From Competition to Collaboration:
College Alcohol Prevention in an Era of Competing Risks

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Since the turn of the century, excessive drinking among college students — once viewed as the number one problem facing college campuses less than a decade ago — has been joined by a set of equally concerning student behaviors ranging from prescription medication abuse, lack of compliance to mental health therapies, cyber-stalking, sexual assault, rape, and acts of violence, some involving guns and other weapons. The incidents at Virginia Tech and Northern Illinois University created a new set of realities about the dangers students face on campus, and led many institutions to begin security task forces and student at-risk response teams that drew attention, resources, and time away from issues that seemed to be less dramatic or litigious. Combined with the belief that alcohol is an "old" and fairly intractable issue that has found less limelight in the national media in the past five years — particularly following the flurry of media attention on college drinking that occurred in the mid-to-late 1990s — and the belief that most campuses now have at least some basic plan to address the excessive drinking of college students, it's easy to see why alcohol use has, in some institutions, lost its aura of urgency on the long list of administrative concerns.

> **Comment [DD1]:** This is now the term Jed and some others prefer

What has not changed is the continued excessive use of alcohol among college students and the host of physical, legal, and academic problems that accompany it. The problem of high-risk alcohol consumption and subsequent harms among college students remains relatively the same in size and scope across the United States as it did when researchers and institutions began in earnest to re-address the issue on a national (and federally funded) scale more than 20 years ago. The National Institute of Alcohol Abuse and Alcoholism still estimates that approximately 1,700 college students die in alcohol-related incidents annually (most from drunk driving),[1] national survey benchmarks still report that well more than a third of our college students engage in some form of high-risk alcohol consumption on a regular basis,[2] and stories of student deaths, injuries, and lawsuits from alcohol-related incidents continue to emerge from campuses throughout the country. The good news is that high-risk drinking rates have declined in the United States in the past decade. The bad news is that the numbers are still dangerously high. Some progress has been made at several institutions who have implemented a wide range

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[1] Hingston, R., Heeren, T., Winter, M., and Wechsler, H. (2005). "Magnitude of alcohol-related mortality and morbidity among U.S. college students ages 18-24: Changes from 1998 to 2001." Annual Review of Public Health **26**: 259-279.
[2] Core Institute, Results of 2005 National Survey. Southern Illinois University Carbondale. Available at http://www.siu.edu/~coreinst/

of strategies under top administrative support, but these institutions prove to be the exception rather than the rule.

Costs to institutions — in staff time used to police and adjudicate the vast number of alcohol-related incidents that occur regularly throughout the year, in lost tuition from students whose alcohol use halted their academic progress, and in damage to campus property (not to mention the loss of positive publicity within the community) from the drunken escapades of students — also adds to the quiet daily damages caused by excessive drinking rates. While none of these incidents may ever make it onto the public's radar, the opportunities for a significant tragedy are ever-present. More importantly, the collateral damage — of the thousands of assaults, unwanted sexual advances, and alcohol-related illnesses that occur in any given year due to high-risk drinking – has a profound impact on the health and wellbeing of the students. Not effectively addressing high-risk drinking among college students continues to be a recipe for disaster. More importantly, evidence is now building that institutions with strong prevention programs may be attracting students and parents who are looking for a safer environment more conducive to academic success, making institutions with "party school" reputations less attractive to top students.

As institutions move rapidly to "continuum of care" models where student physical and mental wellness becomes everyone's business, a variety of student needs will be discovered or at least recognized. Given the sheer numbers of students across the nation engaging in high-risk alcohol consumption, there is no doubt that many of the students who are facing the many harms associated with the behavior — from poor academic performance to legal, personal, and physical issues — will be caught in the same net that is attempting to intervene with the next mass shooter. Having effective alcohol prevention and intervention systems in place will be as critical now as it was when the national media focused its lens on our campus' problem.

Ironically, the field of alcohol prevention has grown significantly during this same era. The past two decades have yielded a large harvest of survey data, research studies, government agency task force reports, public and private grant-funded projects, and program evaluations, all of which have helped focus our understanding of the problem of excessive alcohol consumption and our approaches to address it. We've come to realize, for example, that college student drinking patterns and outcomes are influenced by a variety of personal, social, cultural, and environmental factors, requiring comprehensive prevention programs that offer a simultaneous mix of education programs, individual intervention opportunities, and modifications to the broader campus-community environment.[3][4][5][6][7] More importantly, we now have evaluations of long- and short-term

[3] Hingston, R. W., and Howland, J. (2002). "Comprehensive community interventions to promote health: Implications for college-age drinking problems." Journal of Studies on Alcohol Supplement No. 14: 226-240.

[4] (2002). A call to Action: Changing the culture of drinking at U.S. Colleges, National Institute for Alcohol Abuse and Alcoholism.

[5] DeJong, W. (2001). "Finding common ground for effective campus-based prevention." Psychology of Addictive Behavior 15: 292-296.

[6] DeJong, W., and Langford, L.M. (2002). "A typology for campus-based alcohol prevention: Moving toward environmental management strategies." Journal of Studies on Alcohol Supplement No. 14: 140-147.

[7] Toomey, T. I., Lenk, K.M., and Wagenaar, A.C. (2007). "Environmental policies to reduce college drinking: An update of research findings." Journal of Studies on Alcohol and Drugs 68(2): 208-219.

efforts to reduce the drinking rates and harms at institutions of various sizes and forms and in most geographic areas across the United States.[8][9][10] These evaluations suggest that making significant changes in the host of high-risk behaviors among college students require campuses to engage in strategic, comprehensive approaches using a broad coalition of campus and community stakeholders.

Though we also have better evidence about the effectiveness of specific individual and environmental strategies that reduce alcohol-related harms,[11] the general message from the literature is that campuses cannot see significant improvement through the implementation of one or two carefully-placed strategies; if they really want to see cultural change occur and the risk of harm decline, an entire campus-community needs to calculate, collaborate, and coordinate a comprehensive strategic plan that connects all sectors of the campus and community.

Clearly, the task is daunting for many institutions. According to the most recent Senior Administrator's Survey conducted by the U.S. Department of Education's Higher Education Center for Alcohol, Other Drug, and Violence Prevention, only 16% of our nation's campuses had a campus-community coalition that met regularly in the past year to work on broad community-based environmental issues. Close to 23% of the campuses surveyed said that they had a campus alcohol task force that meets regularly to address alcohol problems merely on campus. Despite our knowledge of the role of coalitions in creating change — and proof of its effectiveness — campus-communities struggle to implement this approach, much less think collaboratively about how their work may be broadened to affect the shared intersections of multiple risk behaviors.

Much of this is the result of our own institutional culture, where the tradition in Higher Education has been the individualization of academic fields and the separation of Student Affairs from Academic Affairs. Even within Student Affairs, increasing specialization threatens to make collaborative attempts at solving student risk problems more difficult.[12] Even with the best of intentions, Divisions of Student Affairs struggle to align their units toward collaborative goals as limited resources, expanding job duties, and pressure to justify unit existence by number of students served all serve to derail or weaken collaborative opportunities.

Operating as silos, addressing only the student behaviors that relate to our specific arena, may allow us to justify our role (and budget) at the institution, but it does little for us when attempting to solve the causes of student behavior problems rather than simply treat the symptoms. I n times of limited resources — both financial and human — it creates an awkward competition where each unit tries to prove the need for its existence

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[8] DeJong, W. (2007). Experiences in Effective Prevention: The U.S. Department of Education's Alcohol and Other Drug Prevention Models on College Campus Grants, U.S. Department of Education, Office of Safe and Drug-Free Schools**: 86.

[9] Newman, I. M., Shell, D.F., Major, L.J., & Workman, T.A (2006). "Use of policy, education, and enforcement to reduce binge drinking among university students. The NU Directions Project." International Journal of Drug Policy **17**: 339-349.

[10] Weitzman, E. R., Nelson, T.F., Lee, H., and Wechsler, H. (2004). "Reducing drinking and related harms in college: Evaluation of the "A Matter of Degree" program." American Jounral of Preventative Medicine **27**: 187-196.

[11] (2007). What colleges need to know now: An update on college drinking research, National Institute on Alcohol Abuse and Alcoholism.

[12] Sandeen, A. (1998). "Creeping specialization in student affairs." About Campus **3**(2): 2 - 4.

rather than its synergistic role in creating a positive, healthy living and learning experience — the ultimate mission of the institution.

Rather than compete for the attention of administrators, shrinking budget dollars, and committed task force members, institutional units focusing on alcohol, other drug, sexual and relationship violence, cyber-bullying, mental health, and campus safety might find better success in seeking intersections and finding ways for creative collaboration. Several emerging trends in campus safety and security provide new opportunities for holistic thinking and interconnected systems that may help campuses approach the broader spectrum of needs.

A variety of intersections between these risk behaviors have already been explored, particularly between the relationship of alcohol and violence,[13][14] and though there is no general pattern that enables a single strategy to fully address both issues, there are common factors worth exploring.

Points of Intersection: Environmental Management, Social Norms, and Brief Interventions

Three points of intersection seem particularly relevant and worth campus-wide collaboration. The first is in the discovery and modification of environmental elements that encourage or enable unhealthy or dangerous behaviors. These elements – ranging from open access and availability to inexpensive alcohol to the existence of alcohol-centered rituals, traditions, and practices across the community – enable a set of social norms about high-risk drinking and create the spaces and places across the community where high-risk drinking and related behaviors are tolerated and at times encouraged. Abundant evidence now shows that, when fully engaged and driven by local data, changing the risk environment for college students through a coalition-based, comprehensive strategic plan can and does make a difference.[15] Yet, as is obvious from the number of institutions that are not fully engaged in this process, the comprehensive environmental approach is difficult and requires full support from upper administration, involvement from all campus and community stakeholders, and staff direction that is skilled at community organizing as well as prevention.[16] The investment is long-term, and the changes can occur slowly, especially for a campus and community that is not familiar or comfortable with collaborative initiatives. Upper administration will need to work through the resistance to collaboration from faculty, staff, and community members who are used to "it's not my responsibility" thinking, from students who will resist any changes to what they perceive (inaccurately) to be the ultimate college experience, and from marketing staff who will worry that any public effort to address risks is an admission of guilt and a branding nightmare (the opposite actually has proven to be true

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[13] Mohler-Kuo, M., Dowdall, G.W., Koss, M.P., and Wechsler, H. (2004). "Correlates of rape while intoxicated in a national sample of college women." Journal of Studies on Alcohol **65**: 37-45.

[14] Hartford, T. C., Wechsler, H., and Muthen, B.O. (2003). "Alcohol-related aggression and drinking at off-campus parties and bars: A national study of current drinkers in college." Journal of Studies on Alcohol **64**: 704-711.

[15] (2008). A Matter of Degree initiative to reduce binge drinking at colleges and universities: Lessons learned. Chicago, IL, American Medical Association.

[16] Ibid.

— universities and colleges with strong and successful comprehensive programs actually are perceived as safe places for both parents and students, especially students who are high-achievers).

The second surrounds the use of social norms, which involves communicating a wide array of normative behaviors and values of the majority of students that is often silenced by the loud voices and cultural depictions of the highest-risk minority. By disallowing the continued misperceptions of students that "everyone" engages in a variety of high-risk behaviors or shares high-risk or destructive, antisocial attitudes and values, and by highlighting the many acts of self-care, responsibility, wellness, non-violence, civic engagement, spiritual development, and healthy relationships that are also occurring daily on and off the campus, the culture begins to reset its perceptions of the "college experience" and high-risk behaviors that are clearly out of the cultural norm are marginalized.[17] Normative work is most effective, however, only after the environment itself is able to support the claims of behavior or values that it touts. If a student sees a poster or reads a message about how most of his peers at the institution engage in non-violent conflict resolution, and all the student sees is fighting, hazing, pranks, and drunken aggression in his or her corner of the campus-community, then all the normative messages in the world won't have an impact. Often, successful social norms marketing requires the foundation of some visible action and demonstration of the desired values from cultural opinion-makers in the environment to make a difference.[18]

Also essential for establishing meaningful social norms is the collaborative collection and distribution of student data across units. Research on student behavior per unit rather than across the institution often results in students being bombarded with surveys and data sets that are inconsistent and incomparable. Institution-wide assessments such as the National Survey of Student Engagement (NSSE), the National College Health Survey, and NASPA's Profile of Today's Student provides data that should be shared across the institution and used both as benchmarks for collaborative progress and data for establishing campus-wide norms and community values concerning student behavior.

The third shared approach surrounds brief motivational intervention. A good deal of support exists for brief intervention strategies for a host of behavioral problems[19], and though the strategy has been studied most around the issue of high-risk drinking, the applications are being made as campuses seek effective ways to offer behavioral intervention in ways that are not intrusive, disruptive, and in violation of privacy laws. As the Virginia Tech Report suggests, intervention systems are needed that enable easy reporting of concern about student behavior or academic progress from a wide array of

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[17] Perkins, H. W. (2003). The emergence and evolution of the social norms approach to substance abuse prevention. In Perkins, H.W. (Ed.) "The Social Norms Approach to Preventing School and College Age Substance Abuse: A Handbook for Educators, Counselors, and Clinicians." San Francisco, CA: Jossey-Bass.

[18] Workman, T.A., Rimal, R., Lederman, L.C., and Yanovitsky, I. (2009, November). "From controversy to knowledge: An unconventional discussion to advance the field of health communication in social norms research." Panel discussion at the National Communication Association 94th Annual Convention, San Diego, CA.

[19] Saitz R, Palfai TP, Freedner, N, Winter M, MacDonald A, Lu J, Ozonoff A, Rosenbloom D, DeJong W. (2007). "Screening and brief intervention online for college students: The iHealth Study." *Alcohol and Alcoholism*, 42: 28-36.

campus community members — faculty, staff, students, parents, neighbors – along with well-trained advisors who are able to effectively connect students with appropriate resources and assistance.[20] Campuses are beginning to adopt this "continuum of care" model, turning academic advising and resident advising units into broader points of intervention.

Once again, such efforts require campus-wide collaboration in order to be effective, and also need a level of skill by those engaged in the process. Training a wider array of faculty, staff, and administrators to recognize potential student issues is a starting point for identifying potential problems, but the deeper question surrounds what to do with those identified by those who respond to referrals. Brief motivational interviewing — a technique where students are brought through the stages of change by a trained and skilled facilitator who feeds back the students own goals, dreams, and behavioral realities in a non-judgmental manner in order to create dissonance, build awareness, and foster decision-making — enables those with the ability to recognize potential problems to join with those who can guide a student through a process of change, whether that change involves reducing substance abuse, complying with medical plans, seeking further counseling, or changing specific behaviors. Key personnel engaging referred students needing training and ongoing development in brief-motivational interviewing skills include academic advisors, counselors, residence managers and assistants, and judicial affairs personnel. Though the investment in training can be significant in both time and money, the results appear to be dramatic and long-lasting.

Successfully engaging a campus-wide referral system that employs brief motivational interviewing, however, will also require campus and community-wide coordination of resources ranging from substance abuse evaluation and treatment, mental health treatment, and abuse survivor counseling and advocacy to financial, academic, medical, and other resources that are at the ready when a disconcerting student need is identified. Such information must be collected, evaluated, shared across the campus, and continually updated. Systems must be created to enable the appropriate flow of information between these resources and relevant campus personnel while observing the legal boundaries of privacy and information security.

Collaboration is critical to all these efforts, as is holistic thinking about the institution and the needs of the students who live within it. A collaborative mindset is unable to see student alcohol issues as greater than or lesser than any other challenge to student safety and wellness; it is part of the current social and cultural mix that, when approached from a broader cooperative team, is added to the thinking around system design, environmental management, culture-shaping, and individual intervention.

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[20] United States Departments of Health and Human Services, Education, and Justice (2007). "Report to the President on issues raised by the Virginia Tech tragedy." Available at http://www.hhs.gov/vtreport.pdf