoolas C, Pleasant AF, Greer DS, eds. Advancing Health Literacy: A Framework for Understanding and Action. San Francisco, CA: Jossey-Bass; 2006.
- Institute of International Education. Open doors 2008 report on international educational exchange. Available at http:// opendoors.iienetwork.org/?p=131540. Accessed December 5, 2008.
- 28. Nielsen-Bohlman L, Panzer AM, Kindig DA, eds. *Health Literacy: A Prescription to*

*End Confusion*. Washington, DC: National Academy of Science; 2004.

29. Foulk D, Carroll P, Nelson Wood S. Addressing health literacy: A description of the intersection on functional literacy and health care. *Am J Health Studies*: 17(1); 72-79. **Table 1.** Percentage of males drinking daily, binge drinking, and experiencing adverse consequences in selected countries

	Drink Daily	Binge Drinking per	Experience Adverse	
		Drinking Occasion	Consequences	
Ireland	2	58	39	
Finland	4	29	47	
Sweden	3	33	36	
UK	9	40	45	
Germany	12	14	34	
France	21	9	27	
Italy	42	13	28	

Source: Ramsted and Hope, 2003<sup>7</sup>

	Alcohol Program	Web Address
University of	AlcoholEdu is required for all	http://www.usc.edu/student-
Southern	incoming first-year and	affairs/whats_happening/happened/hpps_services.html
California	transfer students.	
New York	Posted specific information for	http://www.nyu.edu/oiss/beyond/life/dating/substance.html
University	international students on their	
	website regarding substance	
	use and abuse	
Columbia	AlcoholEdu is expected to be	http://www.health.columbia.edu/docs/services/alcohol.html
University	completed by all first-year	
	students, including	
	international students.	
Purdue	Campus sponsored alcohol	http://www.purdue.edu/sats/bgr/
University	education program at new	
	student orientation before the	
	start of classes. The campus	
	also offers alcohol education	
	programs and presentations.	

Table 2. In	nstitutions	with th	e Largest	International	Student 1	Populations
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