Which Alcohol Policies Work?

Efforts to curb campus-drinking excesses have stagnated.

BY GWENDOLYN JORDAN DUNGY

Last spring, the National Institute on Alcohol Abuse and Alcoholism Task Force on College Drinking sent an important study to every college and university. The report created a buzz within the academic community and received prominent coverage nationwide.

The intent of "A Call to Action" is to make the case, through a comprehensive review of research on the drinking behaviors of college students and on strategies to prevent misuse, that alcohol interventions must be based on evidence of problems and solutions.

What journalists found noteworthy were the numbers attached to the consequences of excessive and underage drinking by college students: 1,400 annual deaths, 500,000 injuries, 600,000 assaults, and 70,000 sexual abuse cases.

Such large numbers prompted some to question the method by which the statistics were determined. For example, CNNMoney.com noted that the "statistics included students killed in car accidents if the students had alcohol in their blood, even if the level was below the legal limit." This same source also stated that the study does not say whether the problems are increasing or decreasing. In fact, the report addresses this issue by noting that the task force was "simultaneously confronted with statistics that show college drinking worsening and other data that suggest the reverse."

The federally sponsored report reveals that the "number of students who do not drink is also growing.... The percentage of abstainers increased from 15 percent to 19 percent between 1993 and 1999." The report arrives on the heels of a study by the Harvard School of Public Health concluding that rates of so-called binge-drinking on campuses have not been reduced for eight years.

The statistics in "A Call to Action" are extrapolated from a number of national databases and government surveys. For example, the report states that 31 percent of college students were involved in abusing alcohol. But that figure was not arrived at through surveys of college students. The number is an extrapolation based on the fact that 31 percent of the U.S. population is 18-24 years old—the range for typical college students.

To their credit, the researchers went to great pains to document the methods they employed to determine the statistical estimates used throughout the report. While the exact numbers of students who abuse alcohol may not be known, the report confirms that the numbers are significant enough to merit increased national attention. In a nutshell, students who drink the most tend to be white, male, first-year students, members of fraternities and sororities, and athletes. Students who drink least tend to be those at two-year, religious, commuter, and historically black institutions.

Research-Based Strategy. Acknowledging the frustrations of campuses that have pursued prevention efforts, the report asserts that past efforts have failed because they are not based on "strategies identified and tested for effectiveness by research." Based on their own reading of scientific evidence, the authors say the most effective strategy is a comprehensive and integrated program that intervenes at three levels: the individual student, the student body as a whole, and the surrounding community.

The effectiveness of different approaches is assessed in the chart on the next page. Particularly helpful is a description of suggested strategies as well as references for research that supports the strategies. Also useful is the authors’ emphasis on the use of multiple and complementary strategies in addressing the
three levels of intervention. What would have been helpful is more explanation of what is meant by “community.”

“A Call to Action” is based on research gleaned from 24 commissioned papers published in some of the major research journals in the field. However, most, if not all, of the reported research used quantitative approaches. Because of the complexity of student behavior, qualitative methods of investigation would have added valuable material. For example, a research-based study on why students adopt attitudes that allow misuse of alcohol and subsequent negative behaviors might help us better understand campus culture. Also missing from the report, given the demographics of higher education today, is attention to students aged 25 and older. And with the spread of distance-education options, attention to students who are not on the physical campus is an area for study as well. None of that diminishes the report’s message: Regardless of how clever the prevention strategies sound, how logical they seem, how enthusiastic staff and students are about using particular intervention techniques, those not based on “credible” scientific research often are ineffective, and could, in fact, be counterproductive. This report is a call to colleges to cease using “popular” as a proxy for “effective” in choosing intervention strategies.

**Agenda for Boards.** Whether your institution seeks to eliminate alcohol entirely from campus or to foster responsible drinking, a shared objective is to protect students from harm and reduce the distractions that impede their academic and career progress while permitting the institution to fulfill its mission. It is especially important that presidents, trustees, and other campus leaders make the commitment to request research on alcohol abuse on their own campuses. Even if it might initially be “bad news,” it is the first step toward a deeper and more informed approach to long-standing problems. Leaders also must address the cost of alcohol-related incidents on campus.

If the report’s recommendations and strategies are well received on your campus, trustees should insist on clarity of objectives and demand accountability through regular measurement of outcomes.

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**Effective Campus-Drinking Policies**

1. **Effective among college students**
   - Combining cognitive-behavioral skills with norms clarification and motivational enhancement intervention
   - Offering brief motivational enhancement interventions in student health centers and emergency rooms
   - Challenging alcohol expectancies

2. **Effective with general populations**
   - Increased enforcement of minimum-drinking-age laws
   - Implementation, increased publicity, and enforcement of other laws to reduce alcohol-impaired driving
   - Restrictions on alcohol retail density
   - Increased price and excise taxes on alcoholic beverages
   - Responsible beverage service policies in social and commercial settings
   - The formation of a campus/community coalition

3. **Promising**
   - Adopting campus-based policies to reduce high-risk use (for example, reinstating Friday classes, eliminating keg parties, establishing alcohol-free activities and dorms
   - Increasing enforcement at campus-based events that promote excessive drinking
   - Increasing publicity about enforcement of underage drinking laws/eliminating mixed messages
   - Consistently enforcing disciplinary actions associated with policy violations
   - Conducting marketing campaigns to correct student misperceptions about alcohol use on campus
   - Provision of “safe rides” programs
   - Regulation of happy hours and sales
   - Enhancing awareness of personal liability
   - Informing new students and parents about alcohol policies and penalties

4. **Ineffective**
   - Informational, knowledge based or values clarification interventions when used alone