Investigation Paper: Prevention and Intervention Strategies for Excessive Drinking Among College Students

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Determining the best prevention strategies for heavy, episodic drinking (i.e. binge drinking) among college students is of huge interest to college administrators and health care professionals. Lewis (2007) notes that despite increasing resources and programs geared at addressing alcohol abuse by students, rates of binge drinking have remained stable and high since the 1990s. Peele (2006) reveals that “alcohol is associated with more youth dysfunction and morbidity than any other drug (p.68) and adds that “among 20-year-olds, 56 percent have done so (consumed alcohol) and 40 percent have binged-in the past month” (p.76). Current research addresses many issues including best practices on how to educate students on the risks associated with drinking and how to best identify and take advantage of the many things that can influence a student’s drinking behaviors.

According to Lewis (2007) “perceived normative beliefs of closest friends of the same sex best explain dimensions of alcohol involvement” (p.297). Lewis goes on to address the danger in this way of thinking: the fact that most students tend to over estimate the quantity and frequency of alcohol consumption of their same-sex peers. This research would suggest that alcohol education programs should focus on debunking the myths that all college students drink and that they drink heavily. However, when citing research by the National Institute on Alcohol Abuse and Alcoholism, Peele (2006) found that colleges adopting educational programs geared toward informing students about accurate social norms did not see a reduction in drinking levels and harms.

Peele (2006) reports that cultural and ethnic background can have a significant influence on what students view as healthy alcohol consumption. Gathering information from a number of different cross-cultural studies, Peele concludes “Cultures that
encourage regular but controlled drinking yield lower rates of binge drinking, while societies in which men and women consume their alcohol in bursts have more drinking problems” (p.67). Peele further explains this phenomenon by saying that “proscriptive groups have less exposure to controlled drinking… (and therefore) have no guidelines by which to control their behavior” (p. 70).

According to Wasley (2007), John M. MaCardell Jr. is lobbying to lower the drinking age so that parents and educators will be better able to act as role models and provide students with the guidelines mentioned by Peele. MaCardell, president emeritus of Middlebury College, proposes give “drinking licenses” to 18- to 20-year-olds after they complete an alcohol-education program. MaCardell believes that students will either learn to drink responsibly or forfeit their new found freedom. MaCardell thinks the current drinking age law “fosters a culture of surreptitious, high risk drinking” (p.1). Lewis’s (2007) study validates MaCardell’s concerns. When investigating the effectiveness of programs that heightened the perceived risk of consuming alcohol, Lewis found that “the greater the perception of risk, the greater the alcohol involvement” (p.307). However, both Lewis and Peele also found that students who begin drinking earlier in life are more likely to display negative drinking behaviors later in life. MaCardell’s supporters have felt stiff opposition from groups that are quick to site this research along with drops in drunk-driving fatalities over the past twenty years.

Given that the problem of binge drinking seems to have many influences and isn’t going away, it is imperative that educators find effective and efficient ways to educate students about binge drinking prevention and intervention. Moore, Soderquist, and Werch (2005) report that an Internet-based drinking prevention program was just as
effective as a print version in educating college students about health drinking behaviors. Not only was the Internet version effective, but it was also cost-efficient. Students who received weekly emails were more likely than those receiving weekly postal mailings to utilize the alcohol-related Websites included in the newsletters and also more likely to evaluate the program once it ended. Moore et al. observed that students were quite comfortable using the internet to address health care concerns and found it particularly appealing due to its “presentation, anonymity, nonjudgmental nature, and accessibility” (p.38).

Lewis, Peele, and Wasley (2007) offer different and sometimes contradicting theories about the most effective preventative measures for cutting down on binge drinking. The challenge for college administrators lies in creating inclusive, campus-wide prevention programs that recognize and address the potential influence that friends, family, culture, and even federal law have on student behavior as a whole and also recognizing the needs of individual students. In order to meet the needs of both the campus community and the individuals who make up that community many overlapping services and support must be in place. Student Health Services must develop educational programs geared at debunking the myths that all students drink and drink heavily. Because the drinking behaviors of close friends are such an influence to other students, presentations should be done in small groups of already closely knit communities (residence halls, social fraternities and sororities, athletic teams and freshman seminar classes). Health professionals must take advantage of the new appeal for “e-Health” by creating informational, easy to navigate and interactive online programs for students. Not only will health centers be reaching traditional students who are becoming increasingly
technologically savvy, but they will have the opportunity to reach non-traditional students who tend to spend less time on campus.

University policy makers need to create rules and regulations that aren’t focused on heightening the perceived risks associated with drinking, but instead are geared toward increasing student safety if and when they choose to drink. An example of such policy would be a Good Samaritan clause, which would allow a slightly intoxicated person to feel more comfortable and protected from university sanctions when warning a college administrator about another person’s alcohol consumption. Adding additional staff, hours, and/or routes to Safe Ride programs would increase student safety, without directly focusing on the perceived risks. University counselors must work closely with Student Conduct officials to better identify, address and provide assistance to students who are using binge drinking to deal with larger issues in their lives. University leaders must entrust conduct officials with the ability to recognize the varying degrees of alcohol misconduct and create personalized consequences accordingly.

University leaders must also create focus groups of physical and mental health professionals, conduct officers, university police, and other departments that have a stake in lowering binge drinking rates. Collaboration among departments will strengthen the university’s stand as a whole, increase efficiency by cutting down on overlapping programs and provide each stakeholder with a larger support system to call on in times of need. Cultural centers and ethnic studies courses may be the most convenient places to begin discussing the impact that distinct cultures have on drinking behaviors. Although Peele (2006) expresses concern for “conveying the advantages of one cultural style to
those in other cultures”, college administrators must be willing to find ways to address cultural influences on alcohol use in order to more completely educate the student body.

The most invaluable tool that student administrators can gain in their quest to prevent heavy, episodic and dangerous drinking behaviors is an even greater, first-hand understanding of why students drink and what types of prevention strategies work best for them. Lewis, Peele, Wasley and other researchers can only provide administrators with a small snapshot of a college population and its’ students answers to a highly controlled survey. However, anyone who has ever worked on a multiple college campuses knows that drinking cultures vary by schools and prevention programs should vary as well. Moore et al.’s study showed that Internet based evaluations were relatively well received among the college community and suggests that with time administrators will be able to create more student-driven curriculums that will hopefully lead to even more effective prevention and intervention programs.
References


