

REDUCING ALCOHOL USE AND RELATED PROBLEMS AMONG COLLEGE STUDENTS:

A GUIDE TO BEST PRACTICES

Second Edition



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PUBLIC HEALTH



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EXECUTIVE SUMMARY

Introduction

College Student Drinking in Maryland and Nationally is a Serious Public Health Concern

Excessive drinking among college students has been recognized for decades as a daunting public health problem. A variety of influences converge during the college period to increase the likelihood of excessive drinking. These include the increased autonomy afforded to many students as they separate geographically from their parents, the influence of new peers, societal expectations related to drinking as an integral part of college life, and natural, neurologically-based risk-taking tendencies of young adults.

College students—sometimes described as the nation’s “best and brightest”—have a lot to lose from excessive drinking. Their health, safety, and academic pursuits can be compromised by alcohol. But fortunately, focusing attention and resources on detecting problems early and changing the environment which influences the choices students make can be effective in helping lower the risk for serious acute and long-term consequences.

College students in Maryland binge drink at or above the level of students elsewhere in the United States. More Maryland college students report binge drinking between five and nine days during the past month than non-Maryland students (10.6% and 9.8%, respectively).¹ Additionally, 6.1% of Maryland college students report that they continued to drink despite problems with family or friends, compared with 4.7% of non-Maryland college students. Finally, Maryland college students are receiving help at far lower rates than the national average. Only 0.3% of Maryland past-year alcohol users report receiving treatment for alcohol use, compared with 1.5% of non-Maryland college students. One study conducted in Maryland showed that first-year college students consumed an average of five drinks during a drinking session and one in four students met clinical criteria for alcohol dependence during the course of their college career.^{2,3} That study also found that drunk driving increases with age, with 25% of 21-year-olds reporting driving while intoxicated.⁴

Nationwide, in 2005 (the last year for which estimates are available) 1,825 college students between the ages of 18 and 24 died from alcohol-related injuries,

599,000 college students were injured, 696,000 were hit or assaulted by another drinking college student, and 97,000 were victims of sexual assault or date rape.⁵

About 14% of college students meet criteria for alcohol abuse or dependence⁶ and might require intensive intervention due to excessive alcohol use. Research has shown that alcohol dependence is a neurologically-driven process. Taking a “first drink” might be volitional; however, for a person who is addicted, wanting to stop or drink less becomes a process driven by, at the risk of oversimplifying, brain circuitry that is “wired” for continuing to drink. Limiting the availability of alcohol is helpful to college students in recovery, but continuous monitoring and other support services are also required.

The Maryland Collaborative to Reduce College Drinking and Related Problems

Providing a Forum for Schools in Maryland to Work Together Toward Solutions

Initial support for a new approach in Maryland came from the state’s Department of Health and Mental Hygiene (DHMH), which identified reducing college drinking and related problems as a priority area. Recognizing that expertise in both college drinking monitoring and assessment and in implementation of effective strategies exists in Maryland, the DHMH asked expert teams from the University of Maryland School of Public Health and the Johns Hopkins Bloomberg School of Public Health to lead the formation of the Maryland Collaborative. In the first year of the Maryland Collaborative, a formal assessment was completed with administrators and staff from 38 schools across the state to learn about the current status of college drinking and the strategies being implemented to address the problem. From this initial assessment, staff from the Maryland Collaborative produced this comprehensive *Guide to Best Practices* in 2013, followed by an updated edition in 2016.

This Guide Synthesizes the Existing Research on Interventions that Are and Are Not Effective

Research studies during recent decades have demonstrated the comparative effectiveness of different approaches to reduce college student drinking. Some approaches, such as simply providing information to

students about the risks of alcohol use, are not effective in changing behavior. This Guide describes the two major categories of interventions that seem to have the most promise. First, at the individual level, providing brief interventions that incorporate motivational interviewing can help an individual recognize the existence of a problem and modify his/her behavior. Second, on a more macro-level, changes in the environment to reduce the availability of and access to alcohol, particularly among youth, are clearly effective ways to decrease excessive alcohol use and associated problems.

This Guide includes a detailed description of various strategies, a summary of the research supporting or refuting their effectiveness, and tips for implementation. By clearly and concisely summarizing the evidence regarding which approaches have been found to be effective or promising, and which have not, college administrators and community stakeholders can have a better idea of how to allocate resources more effectively.

Individual-based Strategies: A Five Point Plan

1. *Develop a roadmap.* Schools should develop a “roadmap” that describes how students are screened, identified, and routed to the necessary places to receive help if needed. This roadmap has two key elements: 1) where identification occurs (for example, for campuses that have health centers, students can be screened for alcohol and drug use routinely as part of their health care visits; campuses without health centers might utilize settings such as residence halls or academic assistance centers to identify at-risk students) and 2) what the protocol or process is for identifying and intervening with high-risk students, including what follow-up steps will be taken to provide them with access to further evaluation.
2. *Provide training to individuals working in the settings.* It is critical that individuals working in the settings designated above receive initial and ongoing training to ensure that protocols are instituted in a systematic way. Brief motivational interventions (BMI) and challenging alcohol expectancies are among the most effective means of intervening at the individual level, but training in these techniques is often lacking.
3. *Utilize valid and reliable screening instruments.* Instruments such as the Alcohol Use Disorders Identification Test (AUDIT⁷) have been tested in multiple settings and populations and can form the basis for effective screening, brief intervention, and referral to treatment (known as “SBIRT”).
4. *Track the screening and identification process.* Encounters with students should be systematically documented in a way that preserves confidentiality but allows the school to understand whether or not the protocol is working and how it can be improved.
5. *Proactively engage parents at all stages of their child’s college career.* Research evidence on the importance of parents is strong and compelling. From setting expectations about zero tolerance for underage drinking to remaining vigilant to detect the earliest signs of a possible problem, parents have multiple important roles to play in preventing alcohol problems from starting as well as preventing escalating alcohol use.

Environmental Strategies: The Necessary Complement to Individual Approaches

Research abounds that students respond to the cues in their environments regarding alcohol. Critical cues include how easy it is to access alcohol, how visibly alcohol is marketed, how often it is discounted, and how clearly and uniformly alcohol policies are communicated and enforced, both on and off campus. In particular, the following five strategies hold promise for reducing college drinking in Maryland:

1. *Form campus-community coalitions.* Campus-community coalitions provide the resources and relationships necessary to implement environmental strategies on and off campus, assessing the resources and needs in their communities, creating a plan to address those needs, and jointly implementing effective strategies to reduce alcohol availability and problems related to college drinking. These coalitions can bring together public health professionals, law enforcement, the local liquor board, students, faculty, administrators, community residents, and others with the resources necessary to create safe and healthy environments in college communities.

2. *Be proactive in enforcing existing alcohol laws.* College students, as well as the social and commercial providers of alcohol, must believe that they will be caught and punished when alcohol is sold or served illegally (e.g., selling alcohol to underage purchasers, using false IDs to purchase alcohol, over-serving patrons, etc.). Effective law enforcement strategies include:
 - Underage compliance checks
 - Enforcement operations to identify those who possess and/or manufacture false IDs
 - Sobriety checkpoints to deter drinking-driving
 - Party patrols
 - Bar checks to ensure compliance with sales and promotions laws and regulations
3. *Reduce the density of outlets surrounding or near the campus.* The research is clear: the more outlets in a geographic area, the higher the levels of alcohol-related problems. Density can be addressed through attrition (not transferring licenses when existing outlets go out of business), identifying and taking action against problem outlets, or using the planning and zoning process to tighten restrictions and increase community input into the practices of existing outlets.
4. *Address alcohol pricing and other promotional practices.* Alcohol promotions that appeal directly to college populations include advertising in college publications, sponsorship of athletic, Panhellenic, or other campus events, and marketing on the radio, social media, and television. Additionally, many bars or restaurants will have daily “happy hour” price promotions that discount the cost of alcohol; many are marketed directly towards students with special college nights or additional discounts with a college ID. Reducing or prohibiting these types of alcohol promotions can reduce alcohol problems among college populations.
5. *Incorporate community-enhancing practices into landlord lease agreements.* An emerging promising practice empowers landlords to play a proactive role in reducing large parties and related problems by incorporating noise and nuisance standards into lease agreements. These policies can include

prohibiting kegs, implementing noise standards, and prohibiting parties with more than a certain number of attendees.

Next Steps: Where Does Maryland Go From Here?

Taking a multi-level approach like the one outlined in this Guide, which addresses alcohol problems at both the individual and the environmental level, is necessary to incite and sustain change over time. Research findings to date suggest that this kind of multi-level approach is most effective in evoking and supporting change in individual behavior and change in normative climates around drinking, and ultimately in reducing the overall level of excessive alcohol use among students attending Maryland colleges and universities.

The success of the Maryland Collaborative will depend on building partnerships among college administrators, students, faculty, staff, local law enforcement, and community leaders as well as brokering partnerships between local businesses and campus administrators. In this way, the Maryland Collaborative will have substantial public visibility and can serve as a model for others who are interested in addressing alcohol problems among college students in other locations.

Successful intervention while students are still in college will not only reduce the chances of adverse acute consequences in the short-term but will also have important long-term effects, since alcohol problems that develop early in life are predictive of later problems. Ultimately, addressing alcohol problems among Maryland’s college students will reduce long-term health care costs, improve workforce productivity, and mitigate risks for unemployment, family dysfunction, and violence, which are all too common among adults with alcohol problems.