College Drinking: Report on Implementation of Intervention Strategies

In 2002, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) issued a report on college drinking. They stated that heavy drinking among college students was related to serious negative consequences and suggested intervention strategies for colleges to initiate (Malloy et al., 2002). According to www.collegedrinkingprevention.gov, excessive alcohol use among college students has been related to nearly 600,000 unintentional injuries to students while they were drinking, nearly 700,000 assaults related to others’ alcohol use, 97,000 sexual assaults, and 1,825 deaths due to alcohol-related motor vehicle accidents and other unintentional accidents (Hingson et al., 2009).

The NIAAA has recommended a number of prevention strategies to college administrators to decrease drinking and related negative outcomes. Nelson and colleagues (2010), reported on progress in implementing these strategies on college campuses. They surveyed administrators from 351 colleges in the U.S. about prevention efforts in 2008. About 67% of colleges reported that they provided intervention services for students identified as high risk for drinking problems. Of these, 88% provided on-campus services and the remainder paid for intervention provided off-campus. Another 22% referred students off-campus for intervention but did not cover the cost of services.

The most common prevention strategy used was education. According to the authors, 98% of colleges provided education to college students about consequences of heavy drinking. Several different formats were used; for instance, 87% reported using lectures, workshops, or meetings; 65% reported computer-based on online programs; and 70% reported poster campaigns. While the most campuses reported using education strategies, the NIAAA report and Nelson et al. (2010) suggest that it is not effective in changing behavior.

Another intervention method examined was the extent to which colleges worked with groups in the community or with authorities to decrease access to alcohol. Most colleges reported little
collaboration with local groups or authorities to limit outlets selling alcohol, to be involved in mandatory responsible beverage service training, or to increase the cost of alcoholic beverages. About 1/3 of colleges reported that checks for sale of alcohol to underage drinkers were undertaken in their communities, but most were completed by local law enforcement without involvement by the college.

In summary, most colleges are providing education to students on drinking responsibly. Many colleges are targeting intervention to students who are at risk or already involved in problem drinking. Few colleges are working with their communities to decrease access to alcohol. The effectiveness of interventions should be evaluated by examining rates of drinking and negative outcomes in relation to the intervention programs in place.

References:


For further information regarding this article, please contact Mary Ellen Lynch, Ph.D., at the Maternal Substance Abuse and Child Development Project, Emory University School of Medicine, Department of Psychiatry and Behavioral Sciences, 1256 Briarcliff Road, N.E., 320W, Atlanta, Georgia, 30306. You can also phone us at 404-712-9815 or visit our website at http://www.emory.edu/MSACD

The Maternal Substance Abuse and Child Development Project is funded in part by the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD).