Introduction
The epidemic caused by the Human Immunodeficiency Virus (HIV) is a phenomenon of global proportion. It affects all of us as individuals, members of groups and societies. According to the Center for Disease Control and Prevention (CDC), of the estimated one million people infected with HIV in the US, 21% of those people with HIV/AIDS have not been diagnosed\(^{\dagger}\). “The CDC estimates that 1 in 250 Americans (all age groups) is infected with HIV\(^{\text{ii}}\). Without a cure or preventive vaccine, the best strategy for dealing with this disease is prevention. One of the great hopes and tragedies of this disease is that is can be prevented.

As a global problem, HIV infection has spread to all continents except Antarctica, including over 160 countries. According to World Health Organization’s Global Report, as of 2009 the number of people infected with the HIV virus reached approximately 33.3 million people. Of the people infected with HIV, approximately 15.9 million are women and 2.5 million are children under the age of 15 years\(^{\text{iii}}\). In the United States there were an estimated 490,696 people diagnosed with AIDS by the end of 2008, approximately 38,000 more than in the year 2006\(^{\text{iv}}\).

The United Nations has put forth a tremendous effort to combat the HIV epidemic. Through global legislative activities such as the 2001 Declaration of Commitment on HIV/AIDS\(^{\text{v}}\), UNAIDS has worked to increase accessibility to HIV preventive methods, anti-retroviral medications and other treatments, as well as to improve health care and community support for groups and equal rights for all genders and orientations. Part of the Declaration of Commitment on HIV/AIDS involves all countries to submit regular reports on HIV/AIDS prevalence, and status updates on programs enacted to resolve the prevalence of HIV/AIDS in their country. The UN put forward a Millennium Strategy goal to be completed by 2015; the intentions of the Millennium Strategy are to stop the spread of HIV/AIDS by 2015 and begin to decrease the number of infected individuals\(^{\text{vi}}\).

The UNAIDS strategy goals by 2015\(^{\text{v}}\):

- Sexual transmission of HIV reduced by half, including among young people, men who have sex with men and transmission in the context of sex work
- Vertical transmission of HIV eliminated, and AIDS-related maternal mortality reduced by half
• All new HIV infections prevented among people who use drugs
• Universal access to antiretroviral therapy for people living with HIV who are eligible for treatment
• TB deaths among people living with HIV reduced by half
• People living with HIV and households affected by HIV are addressed in all national social protection strategies and have access to essential care and support
• Countries with punitive laws and practices around HIV transmission, sex work, drug use or homosexuality that block effective responses reduced by half
• HIV-related restrictions on entry, stay and residence eliminated in half of the countries that have such restrictions
• HIV-specific needs of women and girls are addressed in at least half of all national HIV responses
• Zero tolerance for gender-based violence.

According to AVERT, since the beginning of the epidemic, approximately 617,025 people with AIDS have died in the US. Despite the increasing number of individuals being infected with HIV, the number of AIDS related deaths has stabilized in recent years to approximately 16,500-18,000 per year due to the more readily available and less costly anti-retroviral drugs.

As primarily a sexually transmitted disease, HIV infection can be prevented by reducing sexual risk-taking. This involves community-based interventions that support individual internalization of knowledge accompanied by emotional awareness, behavior and attitude change to reduce one’s risk of infection. College students can be particularly susceptible to HIV infection. First, it is well documented that they are a sexually active population. Second, “two-thirds of individuals with an STI are under the age of 25”. College student risk-taking relative to alcohol use and use of other drugs, such as injectable steroids among athletes, is also documented. Direct risk exists when use of injectable drugs such as steroids occurs. In addition, body piercing, tattooing, and sharing razors are common among some college students. Risk is indirect when the immune system is suppressed and judgment and decision-making abilities are impaired, characteristic of alcohol and marijuana use, for example. College students are at risk for HIV infection through their risky sexual, needle and razor, and drug-using behaviors.
Since college students are at risk for HIV infection by their behavior, it is incumbent on post-secondary academic institutions to provide HIV education and services to their students. In some states such as New York, it is mandated that kindergarten through post-secondary public schools provide HIV education. This campus has provided formal HIV programming since 1987. In 1988, the SUNY Potsdam AIDS Education Group (SUNYPAEG) was formed.

**College Students as a Demographic Risk Population**

College students need to be aware of the risk of HIV infection. In 1989, the American Health Association (ACHA) tested students across the country and found that one in every five hundred college students tested positive for the Human Immunodeficiency Virus (HIV)\(^{ii}\). HIV is the only virus known to cause the Acquired Immunodeficiency Syndrome (AIDS). There is no cure for this disease. HIV is found in blood and blood-products, semen, vaginal fluids and breast milk. According to statistics, in a college population of approximately four thousand students, there is will be approximately eight HIV-infected individuals. As this disease continuously spreads into every sector of the population, no one who engages in risky behavior is safe. Many college students who are away from home for the first time, push boundaries and experiment with sex, alcohol, and other drugs. These drugs impair judgment and may cause a student to engage in risky behaviors. Risky behaviors include unprotected sex with one or more partners whose HIV status cannot be guaranteed. Given that the average number of sex partners a graduating high school senior has had is four and that the second highest incidence rate of AIDS in the United States is found in people 20-30 years old, students might appear on campus already infected\(^{xi}\).

Injecting drugs with needles, such as heroin and steroids, is risky. Sharing razors or needles for body piercing and tattooing are also potential mediums of infection. Anyone practicing these behaviors is potentially at risk for contracting HIV. Unfortunately, these forms of risk-taking behaviors accompany many students as they travel home, to other colleges, and to their yearly retreats known as “spring break”. It is relevant to note that even with the extent of risky behaviors, according to UNAIDS, from 2001 to 2009 the number of new HIV infections decreased by 17% owing to the United Nations Declaration of Commitment on HIV/AIDS. The Declaration illustrates the effects the epidemic has had on a global basis, how the epidemic has spread, and the ways the UN and its participant countries plan to regulate and stop the epidemic\(^{xii}\).
The History of HIV Education at SUNY Potsdam

SUNY Potsdam is primarily a four-year, liberal arts undergraduate unit of the State University of New York. It is located in a rural, economically depressed and socio-politically conservative region in Northern New York, twenty miles from the Canadian border. There are more than 4,000 undergraduates enrolled largely drawn from Western New York, the New York City Metropolitan area and Northern New York. Prior to 1987, there were few formal HIV educational efforts on the campus.

In 1987 the college sponsored a day-long community-based symposium on HIV infection with an interdisciplinary panel on various aspects of the topic. An interdisciplinary group was also formed that year which discussed issues related to HIV transmission. One of the founding members of SUNYPAEG was also granted a semester’s sabbatical (Spring 1989) to study HIV educational programs in San Francisco, CA. Research conducted during a second year long sabbatical in 1994-1995 focused on women’s risk for HIV infection from their sexual behavior. In 1988 a campus AIDS Policy stated in the SUNY Potsdam Policy and Procedure went into effect. This policy states that discrimination against any individual with HIV or AIDS is prohibited. From these activities, the SUNY Potsdam AIDS education group (SUNYPAEG) was formed as a volunteer group of faculty, staff, administrators and students in the fall of 1988. Peer Educators Training Programs began in the spring of 1989 and have continues to the present, with more than 600 educators trained as of May 2011(update).

Since the spring semester of 1990, safer sex kits have been distributed to the student population at Student Health Services. They consist of informational brochures and those forms of protection which, if used consistently and properly, can reduce the risk for infection. In 1992, Student Health Services began testing and counseling for HIV.

SUNYPAEG and the Peer AIDS Educators are involved in HIV education on other campuses in St. Lawrence County. These efforts include peer educator presentations to the residence life staff at St. Lawrence University, exchange of guest professors, and co-sponsorship with other groups to help bring guest speaker to the area. Guest speakers have included the past president of American College Health Association (ACHA), Richard Keeling, Ms. Gloria Lockett, an internationally known speaker who works with African American populations in Oakland, CA, HIV-infected individuals, and health care workers.
Students of SUNY Potsdam were also urged to volunteer at and to attend the showing of the Names Project, the AIDS quilt, and to attend Arthur Ashe’s guest lecture in 1992 sponsored by the Education for Life group and SUNY Potsdam’s Student Affairs Division. Several peer educators when to Washington D.C. in October 1996, to view and participate in the display of the Names Project, the AIDS Quilt. More recently, we began the bi-annual Toothbrushes for Malawi Drive in conjunction with the University of North Carolina at Chapel Hill’s School of Dentistry to send toothbrushes to Malawi with dental residents working there. This drive occurs every odd-year fall. We have also brought sections of the AIDS Memorial Quilt to campus (“The Quilt”) and will again for World AIDS Day December 2011. We regularly participate in Wellness Fairs on campus and conduct outreach with local and regional HIV service agencies regarding such activities as a yearly AIDS Walk in the fall.

The goals of SUNYPAEG are to raise awareness, provide information from a variety of perspectives, and to reduce risks relative to contracting HIV. The purpose of SUNYPAEG is to prevent HIV infection and to provide support for people who may already be infected.

SUNYPAEG members have been involved in many ongoing education projects. They participate in National Condom Week and International AIDS Day. They distribute educational brochures, posters which discuss transmission myths, safer sex kits and an AIDS Resource List which identifies people in the region available to address various aspects of HIV infection and AIDS. In 1989 SUNYPAEG Planned and organized the Peer AIDS Educators training programs. In 1993, the first “Women and AIDS” program was held that fall. SUNYPAEG has been proactive in AIDS awareness and education implementing programs and policies prior to State-mandated guidelines.

What is a Peer AIDS Educator?

Peer AIDS Educators are a group of students across the gender, age, ethnic and sexual identities/orientations spectrum who volunteer to participate in one or more training sessions and then apply their knowledge to both formal and information HIV educational situations. These situations range from informing friends and family about casual contact myths, to staffing HIV education tables at Wellness Fairs and National Condom Week observances, to regular presentations in residence halls on this and neighboring campuses, to becoming a New York
State trained HIV pre and post test counselor. The Peer Education Program began in February 1989. As of September 1996, more than 600 educators have been trained.

Training sessions are held every semester. Announcements of the training sessions are found in the campus newspapers and are made in the classes which the campus AIDS coordinator teaches. They also are spread by word of mouth. Session size is limited to twenty people for Level One and ten for Level Two. Admission is open for Level One and by application. People who have completed the Level 1 Training are eligible to take the Level 2 Training. The sessions are held on campus on Sunday afternoons with refreshments served.

The form, structure and content of these training sessions were adapted from two other models. One was the eight-day, ten-hour per day training certification program in which the campus AIDS coordinator participated. The other was a two-day training program for health care providers and non-governmental organization (NGOs) officials in the Dominican Republic. These programs were condensed and adapted to meet the needs of our participating students.

Level One training covers basic HIV information, values clarification and awareness exercises concerning sexuality and sexual orientation, videos and demonstration and explanation of the contents of the safer sex kits. Confidentiality is agreed upon at the beginning of the session.

Level Two was requested by trained Level One Peer Educators who wanted to expand and update their knowledge and skill. A format similar to Level One is used. Topics included in Level Two are an update of statistics and treatment modalities, the HIV antibody test procedures, and confidentiality issues, care of persons with AIDS (PWAs) as infected persons, the role of a care giver, and death and dying issues. Videos depicting people with full-blown AIDS and one about women and AIDS are shown. Due to the issues covered in Level Two and their intense psychosocial impact on everyone in the session, the size of this group is limited.

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