

A Plan to Address Alcohol Issues at Siena College

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I. Introduction

At the May 2005 Board of Trustees (BOT) meeting, the Vice President for Student Affairs (VPSA) was charged with developing a comprehensive plan for Siena College to address alcohol use and abuse. The purpose is to look at the current culture of alcohol use, the current measures in place to address substance use at Siena, and to develop a multifaceted evidence-based approach to reduce high risk drinking and its secondary effects (violence, vandalism, poor academic performance, sexual assaults, interrupted sleep and disrupted study of those individuals drinking, as well as those around them). Current research indicates new initiatives require input and cooperation from all College constituencies in order to change campus culture and norms, including but not limited to: Student Affairs, Academic Affairs, Enrollment and Planning, Athletics, Security, Facilities, Alumni and Development, students, alumni, community members, the President and the Board of Trustees. In fact, the range of issues identified and forthcoming recommended initiatives have the potential to affect most areas of the College's comprehensive Strategic Plan.

II. Background

Several factors brought the issue of substance abuse to the forefront for administrators and students alike during the 2004-05 academic year at Siena. During 2004-05, there were 38 medical transports related to alcohol. This was a dramatic increase from the 2003-04 academic year, which totaled 22. Moreover, these transports caused more disruption and concern among students as well as staff. At the same time, new members of the Student Affairs staff perceived the drinking culture at Siena as being worse than other institutions at which they had worked. Particularly distressing to them was the view that many students saw high-risk drinking and its secondary effects as a normative and acceptable part of the Siena experience.

Members of the Student Affairs staff approached the Student Senate in February 2005. Discussed with Senate members were the increasing concerns of both staff and students regarding medical emergencies, uncivil behavior by students under the influence directed at students and/or College staff, sexual assaults and vandalism. This was the first step taken in addressing the problem. Through collaboration with the Student Senate, a deepening of awareness and broader discussion took place on campus during the spring 2005 semester. The VPSA formed and charged an ad-hoc Changing Campus Culture Committee, chaired by Dr. Shannon O'Neill, to look at the issues concerning alcohol.

A great deal of discussion and positive first steps took place in a very short time, with plans to develop a social norms campaign for the fall.

The subsequent support and charge from the Board of Trustees in May 2005 calls for a more extensive campus-wide plan for discussion, development and implementation over the 2005-06 academic year.

It should be noted that in fall 2000, the College instituted a new alcohol policy that was developed over the course of the 1998-1999 and 1999-2000 academic years by a committee with extensive student, faculty and administrative representation that provided more stringent and consistent sanctioning for alcohol offenses. That was the first “cultural shift” for Siena, and during the initial implementation, there was some internal displeasure among students who said that Siena was no longer a fun place to be. There was also the feeling expressed by some alumni that Siena was “cracking down” by addressing alcohol use/abuse and as a result, the “student experience” would suffer (though there is no mention of this type of “experience” in our mission statement).

The alcohol policy was cited as a factor that led to low rates of giving by some members of the classes in attendance during that shift in policy. Surveys done at other institutions indicate different reasons are at play. Stanford’s Office of Development found low rates of giving were the result of alumni disengagement rather than unhappiness with the university or its policies (*Stanford University News Services, 12/13/94*).

Colleges in general, and to some degree Siena, are often reluctant to acknowledge that students are drinking with the frequency and intensity that they do. Dr. Robert Carothers, President of the University of Rhode Island, indicated that his institution has seen some long-term benefits from focusing on and addressing the problem. Carothers stated in the National Institute of Alcohol Abuse and Alcoholism (NIAAA) Report, *Changing the Culture of Drinking at U.S. Colleges*, “Universities are often afraid to reveal that they have a problem with alcohol, although everyone knows it anyway. However, we have seen important benefits from focusing on the problem and taking a tough stand. Applications are up, student quality is up, more students are participating in activities like drama and music, and alumni giving has increased. I know that support for the University has grown with our reputation for taking strong ethical positions and sticking with them.”

From a student life perspective, the alcohol policy implemented at Siena in 2000 helped to contribute to a better campus environment in the initial years of its implementation. The fines initially appeared to have been a deterrent for first time alcohol offenses. Yet, within the last two years, the type of drinking students engage in has changed and the fines and other sanctions do not appear to be a significant deterrent. Students often put the fines on their student accounts and/or parents send in a check so the fine itself does not directly or immediately affect the individual student. Despite routine parental notification for alcohol violations for students who are not twenty-one years of age, few if any parents call the Office of Student Affairs in response to the first offense notification. Second alcohol offenses generally will trigger a parent to contact the office since the sanction is dismissal from housing. Parents are notified the next business day of any student transported to the hospital for alcohol, regardless of age, as a way to ensure that the parent is in the loop and aware of the reason for the medical transport to the hospital.

Another change is the apparent social norm of students (college age and younger) drinking competitively, and drinking to excess regardless of the consequences. If these were adults in other circumstances, it might be suggested that they be the focus of an intervention, or be referred for substance abuse treatment. Among too many students though, it seems acceptable (though annoying) for one's roommate to get drunk, vomit and pass out every weekend. There is more acceptance of what the literature calls a "party lifestyle," characterized by frequent and deliberate intoxication. However, during discussion this spring of such problems, and possible solutions, one student admitted he would not feel hampered by "losing a right to vomit" with the introduction of a Public Intoxication clause in the Alcohol Policy when taken in context of the impact of such behavior on the community. His comment did not seem flip, just resigned common sense based on the context.

High risk drinking is **not** a rite of passage, but a dangerous element on campus that threatens the safety and quality of life of our students and hinders our mission and goals of academic excellence and respect for community.

What of the student who does not drink to excess? Some students may complain to friends but see it as part of campus life they just deal with. This comes from the acceptance many young people have of drinking (even if illegal/underage), and drinking to excess. The increase in alcohol policy violations, the number of related medical transports, and the post-transport conversations with staff support this. Students report to the staff that the goal was "to get drunk" or they were "trying to keep up with others."

Society's acceptance of high risk drinking, and to some degree Siena's acceptance that students will drink to excessive levels, may have contributed to mixed messages. Students are entering college with drinking histories, and expectations of what is normative – expectations encouraged by what is seen in the media and by friends. These expectations often include high-risk drinking and casual sexual activity as a rite of the college experience.

Such factors are not unique to Siena College, and an increased level of high-risk, competitive drinking patterns among college students is reported in the literature. The goal is to "get drunk" and the more intoxicated the better; never mind that a key definition of intoxication is "poison." It is not uncommon to hear students boasting about pushing the limits: about their excess drinking episodes and blackouts. Strategies and approaches, environmental factors and policy enforcement will need to be re-visited to address this culture. Recent research indicates that standard educational interventions used in higher education for several years, are ineffective when used in isolation. This reinforces that colleges need to be intentional in looking at a variety of issues and practices to tackle the problem. The goal of our efforts is to eliminate high-risk drinking and its secondary effects.

The National Institute of Alcohol Abuse and Alcoholism (NIAAA) provide the following statistics as they relate to excessive and underage drinking on college campuses:

- **Death:** 1,400 college students between ages 18 and 24 die each year from alcohol-related unintentional injuries, including motor vehicle crashes (Hingson et al., 2002).
- **Injury:** 500,000 students between the ages of 18 and 24 are unintentionally injured under the influence of alcohol (Hingson et al., 2002).

- **Assault:** More than 600,000 students between the ages of 18 and 24 are assaulted by another student who has been drinking (Hingson et al., 2002).
- **Sexual Abuse:** More than 70,000 students between the ages of 18 and 24 are victims of alcohol-related sexual assault or date rape (Hingson et al., 2002).
- **Unsafe Sex:** 400,000 students between the ages of 18 and 24 had unprotected sex and more than 100,000 students between the ages of 18 and 24 report having been too intoxicated to know if they consented to having sex (Hingson et al., 2002).
- **Academic Problems:** About 25 percent of college students report academic consequences of their drinking including missing class, falling behind, doing poorly on exams or papers, and receiving lower grades overall (Engs et al., 1996; Presley et al., 1996a, 1996b; Wechsler et al., 2002).
- **Health Problems/Suicide Attempts:** More than 150,000 students develop an alcohol-related health problem (Hingson et al., 2002) and between 1.2 and 1.5 percent of students indicate that they tried to commit suicide within the past year due to drinking or drug use (Presley et al., 1998).
- **Drunk Driving:** 2.1 million students between the ages of 18 and 24 drove under the influence of alcohol last year (Hingson et al., 2002).
- **Vandalism:** About 11 percent of college student drinkers report that they have damaged property while under the influence of alcohol (Wechsler et al., 2002).
- **Property Damage:** More than 25 percent of administrators from schools with relatively low drinking levels and over 50 percent from schools with high drinking levels say their campuses have a "moderate" or "major" problem with alcohol-related property damage (Wechsler et al., 1995).
- **Police Involvement:** About 5 percent of 4-year college students are involved with the police or campus security as a result of their drinking (Wechsler et al., 2002) and an estimated 110,000 students between the ages of 18 and 24 are arrested for an alcohol-related violation such as public drunkenness or driving under the influence (Hingson et al., 2002).
- **Alcohol Abuse and Dependence:** 31 percent of college students met criteria for a diagnosis of alcohol abuse and 6 percent for a diagnosis of alcohol dependence in the past 12 months, according to questionnaire-based self-reports about their drinking (Knight et al., 2002).

Specific to Siena College, the following issues have been identified as worthy of further discussion as we move forward to address high risk drinking strategically:

- The NIAAA definition of high risk drinking, which includes underage drinking; drinking and driving or other activities where the use of alcohol is dangerous; drinking when health conditions or medications make use dangerous; binge drinking defined as 5 drinks in a row per occasion for males and 4 for females
- Vandalism of property, bathrooms, doors, windows, statues, water fountains
- Increased levels of fighting and assaults among students and their unknown and often unregistered visitors
- Sexual assaults, and harassment incidents
- Noise levels prohibiting sleep and study for students
- Incidents of uncivil behavior and threats by intoxicated students towards College staff (e.g. Residence Directors, Security, Resident Assistants)
- Behaviors associated with public intoxication: vomit, public urination
- "Party" atmosphere versus one of academic and community excellence

- Perception that Security and Resident Assistants do not enforce policy
- Easy access to alcohol by underage students off campus AND easy access to return to campus with alcohol
- Policy loopholes and issues: underage drinkers in the presence of those of legal age, our current quantity limit; are sanctions for violations stringent enough/diligent enough to avoid risks, and potential party registration (legal issues to be examined by College counsel)
- Student expectations of what should be allowed versus what is normative
- Mixed messages versus consistent messages versus practices
- Liability issues: no drinking contracts signed by athletes (mixed messages), student trips, club events off-campus, drinking with students off-campus
- College events and receptions (Sienafest, Senior Week, Senior Formal, and College receptions held on campus)
- Work with the Development/Alumni Offices regarding their constituent concerns, to have support with College policies and practices
- Health, safety and welfare issues surrounding student behavior and alcohol
- Retention and the secondary effects of alcohol use
- Pre-enrollment messages (not just Admissions) about culture and expectations from the College, current students, etc.
- Compromised educational environment, safety and quality of life

The current literature from the American Medical Association, the National Institute on Alcohol and Alcohol Abuse and the Higher Education Center for Alcohol and Other Drug Prevention indicates that new programs and policies that go beyond traditional education are necessary.

It is further noted that any single effort used in isolation has been proven ineffective in curbing high-risk drinking patterns among college students. Rather, a combination of approaches addressing policy and enforcement, limiting availability of alcohol, and environmental factors that enable high risk drinking will be necessary.

The NIAAA recommends following the “3-in-1 Framework” to address drinking on college campuses. The “3-in-1 Framework” is a comprehensive and integrated series of strategies that simultaneously targets three audiences: a) individuals, including at-risk or alcohol dependent drinkers b) the student population as a whole and c) the college and surrounding community. Using this model, a series of strategies and recommendations will be developed during fall of 2005, specific to Siena College to address alcohol issues. The areas of focus based on the “3-in-1” model will include:

- policy and enforcement issues, including facility and staffing issues
- educational efforts and programming
- internal constituencies and external constituencies
- image and message

III. Review of Current Use and Practices- *What we know and what we have done to date*

Siena administered the CORE Instrument during the 1997-1998 academic year and again in 2002-2003 to assess student use of alcohol and other illegal drugs as well as student perceptions of other students' use of alcohol and other drugs. A random sampling of all full-time students was conducted with the following key findings:

BEHAVIOR	SIENA 1997-98	SIENA 2002-03
REGARDING THE USE OF ALCOHOL		
Never consumed alcohol	5.10%	10.30%
Consumed alcohol in the past year	93%	90%
Consumed alcohol in the past 30 days	86%	82.80%
Underage (Under 21) students who consumed alcohol in past 30 days	86%	N/A*
Reported binge drinking in previous two weeks (a binge is defined as having 5 or more drinks in 1 sitting) ALL	64%	63.70%
MALES	69%	68.00%
FEMALES	61%	61.00%
Reported having at least one family member with alcohol/drug problems	50.90%	44.90%
Average # of drinks per week (ALL)	13.57	11.99
MALES	10.42	8.4
FEMALES	7.71	6.5
KEY FINDINGS ON OPINIONS ABOUT CAMPUS ENVIRONMENT		
Said campus has alcohol and drug polices	95%	97.50%
Said they "don't know"	4.90%	2.50%
Said there wasn't a policy	0%	0%
Said if so, they are enforced	75.80%	80.70%
Said campus has an alcohol/drug prevention program	34%	72.70%
Said "don't know"	57%	26.50%
Said there wasn't a program	8.70%	0.80%
Believe the campus is concerned about the prevention of alcohol and drug use	78%	85.80%
Said they "don' know"	11%	9.20%
Said college is not concerned	11%	5.00%
Reported being actively involved in efforts to prevent drug and alcohol use problems on campus	5.70%	5.40%
STUDENTS' PRECEPTIONS OF OTHER STUDENTS' USE		
Believe the average student on campus uses alcohol once a week or more	99%	98.40%
Believe the average student on campus uses some form of illegal drug at least once a week	54%	53.90%
Indicated they would prefer NOT to have alcohol available at parties	13%	17.90%

Indicated they would prefer to NOT have drugs available at parties

77% 80.70%

	SIENA 1997-98	SIENA 2002-03
DEMOGRAPHICS		
CLASSIFICATION IN SCHOOL		
FRESHMAN	25.0%	26.1%
SOPHOMORE	19.0%	25.3%
JUNIOR	26.0%	26.6%
SENIOR	30.0%	22.0%
ETHNIC ORIGIN		
AMERICAN INDIAN/AK NATIVE	0.8%	0.0%
HISPANIC	1.3%	2.1%
ASIAN/PACIFIC ISLANDER	1.8%	2.5%
WHITE NON-HISPANIC	94.0%	91.7%
BLACK NON-HISPANIC	1.0%	1.2%
OTHER	1.0%	2.5%
AGE		
20 and UNDER	66.5%	71.7%
21 and OLDER	33.5%	28.1%
GENDER		
MALE	40.0%	31.7%
FEMALE	60.0%	68.3%
RESIDENCE		
ON CAMPUS	81.0%	82.4%
OFF CAMPUS	19.0%	17.6%
WORK PART TIME OR FULL TIME	51.0%	57.5%
SPEND AT LEAST FIVE HOURS PER MONTH IN VOLUNTEER WORK	20.0%	21.3%
VOLUNTEER LESS THAN 1 HR/MONTH	63.0%	56.9%

**Question not sorted in the data for this year*

Because of the 1997-1998 findings that supported prior anecdotal reports of alcohol use and abuse on campus, the College acknowledged alcohol was of significant concern and allocated resources to begin a major educational endeavor developed and implemented by the Dean of Students. After researching available programs, the College chose to use OCTAA (On Campus Talking About Alcohol), a research-driven risk reduction program with proven positive outcomes in behavior, which at the time was the forerunner for prevention programs. At the time, it was being used for DWI interventions and as a required program at select colleges and universities for policy offenders. Siena was one of seven colleges initially to mandate that all first year students successfully complete the eight-hour program. Siena assigned all incoming first year students to course sections of no more than twenty students each. The class met over the course of eight weeks, one hour per week, and was instructed by faculty, administrators and select staff who had volunteered to be trained to teach the OCTAA course. The small section format conducted over the course of the term (rather than in large groups during an all day session) was done intentionally in order to enable students to meet with an instructor in a small group setting to discuss real life situations and to address the reality of college drinking as the students became more immersed in college life throughout the semester.

In addition to providing the financial resources and supporting faculty, administrator and staff teaching time, the Senior Staff approved the passing of the course as a requirement for all first year students. Students failing to pass had a hold placed on their student account preventing them from registering from classes and housing (if a resident student) for their sophomore year until such time as the course requirement was successfully met.

Initially the plan was to conduct OCTAA for four years and then re-administer the CORE survey. During those first three years, additional sessions were added on to the eight hours to include sessions on sexual harassment and assault and cultural diversity, expanding the class to a total of eleven weeks, one hour per week. The OCTAA program, while filled with information, was delivered in a lecture format with slides that were not effective with the college age population. During the spring semester of the third year, a survey of returning students (all of whom had taken the OCTAA course) was conducted to assess 1) whether students felt an alcohol education program was important and should continue to be offered and 2) whether if so, the College should continue to use the OCTAA materials. The results of the survey were that 82% of the students surveyed said the College should continue to require an alcohol education program for first year students but that it should be something other than OCTAA.

Therefore, after researching current best practices, Siena implemented the use of AlcoholEdu, an on-line alcohol risk reduction program, in the fall of 2002. The first year students continued to be required to pass a course, renamed Siena Skills, taught in sections of no more than twenty. The in class content focused on sexual harassment, sexual assault and diversity discussions and how alcohol often plays a role in such incidents.

During the 2002-2003 academic year, the College administered the CORE survey a second time. As outlined above, the College saw small decreases in the percentages of student reporting negative, or high-risk behaviors, and increases on the areas of policy and education awareness. While the results were positive, the gains were smaller than hoped for.

For the 2003-2004 academic year, Siena Skills was expanded to include a foundation in the College's Franciscan Values and how those relate to living responsibly in community. The DORS Initiative (Diversity, Optimism, Respect and Service) serves as the framework for the in-class discussions linking the importance of our values to behaviors and choices which maybe in conflict with these values. AlcoholEdu continued to be required of all first year students.

In 2004-2005, the course was expanded by an hour to include real life scenarios and how alcohol affects the life within our community. AlcoholEdu was required of the class but this year students were expected to complete it prior to arriving on campus in September. Research has showed that entering college has a significant impact on student drinking behaviors. Drinking tends to increase dramatically during the first semester of college. By having entering college students complete AlcoholEdu prior to arriving, the degree of that spike has been lessened in comparison to those colleges where the students did not complete AlcoholEdu before arriving. The data on Siena students showed that the drinking behaviors reported in the post survey (completed after the students entered the college) was less in the fall of 2004 than it has been in the fall of 2003. While drinking behaviors increased from the pre-survey completed in summer 2004, the increase was less than reported by students who had not completed AlcoholEdu prior to beginning college.

As a part of the AlcoholEdu packaged program, students are asked to answer a pre-survey and post-survey. The following data is from the class that entered Siena in the fall of 2004:

- 1.6% of freshmen students entering in the fall of 2004 described themselves as a heavy or frequent drinker;
- 64.6% when asked to report how many drinks they had consumed on a typical Friday and Saturday during high school reported five or more drinks per day; and
- 71% of this same entering class reported drinking in high school.

Therefore, we know that 71% of the new students have been drinking prior to arriving at Siena and that 64% of them drank heavily on a typical Friday and Saturday night during high school and engaged in high risk drinking.

Regarding their personal attitude about alcohol, 5.3% of the students responded that it is acceptable "to occasionally get drunk", even if it does interfere with academics, other responsibilities, or that frequently getting drunk is okay if that is what the individual wants to do. In contrast, when asked what they thought best represents the attitude of most students at your school about alcohol, 40.3% said they thought the attitude of most students at Siena about alcohol is that it is okay to occasionally get drunk, even if it does interfere with academics or other responsibilities or that frequently getting drunk is okay if that's what the individual wants to do. While the reality is that few students actually think it is okay to get drunk regularly, the perception is that a much larger number of others think it is okay to do so.

Students often have commonly held expectancies about the personal and social effect of alcohol, which may contribute to their drinking. We need to be increasingly sensitive and strategic in addressing issues surrounding some of these specific indications. For example, 26% of entering first year Siena students reported that if they were drinking alcohol, they would feel less self-conscious about their body or weight. In addition, 61% believed they would be able to limit their drinking when they needed to; 54% would find it easier to express their feelings if they were drinking alcohol; 36% said they would feel less bored if drinking alcohol; and 51% reported they would feel less uncomfortable in social situations. Undermining these expectations, exposing them as myths, and providing realistic and positive opportunities, is an important component in addressing high risk drinking.

Siena Skills is undergoing yet another metamorphosis for the 2005-2006 year. The course is being renamed to the Siena Experience and expanded to include topics on personal, social and academic success. It continues to be taught by faculty and administrators in small sections of no more than twenty students. The course continues to be coordinated and implemented through the Assistant Vice President for Student Affairs/Dean of Students Office. However, after conversations with the Associate Vice President for Academic Affairs/Dean of First Year Experience, there was the commitment that the two areas work together in revamping the curriculum of the course to enhance student engagement and success. The Siena Experience will provide opportunities to discuss the perceptions versus realities held by students regarding drinking utilizing ongoing weekly conversations and exercises with practical information students can use to support lowering high risk drinking and its effects, on both themselves and others. For the 2005-06 academic year, because of more direct collaboration with Academic Affairs, all Siena Experience sections will be grouped by a student's living situation (wing/floor). It is the sense of the planners that intentionally fostering conversation and learning

of first year students by their wing/floors will have an influence in building community in the halls and ultimately behavior.

IV. Implementation

Assessment is essential to any project of this magnitude to determine both the direction and effectiveness any strategies and/or recommendations. The proposed assessment, a phase as identified as critical to the process by NIAAA, will be used to guide the direction and development of strategies and recommendations.

a. Student Assessment

Over the summer 2005, an assessment of perceptions of social norms and attitudes about student drinking patterns as well as policy enforcement and environmental factors will be conducted. Questions will address perceptions of student drinking and its secondary effects, institutional image and message regarding the environment and its conduciveness to high-risk drinking and the overall environment. Having this information will allow us to assess what the perception and normative attitudes toward alcohol on campus are, and compare the perceptions to the self-reported use (generally perceptions of others use is higher than actual use). It will also provide some concrete data to ground each of the four subcommittees as they begin discussions and formulating recommendations.

This survey will be developed and conducted in conjunction with Siena Research Institute (SRI). A random sample of current students and new students will be solicited to answer this questionnaire beginning August 20, 2005 thru September 1, 2005. This assessment will be administered annually to measure any institutional changes in high risk drinking and its secondary effects. In addition, the assessment will examine the impact of any policy changes and consistent enforcement and whether any strides have been made to reduce the normative nature of high risk drinking. After five years of additional survey information (2010), a determination will be made as to whether additional information will be needed.

The Center for Counseling and Student Development, through a one-time gift made to the office, will fund the first year of SRI's data collection and analysis. We ask that the BOT financially commit to the future funding of four additional years of research conducted by SRI. This will allow for continued assessment as to whether any significant changes have been made in this area and for the collection of data to be conducted by the same methodology during the identified time period for the study.

The CORE Alcohol and Drug Survey will be administered again in the 2007-08 academic year in keeping with our current four-year cycle of the use of this instrument to benchmark our results with national and regional data. College and universities frequently determine the extent of substance use and abuse by administering the CORE and we can tailor ten institutional specific questions on the web version based on our upcoming institutional assessment. This will continue to serve as a central part of our assessment process to track changes in institutional efforts to reduce high risk drinking and its secondary effects.

b. Institutional and Community Assessment and Recommendations

Four subcommittees will be formed and begin meeting in September 2005 to discuss strategies and make recommendations for implementation. A series of issues and topics under each subcommittee heading are identified as a current practice of Siena to be reviewed, or an intervention in need of exploration. Each recommendation proposed will include a timetable, individual/office responsible for implementation of such activity and any funding needed. Dr. Flora Casallas, the substance abuse specialist and psychologist in the Center for Counseling and Student Development, will serve as a consultant to each of the four subcommittees. She has extensive experience in the field and most recently was an integral member of SUNY Albany's efforts to reduce high risk drinking and develop efforts to address the repeated "party school" image and label of the institution assigned by the *Princeton Review*. In addition, Sandra Casey, College Counsel, will be utilized to ensure that any policy recommendations put forth will help to mitigate any liability or risk to the College while at the same time ensuring the health and safety of the community.

Each subcommittee will report their findings by October 31 to the Student Affairs Advisory Committee (SAAC), chaired by the VPSA. The SAAC has broad representation from students, faculty and staff and serves as the recommending body to the VPSA who is ultimately responsible for student life issues and policy. Once the SAAC has reviewed each of the subcommittee reports and recommendations, the SAAC will make final recommendations to the VPSA. These materials will be forwarded to the Student Life Committee of the BOT for discussion and approval at the December 2005 Student Life Committee meeting.

Integral to the plan's success is the need for campus-wide "buy-in": 1) that there exists an issue with alcohol use at Siena that undermines excellence inside and outside of the classroom and 2) that the institution is committed to changing the culture of high risk drinking. To this end, the social norms campaign for the fall includes education of the campus community indicating the nature of the problem and how all areas of the College share in the responsibility for addressing this in a holistic approach. Below is an outline of the proposed subcommittees, suggested membership from within the College and topics to focus on and make recommendations.

1. **Alcohol Policy and Judicial Process**- Jeanne Obermayer and Jay Bebb, Co-chairs
 - Goal: Make recommendations regarding changes to the alcohol policy, enforcement, staffing and facilities.
 - Objective: Review current alcohol policy, sanctions, policy enforcement, and facilities.
 - Strategies:
 - Review judicial/security records for problem areas (quantity limit, party registration, sanctions, 1st and 2nd year housing, off-campus guests)
 - Assess student perceptions of policy and enforcement (role of RAs and security)
 - Assess role of facility structures that contribute to problem areas (MacClosky, multiple campus and residence hall entrances)
 - Brainstorm strategies to address problem areas (staffing needs, on drinking contracts, club events, alcohol events off-campus with students, first and second year housing)
 - Determine proper evaluation of effectiveness of implementation

- Membership:
 - 2 Residence Hall Directors
 - T. Breslin, Assistant Director of Security,
 - 4 students (2 from SAAC / 2 at large appointed by Senate)
 - Dr. Peter Ellard, AVPAA/Dean of Freshmen Year
 - John Felio, Director of Residence Life
 - Admissions rep
 - Development rep
 - Athletic Department rep
 - Faculty rep from Judicial Board

2. **Educational efforts and programming** - John Dierna and Mel Beach, Co-chairs

- Goal: Make recommendations regarding changes to the social and educational programming efforts as they relate to alcohol use, prevention, and health and safety of the college community that contribute to desired institutional practices supporting academic excellence.
- Objective: Review current educational efforts and programming
- Strategies:
 - Review/Assess Orientation and Opening week for implicit and explicit education/message about substance use.
 - Review student leader training for opportunities to be a part of the prevention strategy
 - Review the pre-admission message for problem areas related to alcohol use
 - Review campus events that currently serve alcohol
 - Review student events that are alcohol laden (Sienafest, Senior Week)
 - Determine proper evaluation of programming and education
- Membership:
 - 1 Residence Director
 - 3 students: 1 Senate appointee, 1 Resident Assistant, 1 Student Events Board appointee
 - 1 faculty member from SAAC
 - Admissions rep
 - Development rep
 - Athletic Dept. rep
 - Health Service rep

3. **Internal and External Constituencies**- Dr. Wally Bzdell, Chair

- Goals: Make recommendations regarding limiting access to alcohol on and off-campus.
- Objectives: Review problem areas of alcohol availability
- Strategies:
 - Assess current access to alcohol for our underage students
 - Review NIAAA recommendations for reducing access
 - Identify college practices and messages that support high-risk drinking

- Membership:
 - 2 students appointed by Senate
 - BOAT member
 - 1 faculty and 1 administrator
 - Development rep
 - Admissions rep
 - Athletics rep
 - R. Sheldon, Director of Security
 - Erin Lofredo, Stop DWI liaison
 - Fr. Kevin Daly, Friar in Residence- Hennepin

4. **Institutional culture and message related to alcohol-** Dr. Shannon O'Neill, Chair

- Goal: Make recommendations regarding institutional message and culture regarding alcohol use
- Objective: Review current culture and message regarding alcohol use
- Strategies:
 - Assess current student perception of image and message
 - Assess incoming student perception of image and message
 - Review current faculty and staff perceptions
 - Plan for evaluation for new message and image
- Membership:
 - Current Changing Campus Culture Committee members
 - 1 faculty member
 - 1 Admissions rep
 - Nate Maloney, Director of Alumni
 - Br. Brian Belanger, Friar in Residence-Padua

V. CONCLUSION

The purpose of this plan is to provide structure for informed campus-wide discussion on alcohol issues at Siena. Our goal for this plan is to be deliberate and intentional in developing well researched and evidence based strategies and recommendations. Our hope is that it will facilitate a greater awareness of the issues we face with regard to high risk drinking as well as to garner institutional commitment to change. Each subcommittee will raise topics for discussion, some difficult, with a variety of constituents in order to develop and propose suggested strategies to address high risk drinking at Siena College. Attached is the actual information from the NIAAA reports and the supporting documentation used to develop this plan.

Resources

1. *A Call to Action: Changing the Culture of Drinking at U.S. Colleges*, National Institute on Alcohol and Abuse and Alcoholism, 2002, www.collegedrinking.org.
2. *A Matter of Degree: the National Effort to Reduce High-Risk Drinking among College Students*, American Medical Association, www.ama.org/go/alcohol.
3. *Confronting the Threat of High-Risk Drinking*, Brandon Busteed, Priorities, Association of Governing Boards, Winter 2005.
4. Information on AlcoholEdu (our current alcohol component to Siena Experience and owned by Busteed), www.outsidetheclassroom.com.
5. Harvard School of Public Health College Alcohol Study, www.hsph.harvard.edu/cas.
6. Engs RC, Diebold BA, Hansen DJ. The drinking patterns and problems of a national sample of college students, 1994. *Journal of Alcohol and Drug Education* 41(3):13-33, 1996.
7. Hingson RW, Howland J. Comprehensive community interventions to promote health: Implications for college-age drinking problems. *Journal of Studies on Alcohol Supplement* 14:226-240, 2002.
8. Stanford University News Services, 12/13/
9. Presley CA, Meilman PW, Cashin JR. Alcohol and Drugs on American College Campuses: Use, Consequences, and Perceptions of the Campus Environment, Vol. IV: 1992-1994. Carbondale, IL: Core Institute, Southern Illinois University, 1996a.
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11. Presley CA, Leichter MA, Meilman PW. *Alcohol and Drugs on American College Campuses: A Report to College Presidents: Third in a Series, 1995, 1996, 1997*. Carbondale, IL: Core Institute, Southern Illinois University, 1998.
12. Knight JR, Wechsler H, Kuo M, Seibring M, Weitzman ER, Schuckit M. Alcohol abuse and dependence among U.S. college students. *Journal of Studies on Alcohol*, 2002, in press.
13. Wechsler H, Lee JE, Kuo M, Seibring M, Nelson TF, Lee HP. Trends in college binge drinking during a period of increased prevention efforts: Findings from four Harvard School of Public Health study surveys, 1993-2001. *Journal of American College Health* 50(5):203-217, 2002.
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NIAAA Reports

Recommendations for Colleges and Universities

To change the culture of drinking on campus, the Task Force recommends that all colleges and universities adopt the following overarching approach to program development and then select appropriate strategies from among those presented on the following pages to tailor programs to the special needs of their schools.

Overarching Framework

The research strongly supports the use of comprehensive, integrated programs with multiple complementary components that target: (1) individuals, including at-risk or alcohol-dependent drinkers, (2) the student population as a whole, and (3) the college and the surrounding community (Hingson and Howland, 2002; DeJong et al., 1998; Institute of Medicine, 1989). The *3-in-1 Framework* presented here focuses simultaneously on each of the three primary audiences.

The Task Force members agreed that the *3-in-1 Framework* is a useful introduction to encourage presidents, administrators, college prevention specialists, students, and community members to think in a broad and comprehensive fashion about college drinking. It is designed to encourage consideration simultaneously of multiple audiences on and off campus. The Task Force offers the *3-in-1 Framework* as a starting point to develop effective and science-based prevention efforts.

The brief descriptions that follow provide the rationale for emphasizing these three targets in prevention programs aimed at high-risk student drinking and identify alternative prevention strategies that address each group.

What does a multivariate perspective mean?

Alcohol research clearly indicates that multiple factors interact to produce various drinking patterns. Factors include students' genetic/biological characteristics, family and cultural backgrounds and environments, previous drinking experiences in high school, and the particular environment of the college in which they are enrolled. Even within one college, patterns may be influenced by students' participation in fraternities/sororities, sports teams, or other social groups. Research now has the capacity to bring this enlarged perspective to the problem of college drinking and to test models that take into account many of these factors.

(1) Individuals, Including At-Risk or Alcohol-Dependent Drinkers: The risk for alcohol problems exists along a continuum. Targeting only those with identified problems misses students who drink heavily or misuse alcohol occasionally (e.g., drink and drive from time to time). In fact, nondependent, high-risk drinkers account for the majority of alcohol-related problems (Lemmens, 1995; Kreitman, 1986).

It is crucial to support strategies that assist individual students identified as problem, at-risk, or alcohol-dependent drinkers. Strategies are clearly needed to engage these students as early as possible in appropriate screening and intervention services—whether provided on campus or through referral to specialized community-based services. One important effort to increase on-campus screening is National Alcohol Screening Day, an event that takes place in April each year. This program, supported by NIAAA and the Substance Abuse and Mental Health Services Administration, provides free, anonymous testing and health information at a growing number of colleges and universities.

(2) Student Body as a Whole: The key to affecting the behavior of the general student population is to address the factors that encourage high-risk drinking (DeJong and Langenbahn, 1996; DeJong and Linkenbach, 1999; DeJong and Langford, 2002; Perkins, 2002; Toomey and Wagenaar, 2002; Toomey et al., 1993).

They include the:

Widespread availability of alcoholic beverages to underage and intoxicated students;

Aggressive social and commercial promotion of alcohol;

Large amounts of unstructured student time;

Inconsistent publicity and enforcement of laws and campus policies; and

Student perceptions of heavy alcohol use as the norm.

Specific strategies useful in addressing these problem areas tend to vary by school. Examples of some of the most promising strategies appear in the "Recommended Strategies" section.

(3) College and the Surrounding Community: Mutually reinforcing interventions between the college and surrounding community can change the broader environment and help reduce alcohol abuse and alcohol-related problems over the long term. When college drinking is reframed as a community as well as a college problem, campus and community leaders are more likely to come together to address it comprehensively. The joint activities that typically result help produce policy and enforcement reforms that, in turn, affect the total drinking environment. Campus and community alliances also improve relationships overall and enable key groups such as student affairs offices, residence life directors, local police, retail alcohol outlets, and the court system to work cooperatively in resolving issues involving students (Hingson and Howland, 2002; Holder et al., 1997a, 2000; Perry and Kelder, 1992).

Following are specific strategies that can be used within the *3-in-1 Framework* to create programs addressing all three levels.

NIAAA Reports

Recommended Strategies

The evidence supporting the substance abuse prevention strategies in the literature varies widely. These differences do not always mean that one strategy is intrinsically better than another. They may reflect the fact that some strategies have not been as thoroughly studied as others or have not been evaluated for application to college drinkers. To provide a useful list that accounts for the lack of research as well as negative findings, Task Force members placed prevention strategies in descending tiers on the basis of the evidence available to support or refute them.

Tier 1: Evidence of Effectiveness Among College Students

Strong research evidence (two or more favorable studies available) supports the strategies that follow. All strategies target individual problem, at-risk, or alcohol-dependent drinkers. *Their efficacy as part of a campus-wide strategy has not been tested.*

Strategy: Combining cognitive-behavioral skills with norms clarification and motivational enhancement interventions. *Cognitive-behavioral skills training* strives to change an individual's dysfunctional beliefs and thinking about the use of alcohol through activities such as altering expectancies about alcohol's effects, documenting daily alcohol consumption, and learning to manage stress.

Assessment of Alcohol Problems

Within the last generation, researchers have developed semi-structured interviews that provide reliable, standardized assessments of alcohol consumption, alcohol problems, and the symptoms of alcohol abuse and dependence.

These new techniques allow researchers to evaluate the extent of various alcohol-related problems among college and noncollege samples and to assess their magnitude nationally and regionally. They also enable researchers to determine how alcohol-related problems change in response to general population trends, new laws and policies, and alcohol prevention and programs.

Norms or values clarification examines students' perceptions about the acceptability of abusive drinking behavior on campus and uses data to refute beliefs about the tolerance for this behavior as well as beliefs about the number of students who drink excessively and the amounts of alcohol they consume.

Influence of Implicit Expectations and Thoughts

Thoughts and motives of which individuals are unaware or barely aware often influence behavioral choices. Research in cognitive psychology and neuroscience has vastly improved capacity to assess "implicit" decision making. Recently, this understanding has been applied to the problem of college drinking. As a result, program planners are developing prevention programs that do *not* assume that every choice college students make has been carefully considered before they act on it.

As its name implies, *motivational enhancement* is designed to stimulate students' intrinsic desire or motivation to change their behavior. Motivational enhancement strategies are based on the theory that individuals alone are responsible for changing their drinking behavior and complying with that decision (Miller et al., 1992). In motivational enhancement interventions, interviewers assess student alcohol consumption using a formal screening instrument. Results are scored and students receive nonjudgmental feedback on their personal drinking behavior in comparison with that of others and its negative consequences. Students also receive suggestions to support their decisions to change.

Research indicates that combining the three strategies is effective in reducing consumption (Larimer and Cronce, 2002). One example of such an approach is a program using motivational enhancement, developed by Marlatt. The program, the Alcohol Skills Training Program (ASTP), is a cognitive-behavioral alcohol prevention program that teaches students basic principles of moderate drinking and how to cope with high-risk situations for excessive alcohol consumption (Fromme et al., 1994). The ASTP is designed for group administration and includes an alcohol expectancy challenge component. Controlled outcome studies show that the ASTP significantly reduces drinking rates and associated problems for both 1-year (Kivlahan et al., 1990) and 2-year follow-up periods (Baer et al., 1992).

Strategy: Offering brief motivational enhancement interventions. Students who receive brief (usually 45-minute), personalized motivational enhancement sessions, whether delivered individually or in small groups, reduce alcohol consumption. This strategy can also reduce negative consequences such as excessive drinking, driving after drinking, riding with an intoxicated driver, citations for traffic violations, and injuries (D'Amico and Fromme, 2000; Larimer and Cronce, 2002; Marlatt et al., 1998; Monti et al., 1999). This approach has been used successfully in medical settings (Dimeff and McNeeley, 2000; Monti et al., 1999). An effective brief intervention has been developed at the University of Washington. This brief intervention for high-risk drinkers is based on the ASTP program and is known as the BASICS program: Brief Alcohol Screening and Intervention for College Students (Dimeff et al., 1999). BASICS is administered in the form of two individual sessions in which students are provided feedback about their drinking behavior and given the opportunity to negotiate a plan for change based on the principles of motivational interviewing. High-risk drinkers who participated in the BASICS program significantly reduced both drinking problems and alcohol consumption rates, compared to control group participants, at both the 2-year follow-up (Marlatt et al., 1998) and 4-year outcome assessment periods (Baer et al., 2001). BASICS has also been found to be clinically significant in an analysis of individual student drinking changes over time (Roberts et al., 2000).

Strategy: Challenging alcohol expectancies. This strategy works by using a combination of information and experiential learning to alter students' expectations about the effects of alcohol so they understand that drinking does not necessarily produce many of the effects they anticipate such as sociability and sexual attractiveness (Darkes and Goldman, 1993, 1998; Jones et al., 1995). The research conducted to date indicates that the positive effects of this strategy last for up to 6 weeks in men, but additional research is under way to verify and extend this approach to women and for longer time periods.

Tier 2: Evidence of Success With General Populations That Could Be Applied to College Environments

The Task Force recommends that college presidents, campus alcohol program planners, and student and community leaders explore the strategies listed below because they have been successful with similar populations, although they have not yet been comprehensively evaluated with college students (Hingson et al., 1996b; Holder et al., 2000; Saltz and Stangetta, 1997; Voas et al., 1997; Wagenaar et al., 2000). These environmental strategies are not guaranteed to alter the behavior of every college student, but they can help change those aspects of the campus and community culture that support excessive and underage alcohol use.

"Student safety is of paramount importance; we simply have to make certain that our [alcohol prevention] program is working."

**William Jenkins, President
Louisiana State University System**

Strategy: Increased enforcement of minimum drinking age laws (Toomey and Wagenaar, 2002; Wagenaar and Toomey, 2002). The minimum legal drinking age (MLDA) law is the most well-studied alcohol control policy. Compared to other programs aimed at youth in general, increasing the legal age for purchase and consumption of alcohol has been the most successful effort to date in reducing underage drinking and alcohol-related problems. Most studies suggest that higher legal drinking ages reduce alcohol consumption, and over half found that a higher legal drinking age is associated with decreased rates of traffic crashes. Studies also indicate that policies are less effective if they are not consistently enforced. Moreover, the certainty of consequences is more important than severity in deterring undesirable behavior.

The benefits of the MLDA have occurred with minimal enforcement, yet studies of the effects of increased enforcement show that it is highly effective in reducing alcohol sales to minors (Wagenaar and Toomey, 2002). Increased enforcement—specifically compliance checks on retail alcohol outlets—typically cuts rates of sales to minors by at least half (Grube, 1997; Lewis et al., 1996; Preusser et al., 1994; Wagenaar et al., 2000). Efforts to reduce the use of false age identification and tighter restrictions on "home delivery" of alcohol may also help enhance the effectiveness of this law.

Strategy: Implementation, increased publicity, and enforcement of other laws to reduce alcohol-impaired driving. Injury and deaths caused by alcohol-impaired driving and related injuries and deaths can be reduced by lowering legal blood alcohol limits to .08 percent for adult drivers (Dee, 2001; Hingson et al., 1996a, 2000; Shults et al., 2001; Voas et al., 2000); setting legal blood alcohol content (BAC) for drivers under age 21 at .02 percent or lower (Hingson et al., 1994; Wagenaar et al., 2001); using sobriety check points (Castle et al., 1995; Lacey et al., 1999; Shults et al., 2001); providing server training intervention (Gliksman et al., 1993; Lang et

al., 1998; Russ and Geller, 1987; Saltz, 1987; Shults et al., 2001); and instituting administrative license revocation laws (Klein, 1989; Voas et al., 2000; Zador et al., 1989). Safety belt laws, particularly primary enforcement belt laws, have been shown in numerous studies to reduce traffic deaths and injuries (Dinh-Zaar et al., 2001). When California changed from a secondary to a primary enforcement belt law that permits police to stop vehicles and give a citation simply because an occupant was not belted, safety belt use rates increased 39 percent among drivers with BAC of .10 percent or higher compared to 23 percent overall (Lange and Voas, 1998). This indicates that primary enforcement belt laws can prevent many alcohol-related traffic fatalities. Comprehensive community interventions have also shown that increased enforcement and publicity of laws to reduce alcohol-impaired driving have produced significant reductions in the types of motor vehicle crashes most likely to involve alcohol (Holder et al., 2000) and alcohol-related traffic deaths (Hingson et al., 1996b).

Strategy: Restrictions on alcohol retail outlet density (Scribner et al., 1995; Gruenewald et al., 1993). Studies of the number of alcohol licenses or outlets per population size have found a relationship between the density of alcohol outlets, consumption, and related problems such as violence, other crime, and health problems (Toomey and Wagenaar, 2002). One study, targeting college students specifically, found higher levels of drinking and binge drinking among underage and older college students when a larger number of businesses sold alcohol within one mile of campus (Chaloupka and Wechsler, 1996). Numbers of outlets may be restricted directly or indirectly through policies that make licenses more difficult to obtain such as increasing the cost of a license.

Strategy: Increased prices and excise taxes on alcoholic beverages. A substantial body of research has shown that higher alcoholic beverage prices or taxes are associated with lower levels of alcohol consumption and alcohol-related problems (Leung and Phelps, 1993; Kenkel and Manning, 1996; Chaloupka et al., 1998; Cook and Moore, 2002). However, estimates of the extent to which consumption or problems change in response to a given price or tax change cover a fairly wide range. Some studies have examined these effects among young people separately from the general population. Most such studies have found that young people exhibit significant responses to price or tax changes, in some cases larger than responses estimated for the general population (Grossman et al., 1987; Coate and Grossman, 1988; Kenkel, 1993; Sutton and Godfrey, 1995; Ruhm, 1996; Grossman et al., 1998). An exception is the recent study by Dee (1999), which found only small and statistically insignificant effects of beer taxes on teens' drinking behavior. In addition, Chaloupka and Wechsler (1996) found that higher beer prices tend to decrease drinking and binge drinking among U.S. college students, but that price is a relatively weak tool for influencing these behaviors among college students, especially males. In a study of the population aged 17 and older, Manning et al. (1995) found that consumption was responsive to price for all but the 5 percent of drinkers with the heaviest consumption, who exhibited no significant price response.

A number of studies have examined the effects of alcohol prices or taxes on traffic crash fatalities and other alcohol-related problems. Most such studies have reported that higher taxes or prices were associated with significant reductions in traffic crash fatalities or drunk driving, particularly among younger drivers and during nighttime hours (Saffer and Grossman, 1987; Chaloupka et al., 1993; Kenkel, 1993; Ruhm, 1996). A few recent studies have questioned these findings. Dee (1999) found some evidence that beer taxes tend to reduce teen traffic fatalities, but concluded that those results were not robust and should be viewed with skepticism. Young and Likens (2000) found no significant effects of beer taxes on traffic crash fatality rates, either for young drivers or the general population. Mast et al. (1999) found mixed results, with several analyses indicating significant but relatively small effects of beer taxation on traffic fatalities.

Other research has found associations between higher alcoholic beverage taxes and lower rates of some types of violent crime (Cook and Moore, 1993a), reduced incidence of physical child abuse committed by women (Markowitz and Grossman, 2000), and lower rates of sexually transmitted diseases (Chesson et al., 2000), as well as with increases in college graduation rates (Cook and Moore, 1993b).

Further research is needed to clarify the effects that alcoholic beverage prices or taxes have on different drinking behaviors, health-related outcomes, and population sub-groups, and to reconcile conflicting findings that have appeared in the literature. To date, however, the weight of evidence clearly suggests that higher prices and taxes can help to reduce alcohol consumption and alcohol-related problems.

Strategy: Responsible beverage service policies in social and commercial settings (Saltz and Stangetta, 1997; Holder et al., 1997b). Studies suggest that bartenders, waiters, and others in the hospitality industry would welcome written policies about responsible service of alcohol and training in how to implement them appropriately. Policies could include serving alcohol in standard sizes, limiting sales of pitchers, cutting off service of alcohol to intoxicated patrons, promoting alcohol-free drinks and food, and eliminating last-call announcements. Servers and other staff could receive training in skills such as slowing alcohol service, refusing service to intoxicated patrons, checking age identification, and detecting false identification. To prevent sales to underage patrons, it is important to back identification policies with penalties for noncompliance.

Strategy: The formation of a campus and community coalition involving all major stakeholders may be critical to implement these strategies effectively. A number of comprehensive community efforts have been designed to reduce alcohol and other substance use and related negative consequences among underage youth, including college students, and among adults (Chou et al., 1998; Hingson et al., 1996b; Holder et al., 1997b; Pentz et al., 1989; Perry et al., 1996; Treno and Holder, 1997; Wagenaar et al., 2000); and their outcomes demonstrate the potential effectiveness of this approach in college communities. For example, the Community Trials Program (Grube, 1997; Holder and Treno, 1997; Holder et al., 1997a, b; Holder and Reynolds, 1997; Holder et al., 2000; Treno and Holder, 1997; Reynolds et al., 1997; Saltz and Stangletta, 1997; Voas et al., 1997), which focused on alcohol trauma in the general population, resulted in a significant decline in emergency room admissions for alcohol-related assault. Both this program and Communities Mobilizing for Change (CMCA) (Wagenaar et al., 1999, 2000), which was designed specifically to reduce drinking among young people, resulted in reduced alcohol sales to minors. In the CMCA project young people ages 18 to 20 reduced their propensity to provide alcohol to other teens and were less likely to try to buy alcohol, drink in a bar, or consume alcohol. The Massachusetts Saving Lives Program (Hingson et al., 1996b), designed to reduce drunk driving and speeding in the general population, produced relative declines in alcohol-related fatal crashes involving drivers 15 to 25 years of age.

This approach reframes the issue as a community problem, not simply a college problem, brings together the range of players needed to address it, and sets the stage for cooperative action. In addition to college presidents and campus administrators, stakeholders in campus-community coalitions include student groups, faculty, staff, community leaders, law enforcement, and representatives from hospitality and alcohol beverage industries (Hingson and Howland, 2002). Research shows that promoting community ownership of programs enhances success (Holder et al., 1997a).

On that basis, active campus and community coalitions can be expected to build support for addressing underage and excessive college drinking; help assure that strategies used respond to genuine community needs; maintain and, ultimately, institutionalize effective strategies; and evaluate and disseminate the results of the coalition's activities to other college communities (Hingson and Howland, 2002).

Tier 3: Evidence of Logical and Theoretical Promise, But Require More Comprehensive Evaluation

The Task Force recognizes that a number of popular strategies and policy suggestions make sense intuitively or have strong theoretical support. Many also raise researchable questions that may be crucial in reducing the consequences of college student drinking. Although the Task Force is eager to see these strategies implemented and evaluated, it cautions interested schools to assemble a team of experienced researchers to assist them in the process.

The Task Force recommends that schools considering any of these strategies incorporate a strong evaluation component to test their viability in actual practice. Every strategy that appears below targets the student population as a whole.

"Excessive student drinking contributes to failed academic performance ranging from missed classes to attrition. At the same time, many colleges and universities unwittingly help create a culture of student drinking by scheduling no classes on Friday, thereby creating three-day weekends, and by grade inflation which tolerates and even rewards minimal student performance."

**Susan Resneck Pierce, President
University of Puget Sound**

Strategy: Adopting campus-based policies and practices that appear to be capable of reducing high-risk alcohol use. The following activities are particularly appealing because straightforward and relatively brief evaluations should indicate whether they would be successful in reducing high-risk drinking on a particular campus.

Reinstating Friday classes and exams to reduce Thursday night partying; possibly scheduling Saturday morning classes.

Implementing alcohol-free, expanded late-night student activities.

Eliminating keg parties on campus where underage drinking is prevalent.

Establishing alcohol-free dormitories.

Employing older, salaried resident assistants or hiring adults to fulfill that role.

Further controlling or eliminating alcohol at sports events and prohibiting tailgating parties that model heavy alcohol use.

Refusing sponsorship gifts from the alcohol industry to avoid any perception that underage drinking is acceptable.

Banning alcohol on campus, including at faculty and alumni events.

Strategy: Increasing enforcement at campus-based events that promote excessive drinking (DeJong and Langenbahn, 1996; Gulland, 1994). Campus police can conduct random spot checks at events and parties on campus to ensure that alcohol service is monitored and that age identification is checked. It may be important for non-students to enforce these campus policies. Resident assistants and others charged with developing close supportive relationships with students might find it difficult to enforce alcohol-related rules and regulations consistently and uniformly.

Strategy: Increasing publicity about and enforcement of underage drinking laws on campus and eliminating "mixed messages." As indicated previously, active enforcement of minimum legal age drinking laws results in declines in sales to minors (Grube, 1997; Lewis et al., 1996; Preusser et al., 1994; Wagenaar et al., 2000). Lax enforcement of State laws and local regulations on campus may send a "mixed message" to students about compliance with legally imposed drinking restrictions. Creative approaches are needed to test the feasibility of this strategy (DeJong and Langford, 2002).

"We dare not let alcohol blemish your bright promise."

**Thomas K. Hearn, Jr., President
Wake Forest University
in a letter to incoming first-year students**

Strategy: Consistently enforcing disciplinary actions associated with policy violations (DeJong and Langford, 2002). Inconsistent enforcement of alcohol-related rules may suggest to students that "rules are made to be broken." To test the effectiveness of this approach would likely require staff and faculty training, frequent communication with students, and the implementation of a research component.

Strategy: Conducting marketing campaigns to correct student misperceptions about alcohol use (Berkowitz, 1997; Clapp and McDonnell, 2000; DeJong and Linkenbach, 1999; Johannessen et al., 1999; Page et al., 1999; Perkins, 1997, 2002; Perkins and Wechsler, 1996). On the basis of the premise that students overestimate the amount of drinking that occurs among their peers and then fashion their own behavior to meet this perceived norm, many schools are now actively conducting "social norming" campaigns to correct many of these misperceptions.

Strategy: Provision of "safe rides" programs (DeJong, 1995). Safe rides attempt to prevent drinking and driving by providing either free or low-cost transportation such as taxis or van shuttles from popular student venues or events to residence halls and other safe destinations. Safe rides are usually restricted to students, faculty, staff, and a limited number of "guests." Safe rides sponsors often include student government, Greek Councils, student health centers, campus police, Mothers Against Drunk Driving chapters, and other local community organizations, agencies, and businesses. They have been criticized as potentially encouraging high-risk drinking, and this possibly should be considered in design, promotion, and monitoring.

Strategy: Regulation of happy hours and sales (Toomey and Wagenaar, 2002). Happy hours and price promotions—such as two drinks for the price of one or women drink for free—are associated with higher consumption among both light and heavy drinkers. Research shows that as the price of alcohol goes up, consumption rates go down, especially among younger drinkers. Because many bars surrounding campuses attract students by promoting drink specials, restrictions on happy hours have the potential to reduce excessive consumption off campus. If colleges and universities have a licensed establishment on campus, drink specials could be prohibited or promotion of alcohol-free drinks and food specials could be encouraged. In nonlicensed settings on campus that serve alcohol, event planners could opt to limit the amount of free alcohol that is available and eliminate all self-service. Schools could also limit alcohol use to weekends or after regular class hours in an effort to separate drinking from activities more closely aligned with the core academic mission.

Strategy: Informing new students and their parents about alcohol policies and penalties before arrival and during orientation periods. There is some anecdotal evidence that experiences during the first 6 weeks of enrollment affect subsequent success during the freshman year. Because many students begin drinking heavily during this time, they may be unable to adapt appropriately to campus life. Alerting parents and students to this possibility early on (e.g., through preadmission letters to parents and inclusion of information in orientation sessions and in presidents' and student leaders' welcoming speeches) may help prevent the development of problems during this critical, high-risk period.

Commercially Available Interventions

Numerous intervention products are available commercially and may include strategies described in this Report. However, the current body of peer reviewed evaluative research is insufficient to allow objective assessment of their efficacy among college-age populations. Such programs were necessarily excluded from the Task Force Report's evidence-based hierarchy of prevention strategies. Additional research may well establish evidence of efficacy for some or all of these programs. In the meantime, if colleges and universities implement one or more of these programs, the Task Force strongly recommends that rigorous program evaluation be implemented as well, with careful attention to assessing program effects in relation to program costs and ease of implementation. As with any evaluation, it is essential that both positive and negative findings be disseminated widely, through publication in peer-reviewed journals when possible.

Tier 4: Evidence of Ineffectiveness

The Task Force recognizes that it is difficult or impossible to "prove" that a specific intervention approach is universally ineffective. Nevertheless, when there are consistent findings across a wide variety of well-designed studies, it is possible to conclude that an approach is not likely to be effective and that limited resources should be used in other ways. Additionally, if there is strong evidence that an intervention approach is actually harmful or counterproductive, recommendations not to use it can be made based on fewer studies.

The Task Force also notes that some interventions may be ineffective when used in isolation, but might make an important contribution as part of a multicomponent integrated set of programs and activities (Larimer and Cronce, 2002). However, until there is evidence of a complementary or synergistic effect resulting from inclusion with other strategies, college administrators are cautioned against making assumptions of effectiveness without scientific evidence.

Strategy: Informational, knowledge-based, or values clarification interventions about alcohol and the problems related to its excessive use, when used alone (Larimer and Cronce, 2002; Maddock, 1999). This strategy is based on the assumption that college students excessively use alcohol because they lack knowledge or awareness of health risks and that an increase in knowledge would lead to a decrease in use. Although educational components are integral to some successful interventions, they do not appear to be effective in isolation. Despite this evidence, informational/educational strategies are the most commonly utilized techniques for individually focused prevention on college campuses (DeJong and Langford, 2002; Larimer and Cronce, 2002).

Strategy: Providing blood alcohol content feedback to students. This strategy uses breath analysis tests to provide students accurate information on their BAC. It could be used as part of a research evaluation or to dissuade students from driving while under the influence or continuing to drink past intoxication. Providing this information to students who are drinking must be approached with caution. Some researchers have found that the presence of immediate breath analysis feedback can actually encourage excessive drinking when students make a contest of achieving high BACs (personal communications from Scott Geller, 2002 and Robert Voas, 2002). If BAC feedback is to be provided in naturalistic settings, the procedure should be carefully monitored for adverse effects and adjusted as necessary.

		3-in-1 Framework		
Tier	Strategy	Level of Operation		
		Individuals, including At-Risk and Dependent Drinkers	Student Population as Whole	Community
1: Effective among college students	Combining cognitive-behavioral skills with norms clarification & motivational enhancement intervention	Yes	No	No
	Offering brief motivational enhancement interventions in student health centers and emergency rooms	Yes	No	No
	Challenging alcohol expectancies	Yes	No	No

2: Effective with general populations	Increased enforcement of minimum drinking age laws	No	Yes	Yes
	Implementation, increased publicity, and enforcement of other laws to reduce alcohol-impaired driving	No	Yes	Yes
	Restrictions on alcohol retail density	No	No	Yes
	Increased price and excise taxes on alcoholic beverages	No	No	Yes
	Responsible beverage service policies in social & commercial settings	No	Yes	Yes
	The formation of a campus/community coalition	No	Yes	Yes

3: Promising	Adopting campus-based policies to reduce high-risk use (e.g., reinstating Friday classes, eliminating keg parties, establishing alcohol-free activities & dorms)	No	Yes	No
	Increasing enforcement at campus-based events that promote excessive drinking	No	Yes	No
	Increasing publicity about enforcement of underage drinking laws/eliminating "mixed" messages	No	Yes	Yes
	Consistently enforcing campus disciplinary actions associated with policy violations	No	Yes	No
	Conducting marketing campaigns to correct student misperceptions about alcohol use on campus	No	Yes	No

	Provision of "safe rides" programs	No	Yes	Yes
	Regulation of happy hours and sales	No	Yes	Yes
	Enhancing awareness of personal liability	Yes	Yes	Yes
	Informing new students and parents about alcohol policies and penalties	Yes	Yes	No
4: Ineffective	Informational, knowledge-based or values clarification interventions when used alone	N/A	N/A	N/A