

**HAZELDEN**

*A part of the Hazelden Betty Ford Foundation*



Binge Drinking on College Campuses: A Road Map to Successful Prevention

# Preventing Binge Drinking on College Campuses: A Guide to Best Practices

**Toben Nelson, ScD & Ken Winters, PhD**  
**University of Minnesota**

**Wednesday, March 26, 2014**  
**Oakton Community College**

# HAZELDEN

*A part of the Hazelden Betty Ford Foundation*

Binge



## Preventing Binge Drinking on College Campuses

A GUIDE TO BEST PRACTICES



Toben F. Nelson, Sc.D. Ken C. Winters, Ph.D.  
with Vincent L Hyman

### Contents

Chapter 1: Getting Started

Chapter 2: Circles of Influence and Response Model

Chapter 3: Laying the Groundwork

Chapter 4: Implementing a Screening and Intervention System

Chapter 5: Improving the Quality of Policies and Procedures

Chapter 6: Restricting Alcohol Access

Chapter 7: Influencing Alcohol Prices

CD-ROM



## Today's Agenda

- 9:00 – 9:15 Introductions and Overview
- 9:15 – 9:30 Developmental Issues(Ken )
- 9:30 – 10:15 Framing the Problem of Binge Drinking & College Students (Toben)
- 10:15 - 10:30 Exercise: Unique Challenges (Toben)
- 10:30 – 10:45 Break
- 10:45 – 11:45 Screening and Brief Interventions (Ken)
- 11:45– 12:00 Exercises: Normative Feedback/ Decisional Balance (Ken)
- 12:00 – 1:00 Lunch
- 1:00 – 2:00 Environmental Change: What do we do? Where do we start? (Toben)
- 2:00 – 2:30 Exercise: Identifying and Engaging the Right Stakeholders (Toben)
- 2:30 – 2:45 Break
- 2:45 - 3:45 Exercise: Creating a Strategy for Environmental Change (Toben)
- 3:45 - 4:15 Discussion (Ken and Toben)
- 4:15-4:30 Wrap-Up

**HAZELDEN**

*A part of the Hazelden Betty Ford Foundation*

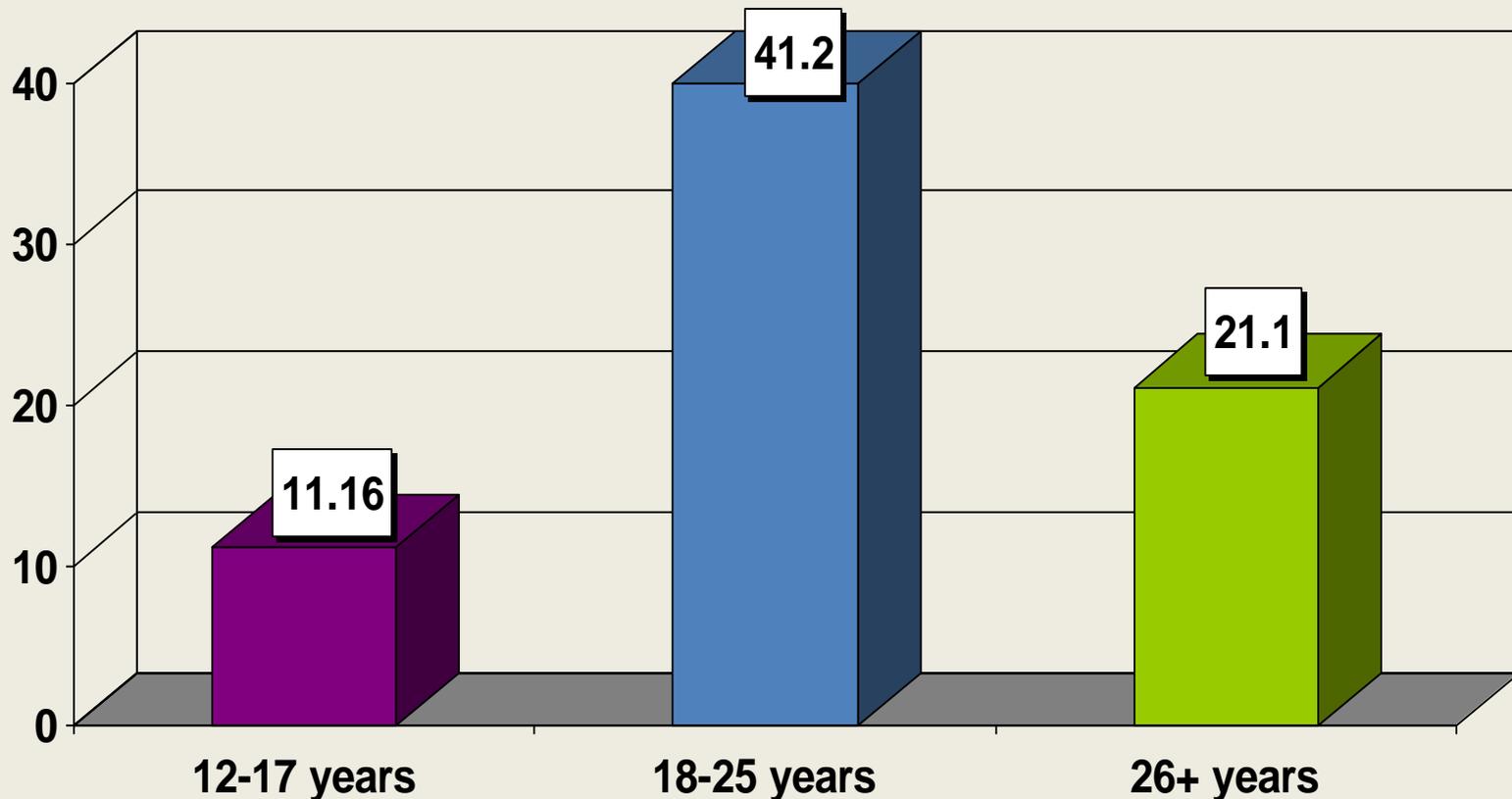


Binge Drinking on College Campuses: A Road Map to Successful Prevention

# Developmental Issues

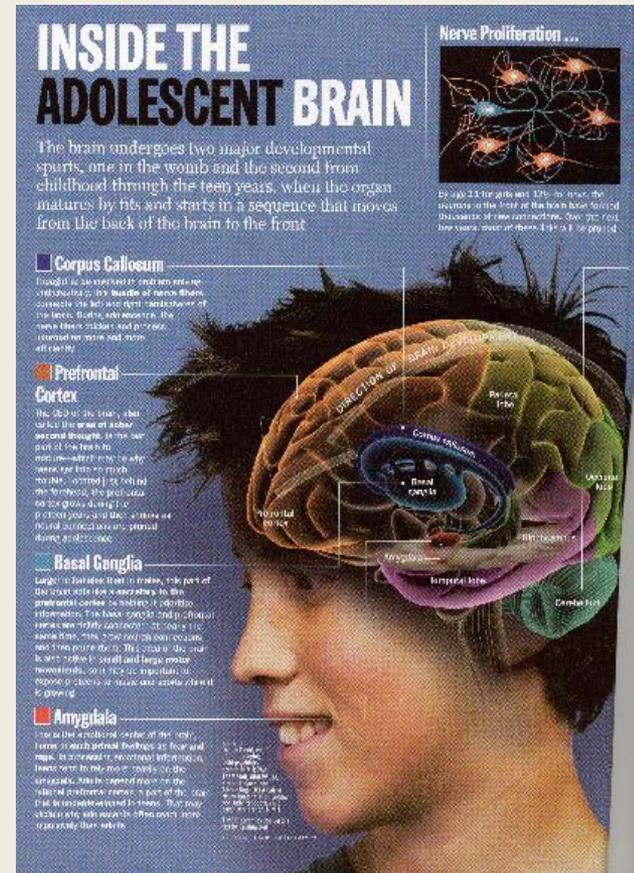


## Binge Alcohol Use in the Past Month by Age Group (SAMHSA, 2004)



## Developing Brain

- Youth is a period of profound brain maturation; the maturation process is not complete until about age 25!



## Maturation Occurs from Back to Front of the Brain

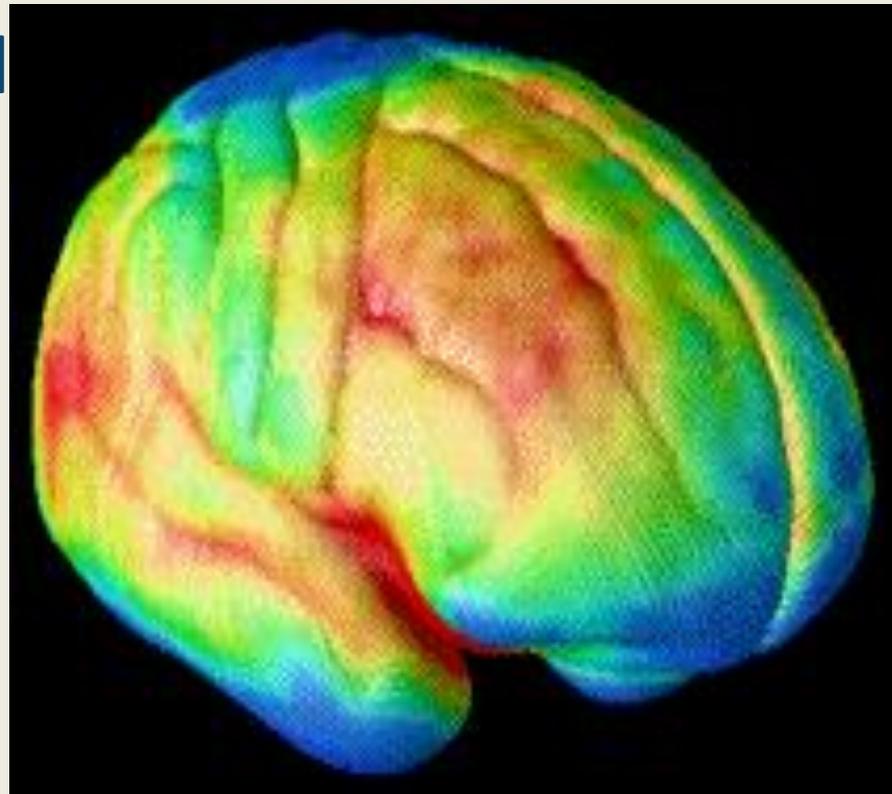
Images of Brain Development  
(Ages 5 – 20)

**Earlier regions that mature:**

- Motor Coordination
- Emotion
- Motivation

**Later regions that mature:**

- Judgment



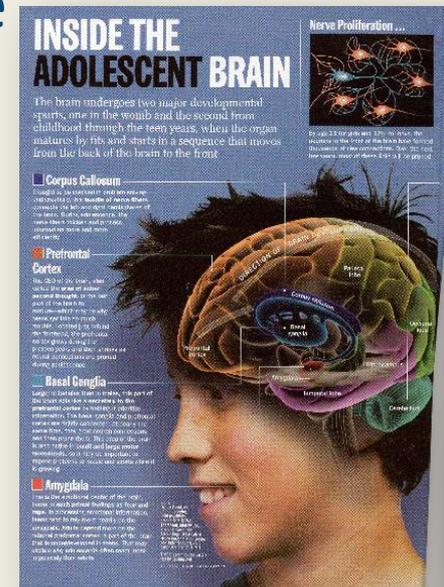
Blue represents maturing of brain areas

Source: PHAS USA 2004 May 25; 101(21): 8174-8179. Epub 2004 May 17.

## Under Construction

Brain development may influence the behavior of teens and young adults in the following ways...

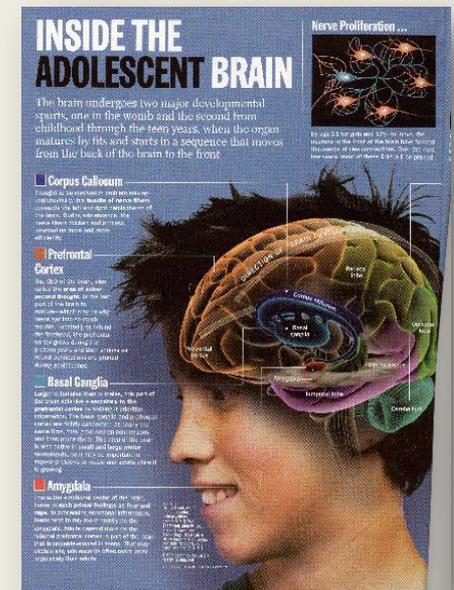
1. sensory and physical activities may be favored over complex, cognitive-demanding activities
2. activities with high excitement and low effort may be preferred
3. poor regulation of emotions (emotionality may be common and misplaced)



## Under Construction

Brain development may influence the behavior of teens and young adults in the following ways...

4. poor planning and judgment
5. propensity toward risky, impulsive behaviors, including heavy drinking



**HAZELDEN**

*A part of the Hazelden Betty Ford Foundation*



Binge Drinking on College Campuses: A Road Map to Successful Prevention

# Framing the Problem of Binge Drinking by College Students



**Toben Nelson, Sc.D.**

Division of Epidemiology and Community Health  
School of Public Health



UNIVERSITY OF MINNESOTA



## Risk Factor and Outcomes

**RISK FACTOR**

**Binge  
Drinking**

**OUTCOMES**

- ✓ Injury
- ✓ Liver disease
- ✓ Violence, Sexual Assault
- ✓ GI cancers, GI disorders
- ✓ Unintended Pregnancies
- ✓ Cardiovascular disease
- ✓ Child Neglect
- ✓ Crime, legal costs
- ✓ Lost productivity, absenteeism
- ✓ Alcohol Use Disorders



## Binge drinking

“...clearly dangerous for the drinker and for society.”

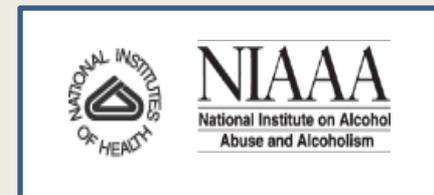
*National Institute for Alcohol Abuse and Alcoholism, 2004*

## NIAAA College Drinking Task Force, 2002

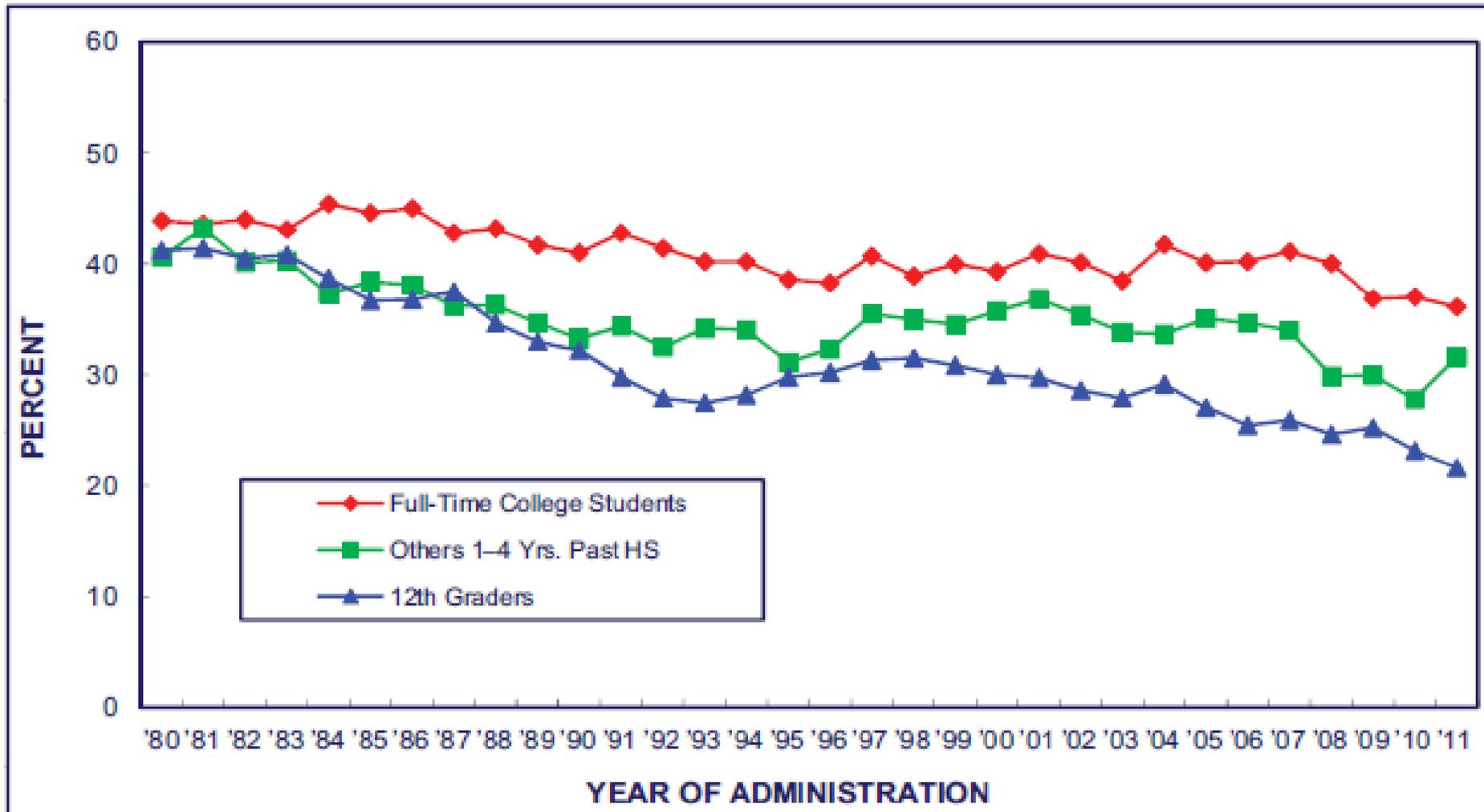
Tradition of drinking is entrenched at every level of the college student environment

Student drinking consequences affect everyone

- Death
- Injury
- Assault
- Sexual abuse
- Drunk driving
- Vandalism
- Police calls
- Alcohol abuse and dependence

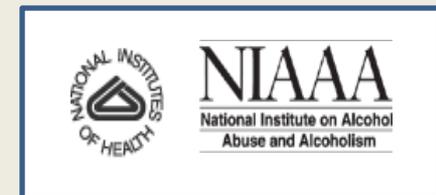


**Alcohol: Trends in 2-Week Prevalence of 5 or More Drinks in a Row among College Students vs. Others 1 to 4 Years beyond High School (Twelfth graders included for comparison.)**



## Recommendations for Reducing College Student Drinking

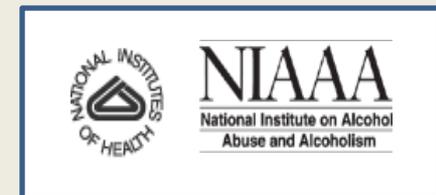
- Individual interventions for those at-risk for alcohol problems
  - norms clarification
  - cognitive-behavioral skills training
  - motivational interviewing
- Restricting alcohol outlets
- Increasing alcohol prices and taxes
- Responsible beverage service policies
- Maintaining and enforcing
  - age-21 MLDA
  - Impaired driving laws



*Source: NIAAA College Drinking Task Force (2002)*

## Recommendations for Reducing College Student Drinking

- Individual interventions for those at-risk for alcohol problems
  - norms clarification
  - cognitive-behavioral skills training
  - motivational interviewing
- Restricting alcohol outlets
- Increasing alcohol prices and taxes
- Responsible beverage service policies
- Maintaining and enforcing
  - age-21 MLDA
  - Impaired driving laws
- **Compliance checks in bars**



*Source: NIAAA College Drinking Task Force (2002)*

## 6 Years Later

ALCOHOLISM: CLINICAL AND EXPERIMENTAL RESEARCH

Vol. 34, No. 10  
October 2010

### Implementation of NIAAA College Drinking Task Force Recommendations: How Are Colleges Doing 6 Years Later?

Toben F. Nelson, Tracy...

**A: NOT TOO GOOD**

Colleges and universities have implemented the Institute on Alcohol Abuse and Alcoholism (NIAAA) College Drinking Task Force issued recommendations to reduce heavy drinking by college students. Little is known about implementation of these recommendations. Current discussion about best strategies to reduce student drinking has focused more on lowering the minimum legal drinking age as advocated by a group of college and university presidents called the Amethyst Initiative than the NIAAA recommendations.

**Methods:** A nationally representative survey of administrators was conducted at 351 4-year colleges in the United States to ascertain familiarity with and progress toward implementation of NIAAA recommendations. Implementation was compared by enrollment size, public or private status, and whether the school president signed the Amethyst Initiative.

**Results:** Administrators at most colleges were familiar with NIAAA recommendations, although more than 1 in 5 (22%) were not. Nearly all colleges use educational programs to address student drinking (98%). Half the colleges (50%) offered intervention programs with documented efficacy for students at high risk for alcohol problems. Few colleges reported that empirically supported, community-based alcohol control strategies including conducting compliance checks to monitor illegal alcohol sales (33%), instituting mandatory responsible beverage service (RBS) training (15%), restricting alcohol outlet density (7%), or increasing the price of alcohol



## Recommendations for Reducing College Student Drinking

### Task Force Recommendation

Individual interventions for those at-risk for alcohol problems

- Most colleges offered intervention services on-campus (58%) or referred off-campus (30%)
- Of those 76% offered at least one...
  - Norms clarification (66%)
  - Motivational interviewing (62%)
  - Cognitive-behavioral skills training (57%)
  - Expectation challenging programs (38%)
- Overall only half (50%) offered these programs

Nelson et al. (2010)



# Recommendations for Reducing College Student Drinking

## Task Force Recommendation

Compliance checks of alcohol outlets to monitor sales to underage

- **Conducted by local law enforcement at 1 in 3 colleges (33%)**
- **Most (60%) conducted without active participation by the University**

Nelson et al. (2010)



# Recommendations for Reducing College Student Drinking

## Task Force Recommendation

Responsible Beverage Service Training in local establishments

- **Conducted in local community at 1 in 7 colleges (15%)**
- **Most (55%) conducted without active participation by the University**



# Recommendations for Reducing College Student Drinking

## Task Force Recommendation

Restrict alcohol outlets

- **Implemented in the community at 1 in 15 colleges (7%)**



## Conclusions

- Viable, empirically-supported, strategies exist to reduce college student drinking
- Few colleges are working on empirically-supported, population-level prevention
- Modest collaboration with local authorities



## What *are* colleges doing?

**Bystander intervention**

**Medical amnesty**

**Establish a task force**

**Alcohol-free alternative events**

**Banning distilled spirits**

**Safe ride program**

**Online education**

**Peer education**

**Social Norms marketing**

**Media awareness campaigns**



# Why aren't colleges implementing recommended interventions?

## Schools Focus on Educational Interventions

Nearly all colleges educate students about the risks of alcohol use

**NIAAA College Drinking Task Force found these approaches were not effective.**



# HAZELDEN

*A part of the Hazelden Betty Ford Foundation*

Binge Drinking on College Campuses: A Road Map to Successful Prevention

## We are trying to treat and/or punish the heaviest drinkers



## Policy implementation is hard

- Policies occur off-campus
- Lots of barriers
- Negative reaction
- Policy = punishment
- College alcohol prevention staff don't have skills to advocate for policy





## There are costs and benefits to addressing student drinking

### *Reasons for **NOT** intervening*

- Upsetting students, parents, alumni, donors, legislators
- Political capital costs
- School reputation
- Expense
- Effective interventions are challenging to implement

### *Reasons **TO** intervene*

- Student health, safety, development
- Public image / school reputation
- Financial costs of student drinking problems
- Retention

Re-framing objections is a key to overcoming barriers to effective intervention strategies

**HAZELDEN**

*A part of the Hazelden Betty Ford Foundation*



Binge Drinking on College Campuses: A Road Map to Successful Prevention

# How can we re-frame to move forward?

**HAZELDEN**

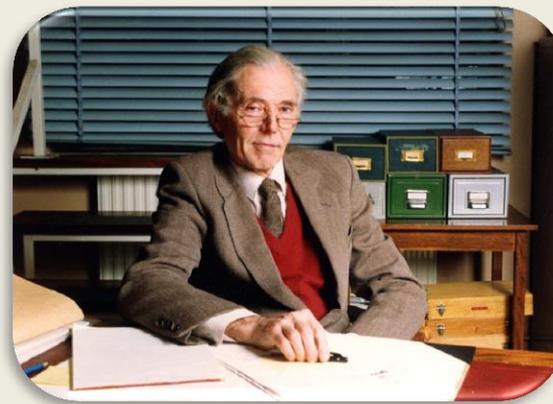
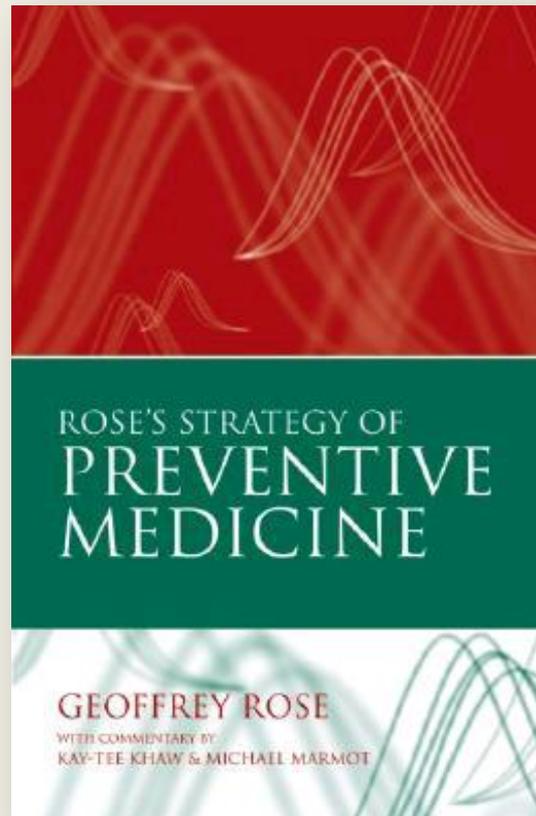
*A part of the Hazelden Betty Ford Foundation*



Binge Drinking on College Campuses: A Road Map to Successful Prevention

# Adopt a Public Health Perspective

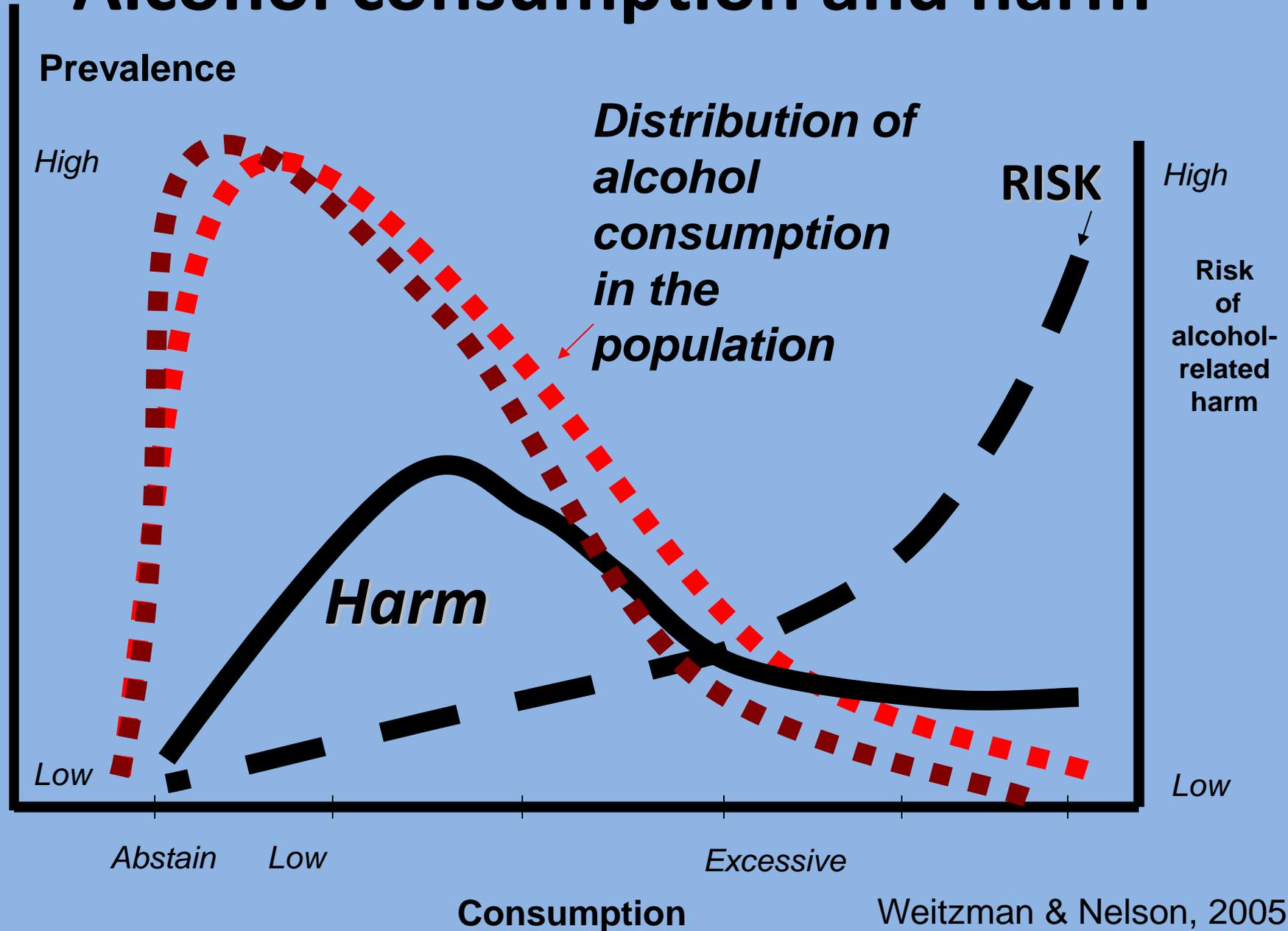
## Preventive Medicine



**Geoffrey Rose**

London School of Hygiene  
and Tropical Medicine

# Alcohol consumption and harm





***“... a large number of people exposed to a small risk may generate many more cases than a small number exposed to a high risk”***

**-Sir Geoffrey Rose**



## The Prevention Paradox

- Greatest risk health harms among extreme behavior.
- HOWEVER, few extreme – many have “moderate” risk.
- “Moderate” risk is also risk
- Vast majority of health harms in a community arise among at *moderate or low* levels of risk.
- Greatest health gains in the population come from incrementally moving majority.

*Rose (1985); Rose (1992)*



## High-risk & Population Approaches

- **High-risk**: change extreme, high-risk individuals, treatment
- **Population**: change majority, the conditions that shape everyone's behavior.

## High-Risk Approach

### Advantages

- Intervention tailored/targeted to the individual
- Clear benefits (when achieved) to the individual
- Intuitive

### Disadvantages

- Difficult & costly to ID “at-risk”
- Effects palliative, temporary
- Low odds success
- Modest benefit to the population



## Population Approach

### Advantages

- Large population benefits
- Broad target audience
- Longer lasting effects

### Disadvantages

- May limit personal freedoms
- Resistance from invested parties
- Counter-intuitive

## The Prevention Paradox

***“A prevention measure that brings large benefits to the community affords little to each participating individual”***

*- Sir Geoffrey Rose , 1998*



**HAZELDEN**

*A part of the Hazelden Betty Ford Foundation*



Binge Drinking on College Campuses: A Road Map to Successful Prevention

# High-Risk & Population Approaches Not Mutually Exclusive

## You Can Do Both

**Individual interventions are unlikely to have sustained effects if we send them back to the same toxic environment**





## Exercise: Unique Challenges

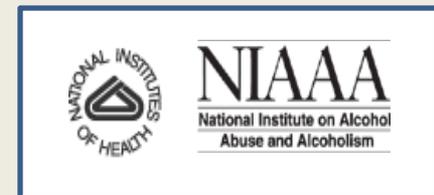
What is preventing your college/community from pursuing effective interventions?

For each NIAAA recommended intervention:

- Describe the current state of implementation in your setting
- Describe the challenges to full implementation *specific to your setting.*

## Recommendations for Reducing College Student Drinking

- Individual interventions for those at-risk for alcohol problems
  - norms clarification
  - cognitive-behavioral skills training
  - motivational interviewing
- Restricting alcohol outlets
- Increasing alcohol prices and taxes
- Responsible beverage service policies
- Maintaining and enforcing
  - age-21 MLDA
  - Impaired driving laws
- Compliance checks in bars



*Source: NIAAA College Drinking Task Force (2002)*

**HAZELDEN**

*A part of the Hazelden Betty Ford Foundation*

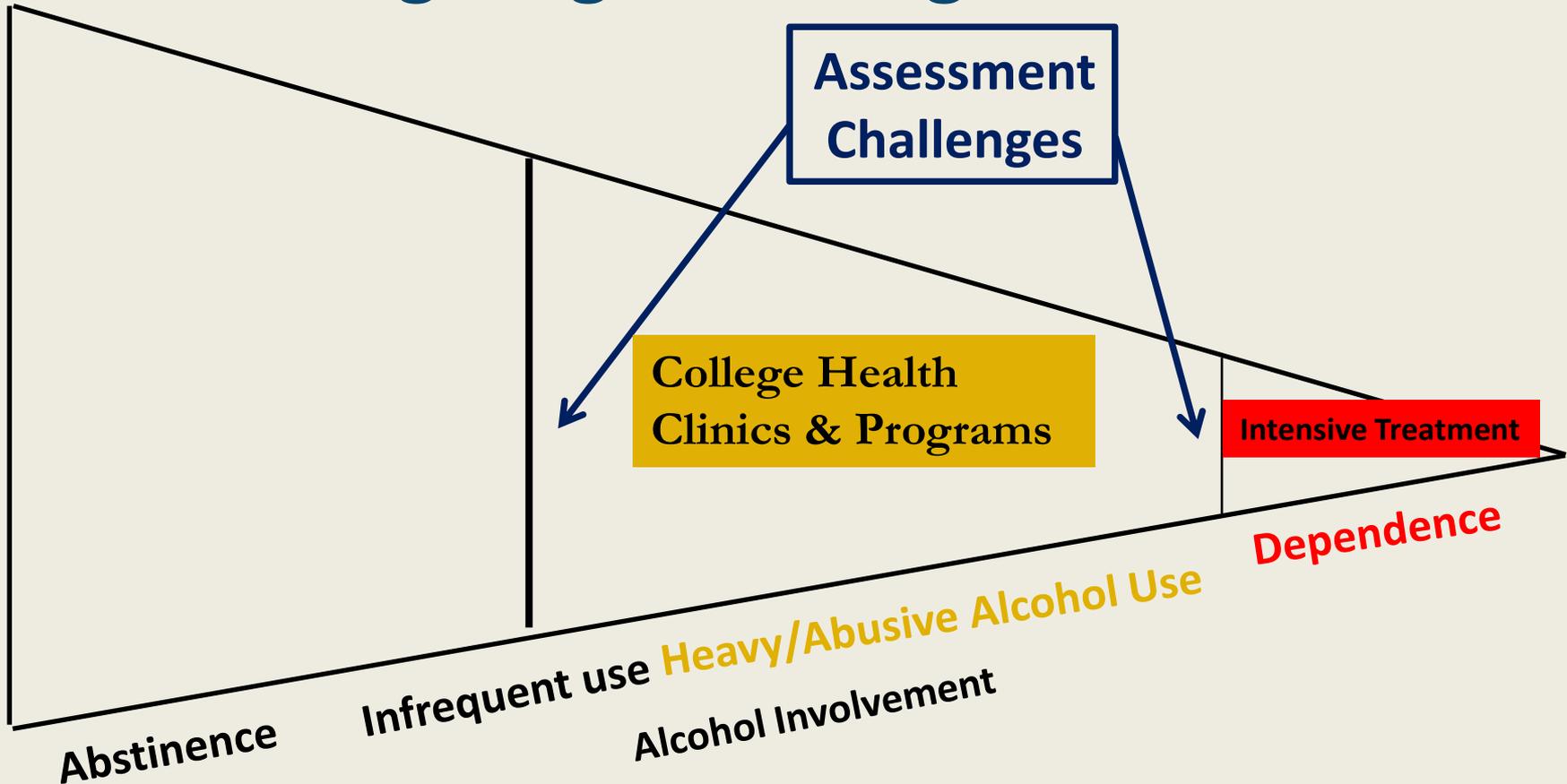


Binge Drinking on College Campuses: A Road Map to Successful Prevention

# Screening and Brief Intervention



## Screening and Brief Intervention When Addressing Binge Drinking





## Assumptions: Thinking outside the box

- Public health, not disease
  - **Harmful consequences on a continuum**
  - **Recognize abstinence as ideal but open to alternatives**
- Does not have to enable addiction

**Counseling/  
Therapy as  
usual**



## Why BI's make sense for college students

- Their problems are not as deep-rooted.
- Person-centered approach is appealing to young people.
- Commitment to lengthy and intensive interventions can be difficult at this age.
- Many youth are seen in opportunistic settings.



## Cautions

- May not be appropriate for severe-end cases (e.g., dependence)
- Supplement treatment is warranted to address co-existing conditions
- Non-abstinence goals common to brief interventions (e.g., harm reduction, risk reduction) may not be suitable for some settings and for some counselors' clinical orientation



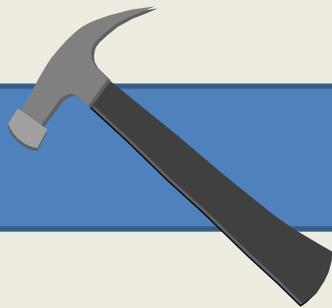
## Survey Says...

(Toomey et al., 2013)

- Only about half offered a BI to students on campus
- Among existing programs, 76% offered at least one of these research-supported elements:
  - Norms clarification (66%)
  - Motivational interviewing (62%)
  - Cognitive-behavioral skills training (57%)
  - Expectation challenging programs (38%)



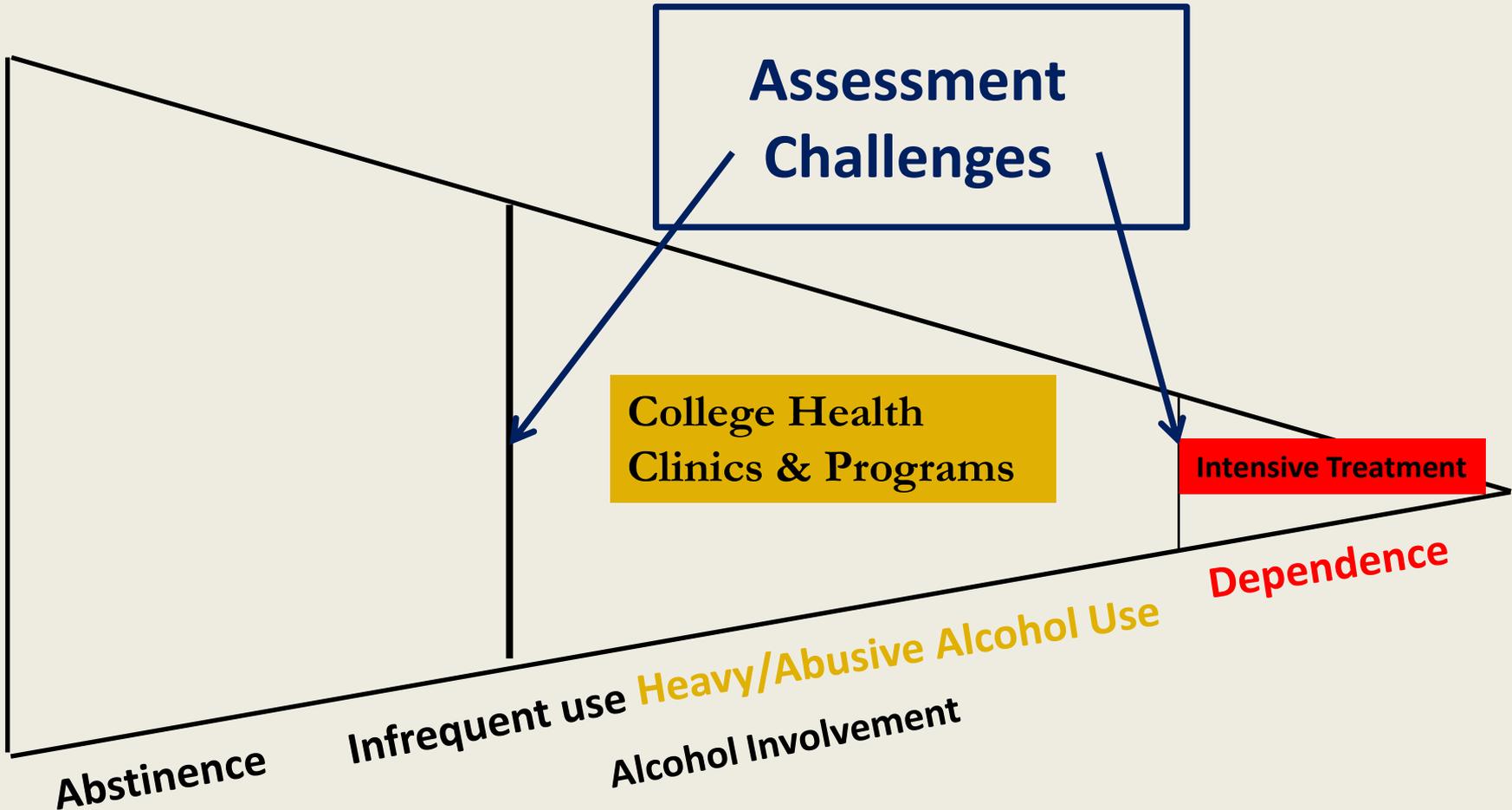
## Basic Clinical Tools



✓ Assessment



## Screening



## Cautions of Self-Report

- **Several sources of invalidity**
  - **Client**
    - faking good
    - faking bad
    - inattention
    - poor comprehension
  - **Non-client**
    - testing situation
    - testing setting
    - test administrator
    - measurement error



## How to improve the validity of self-report

Strategies or methods:

---

---

---

---

---

---

---

---

---

---

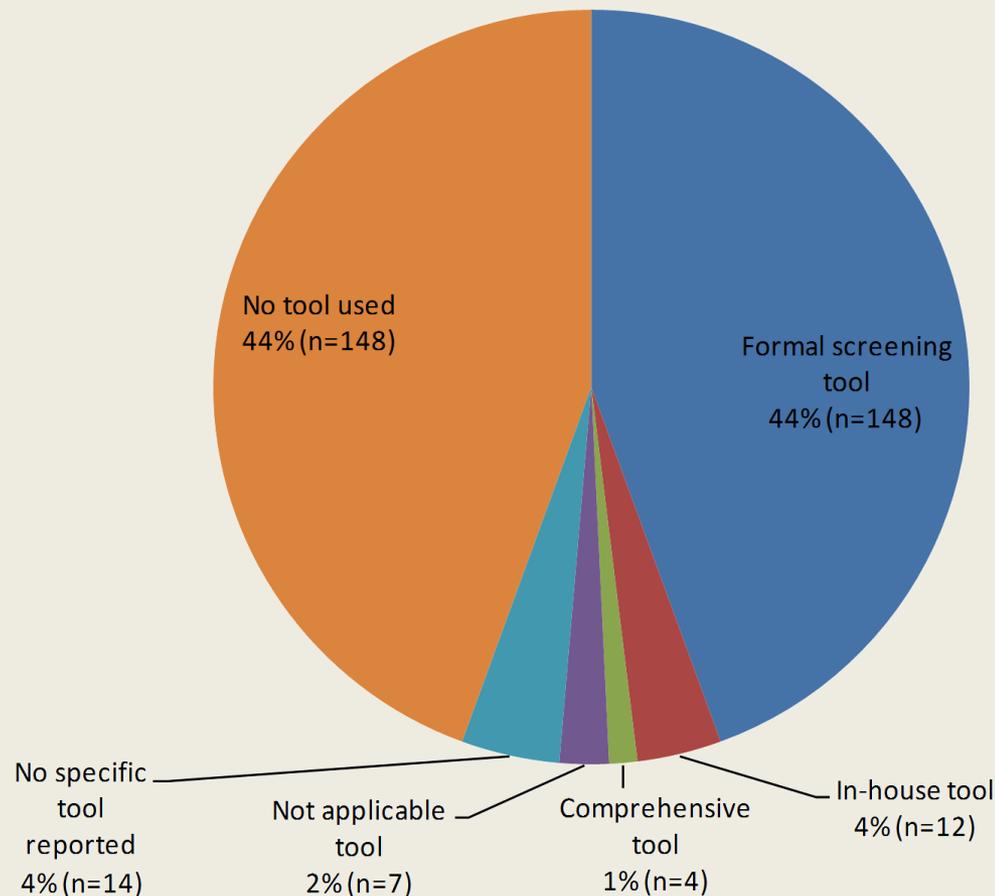


## Assessment Model

| Evaluation                     | Methods  | Sources                      | Content  |
|--------------------------------|--|------------------------------|--|
| Brief Screening<br>(5-10 min)  | Short Questionnaire  | Client                       | Drug use severity  |
| Brief Screening<br>(30-60 min) | Short Questionnaire<br>Brief Interview                           | Client<br>Parent             | Drug use severity<br>Biopsychosocial<br>Urinalysis                                   |
| Comprehensive<br>(2-3 hours)   | Comprehensive Questionnaire<br>Detailed Interview<br>Observation | Client<br>Parent<br>Archival | Drug use severity<br>Biopsychosocial<br>Comorbidity<br>Problem recognition<br>Faking |



## Use of Screening Tools (N = 333)



*Notes: Comprehensive refers to a diagnostic-based or multi-problem assessment (Diagnostic Interview Schedule, Addiction Severity Index, or Structured Clinical Interview for DSM-IV); Not applicable refers to non-screening tool or a response that was not recognizable.*

*Source: Winters et al., 2011*

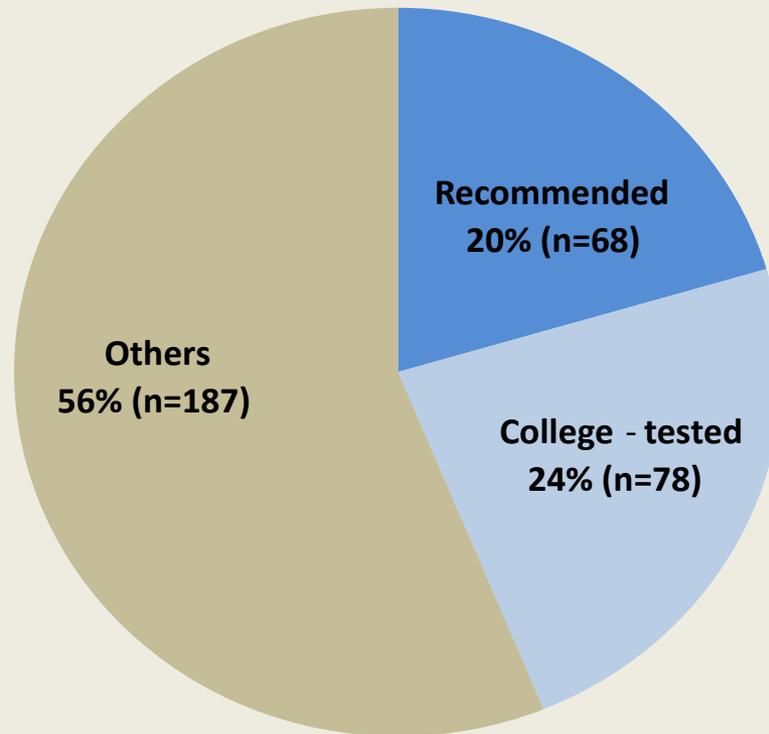


## Recommended Screening Tools

| Tool  | Source Reference   | # items   | Fee?      |
|---|--|-----------|-----------|
| <b>AUDIT (Alcohol Use Disorders Test)</b>   | <b>Babor TF, Biddle-Higgins JC, Saunders JB, Monterio MG, 2001</b> | <b>10</b> | <b>No</b> |
| <b>CUGE</b>                                 | <b>Aertgeerts B, Buntinx F, Bande-Knops J, et al, 2000</b>         | <b>4</b>  | <b>No</b> |
| <b>CAPS (College Alcohol Problem Scale)</b> | <b>O'Hare T, 1997</b>  | <b>8</b>  | <b>No</b> |
| <b>CRAFFT</b>                               | <b>Knight J, et al, 2003</b>                                       | <b>6</b>  | <b>No</b> |
| <b>RAPS (Rapid Alcohol Problems Screen)</b> | <b>Cherpitel, 2000</b>   | <b>4</b>  | <b>No</b> |



## “Best” Screening Tool Used (N = 333)



*Notes. Recommended refers to use of at least one tool that was evaluated in a college sample and found to be favorable in comparison studies; College-tested refers to use of a tool that was evaluated in a college sample but was either not compared to other tools or not found to be favorable in a comparison; Others refers to all other responses (e.g., uses in-house tool only, no tool reported).*

*Source: Winters et al., 2011*

## CRAFFT Questions

C

- Have you ever ridden in a **CAR** driven by someone (including yourself) who was “high” or had been using alcohol or drugs?”

R

- Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?

A

- Do you ever use alcohol/drugs while you are by yourself or **ALONE**?

F

- Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?

F

- Do you ever **FORGET** things you did while using alcohol or drugs?

T

- Have you gotten into **TROUBLE** while you were using alcohol or drugs?

***2+ endorsements = suggests need for a brief intervention***



## AUDIT

- **Developed by WHO**
- **Administration: 2 minutes**
- **Scoring: 1 minute (hand)**
- **Very favorable accuracy data**



## AUDIT

- **10-item alcohol screening questionnaire**
  - **3: amount and frequency of drinking**
  - **3: alcohol dependence**
  - **4: problems caused by alcohol**



## AUDIT

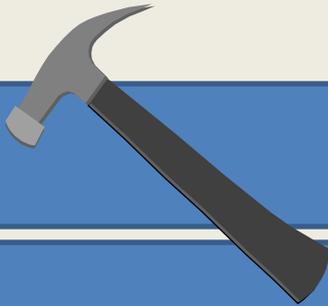
- **Scores and Interpretation**

**0 = nondrinker**

**8+ = strong likelihood of hazardous  
or harmful drinking**



## Basic Clinical Tools



✓ Assessment

✓ Motivational Enhancement Skills



## Enhancing Motivation

1. Non-confrontational interviewing
2. Principles of motivational interviewing



## Confrontational Interviewing

- How many years have you been abusing alcohol? Abusing marijuana?
- The screening test indicates that you are probably chemically dependent.
- The test says that you use on a weekly basis, yet you are denying that you are chemically dependent.



## Motivational Interviewing

- The screening test indicated that your use has increased recently. What specific changes have you noted?
- What are some of the benefits that you get from using?
- What are some of the negative things about using?
- What concerns do you have about your current pattern of use?



## The Art of MI

- ***Motivational Interviewing*** departs from more general client-centered counseling in being consciously directional.
- The counselor listens for, evokes, and reinforces certain kinds of client statements (change talk), while responding to sustain talk in a way that does not strengthen it.



## Contrasts Between Confrontational and Motivational Approaches

*Miller & Rollnick, 1991*

| <b>Confrontational</b>  | <b>Motivational</b>  |
|---|--|
| <b>Heavy emphasis on self as having a problem and acceptance of diagnosis</b>                           | <b>De-emphasis on labels</b>   |
| <b>Emphasis on personality pathology, which reduces personal choice and control</b>                     | <b>Emphasis on personal choice and responsibility</b>                          |
| <b>Therapist presents evidence of problems</b>  | <b>Therapist focuses on eliciting the client's own concerns</b>                |
| <b>Resistance is seen as "denial" which is confronted</b>   | <b>Resistance is met with reflection, non-argumentation</b>                    |
| <b>Goals of treatment and strategies, prescribed, client assumed to be incapable of sound decisions</b> | <b>Treatment goals and strategies are negotiated; client involvement vital</b> |



## Discussion

A more confrontational interviewing approach may be indicated in some instances.

Identify some clinical situations when it may be appropriate to use a more direct or light confronting interview style.



## Enhancing Motivation

1. Non-confrontational interviewing
2. Principles of motivational interviewing



## Four Fundamental Processes in MI

Relational Foundation → Motivational Interviewing

1 -Engaging

2 -Focusing

3 -Evoking

4 -Planning



# Engaging

## The Relational Foundation

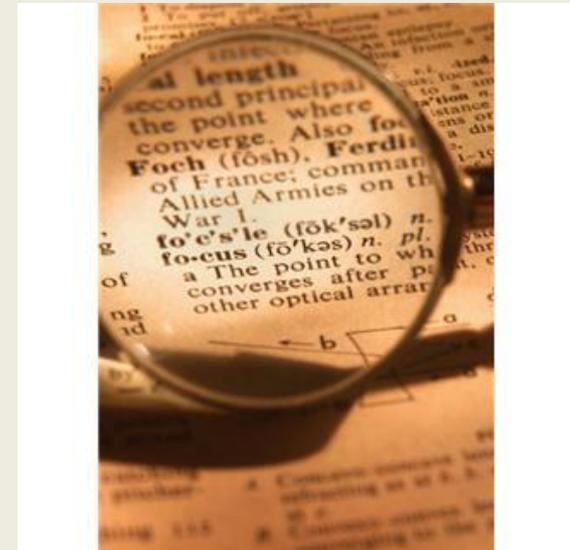
- Person-centered style
- Listen – understand dilemma and values
- OARS core skills
- Learn this first



## Focusing

### Strategic Centering

- Agenda Setting
- Finding a focus
- Information and advice





## Evoking

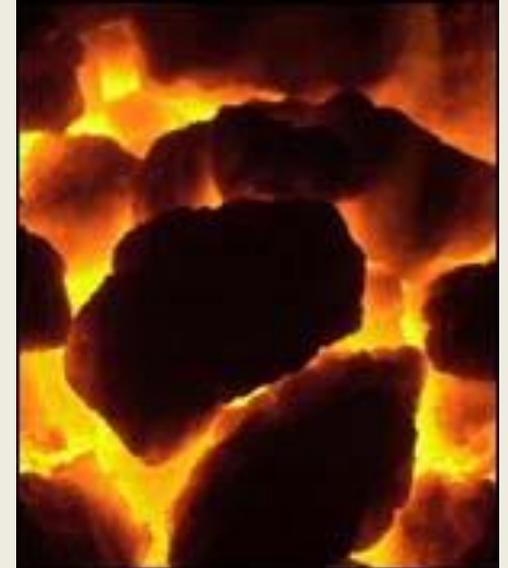
### The Transition to MI

- Selective eliciting
- Selective responding
- Selective summaries



## Some Ways to Elicit Change Talk

- Ask Evocative Questions
- Use the Change Rulers (importance, confidence)
- Query Extremes
- Look Back
- Look Forward
- Explore Goals and Values



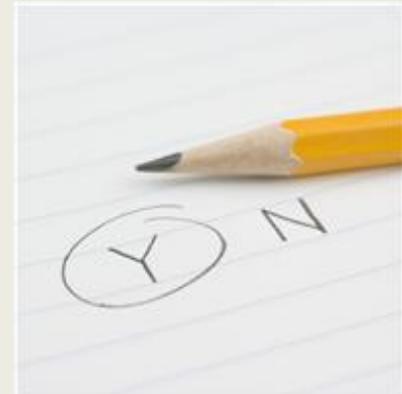
## Planning

The MI pathway ...

- **Engaging**, leads to **Focusing**, which leads to **Evoking**, which contributes to **PLANNING**

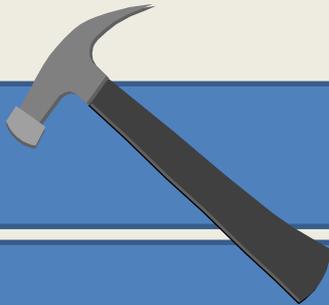


the bridge to change





## Basic Clinical Tools



✓ Assessment

✓ Motivational Enhancement Skills

✓ College Programs



## Availability of alcohol intervention programs for high-risk students

|  | n   | %   |
|--|-----|-----|
| Provided on campus for all students who request or are referred to them                    | 181 | 52% |
| Provided on-campus, but all students cannot be accommodated                                | 21  | 6%  |
| Students referred to off campus resources, paid for by the school or student insurance     | 28  | 8%  |
| Students referred to off campus resources, not paid for by the school or student insurance | 77  | 22% |
| Not provided   | 36  | 11% |
| Missing  | 8   | 2%  |
|  | 351 |     |



## Select Programs Summarized in the Book

- AlcoholEDU for College
- Alcohol 101 Plus
- BASICS
- Brief Motivational Interviewing



## Most intervention programs offered include empirically supported programs

76% offered at least one...

- Norms clarification (66%)
- Motivational interviewing (62%)
- Cognitive-behavioral skills training (57%)
- Expectation challenging programs (38%)

Overall only half (50%) offered these programs

**HAZELDEN**

*A part of the Hazelden Betty Ford Foundation*



Binge Drinking on College Campuses: A Road Map to Successful Prevention

# Norms Clarification Exercise

**HAZELDEN**

*A part of the Hazelden Betty Ford Foundation*



Binge Drinking on College Campuses: A Road Map to Successful Prevention

# MI-Decisional Balance Exercise

## Environmental Change: What do we do? Where do we start?



**Toben Nelson, Sc.D.**

Division of Epidemiology and Community Health  
School of Public Health



UNIVERSITY OF MINNESOTA

**HAZELDEN**

*A part of the Hazelden Betty Ford Foundation*



Binge Drinking on College Campuses: A Road Map to Successful Prevention

# Adopt a Public Health Perspective



## High-risk & Population Approaches

- **High-risk**: change extreme, high-risk individuals, treatment
- **Population**: change majority, the conditions that shape everyone's behavior.

**HAZELDEN**

*A part of the Hazelden Betty Ford Foundation*

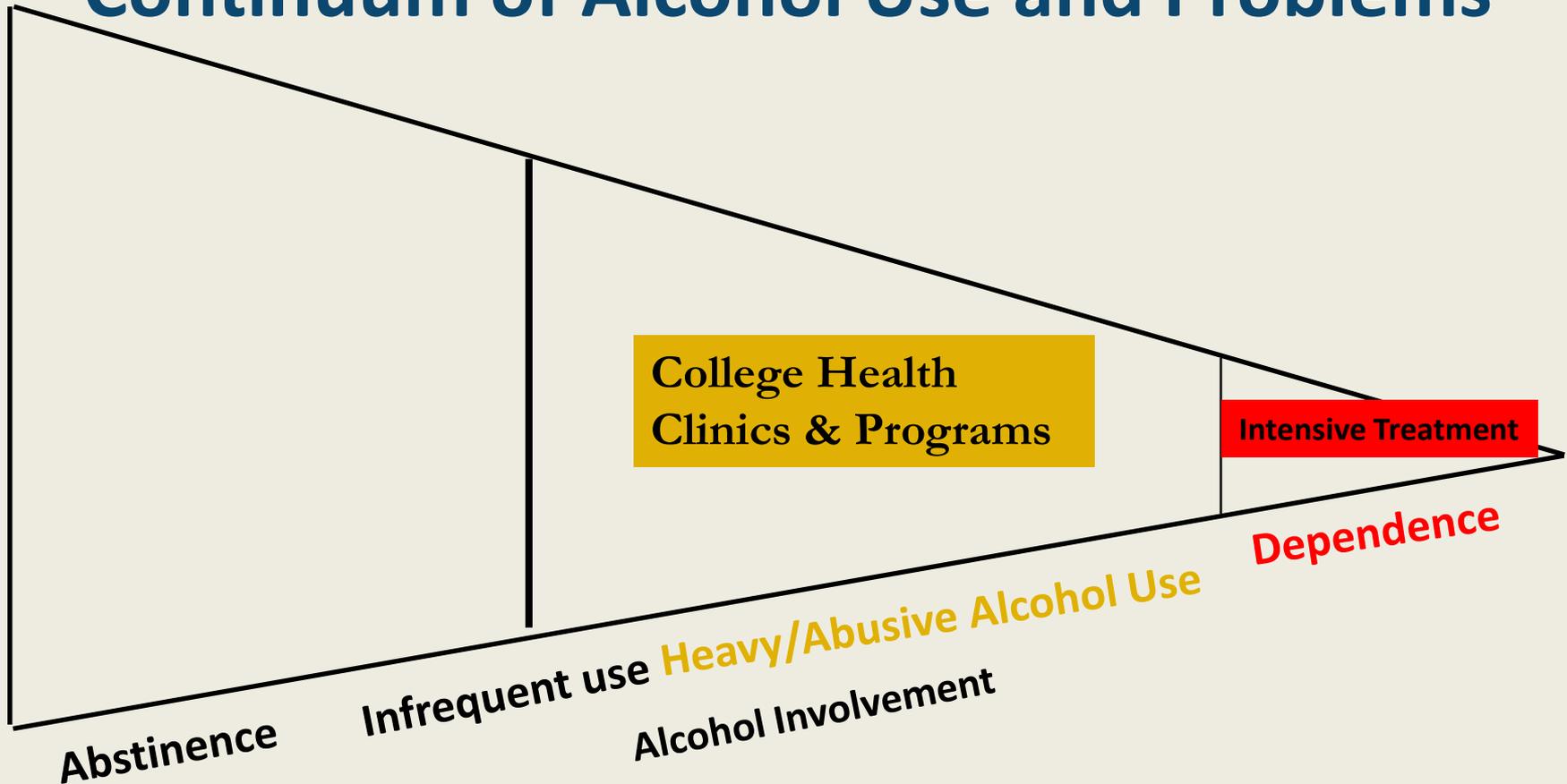


Binge Drinking on College Campuses: A Road Map to Successful Prevention

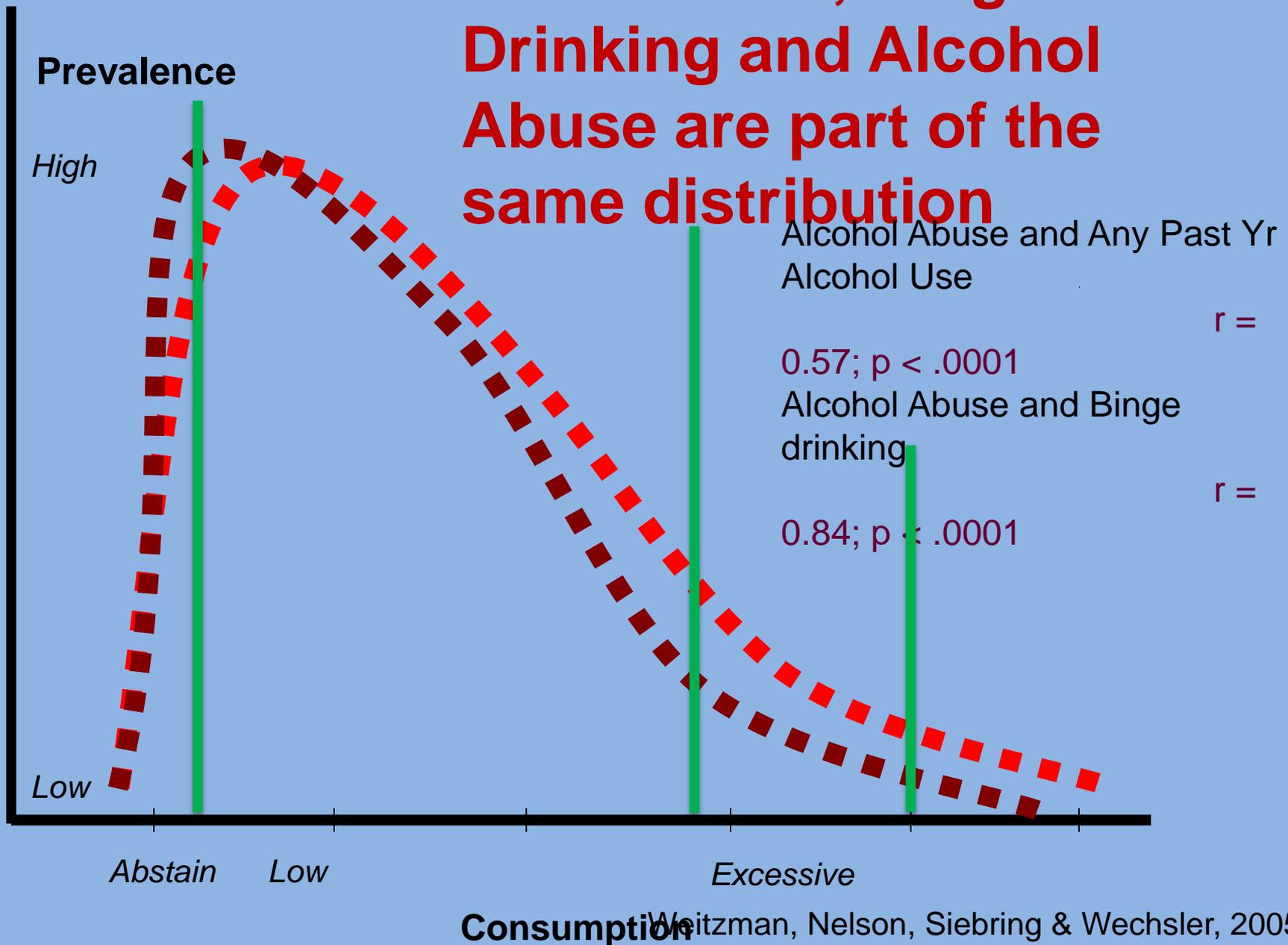
# Consider Student Drinking within a Larger Context



## Continuum of Alcohol Use and Problems

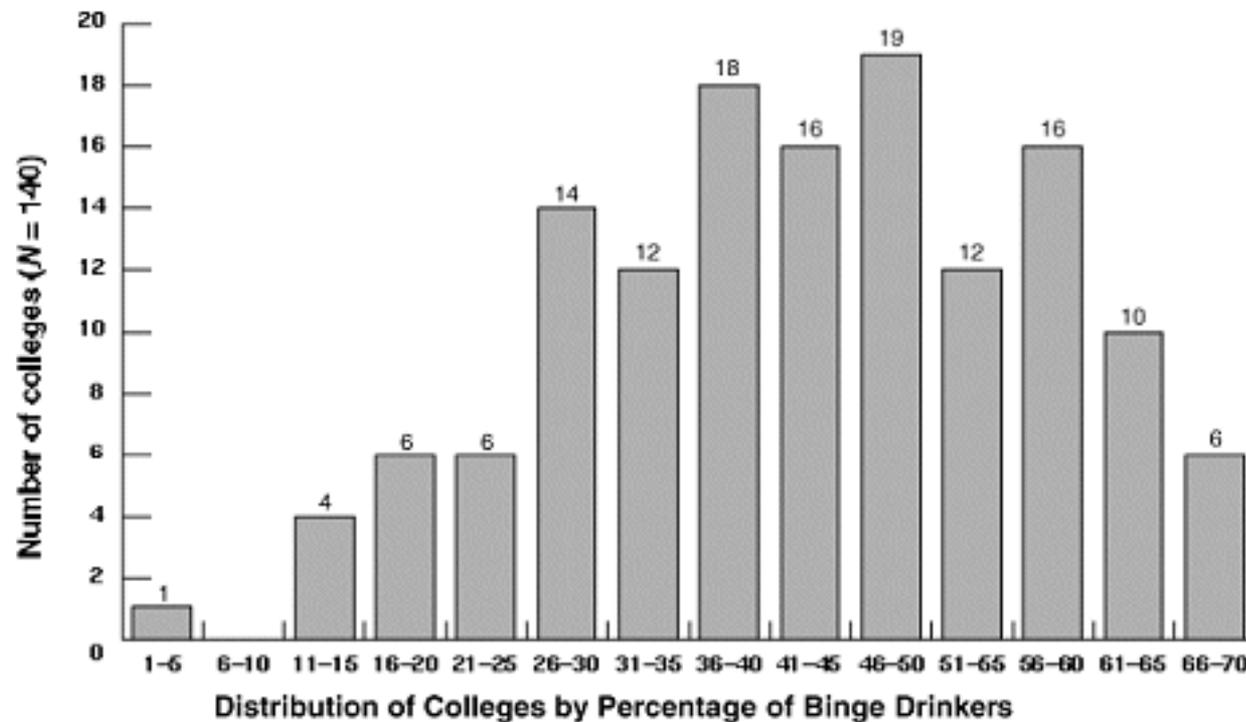


# Alcohol Use, Binge Drinking and Alcohol Abuse are part of the same distribution





**FIGURE 1**  
**Distribution of Percentage of Students Who Binge Drink**  
**at Each of the 140 Colleges**

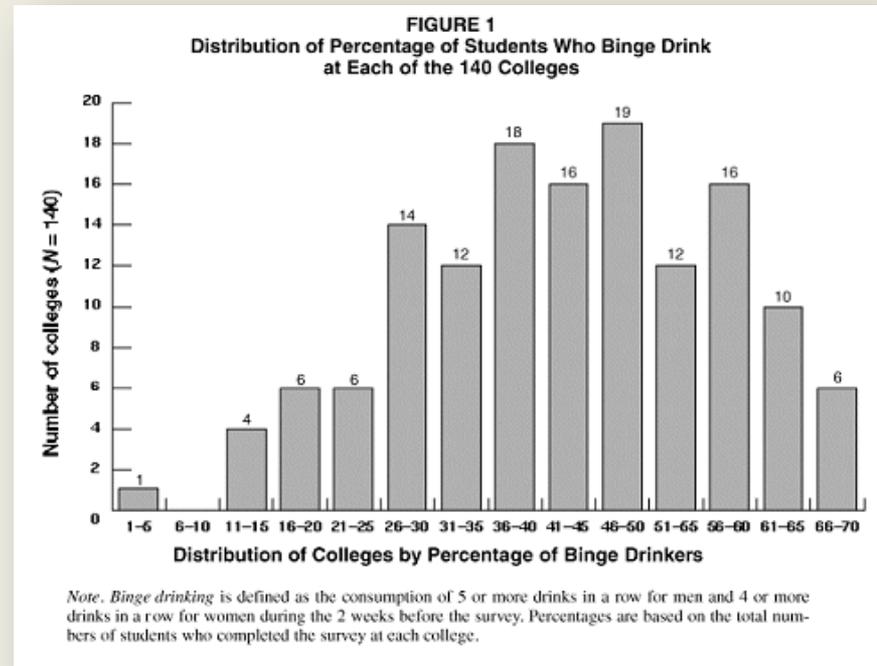


*Note.* Binge drinking is defined as the consumption of 5 or more drinks in a row for men and 4 or more drinks in a row for women during the 2 weeks before the survey. Percentages are based on the total numbers of students who completed the survey at each college.



## College-level Variation in binge drinking persists over time

Colleges with high rates of binge drinking in year 1 also had high rates of binge drinking 4, 6, 8 and 12 years later



Wechsler et al., 2002  
Nelson et al., 2009



# Toxic Alcohol Environments

## High binge colleges

- More likely to:
  - focus on intercollegiate athletics and fraternity/ sorority life (settings for socializing and drinking)
  - have a large number of alcohol outlets nearby
  - have heavy marketing of alcohol
  - have lax policy and enforcement
    - College
    - Local Community
    - State

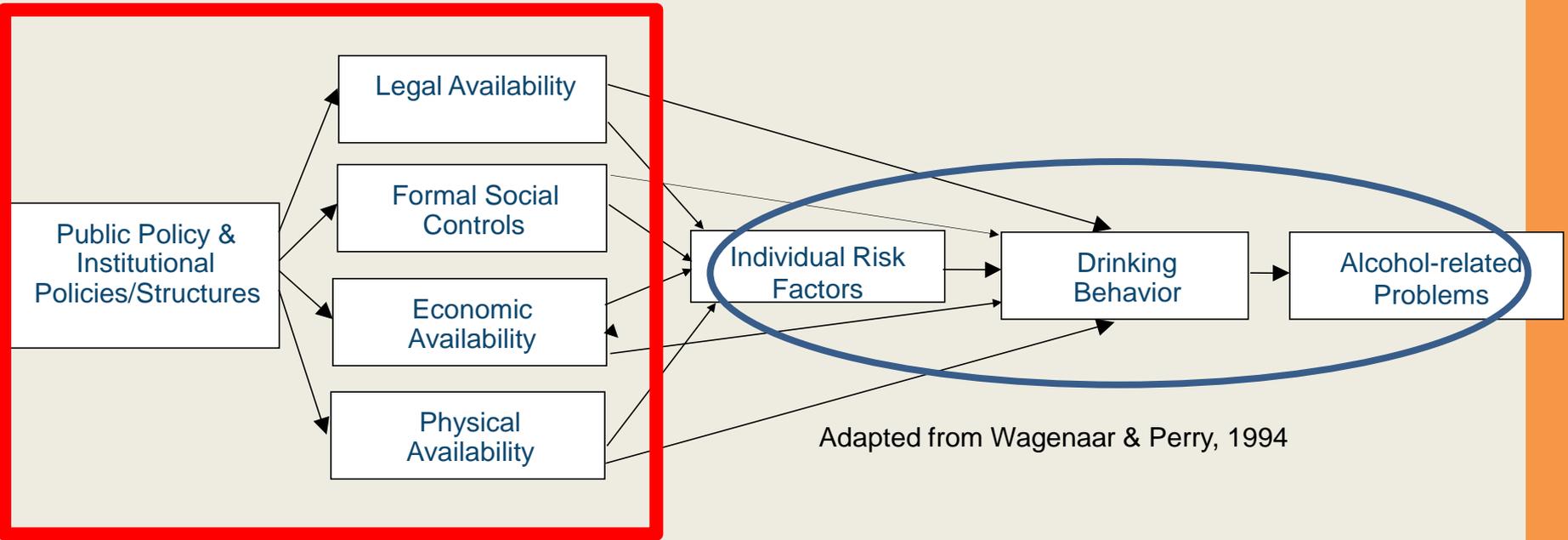


## Student drinking part of a larger societal problem with alcohol

- 3<sup>rd</sup> leading cause of preventable death in the US
  - 1,800 college students
  - 79,000 adults
- Youth tend to drink like the adults around them
- The causes are the same
- The solutions the same too...



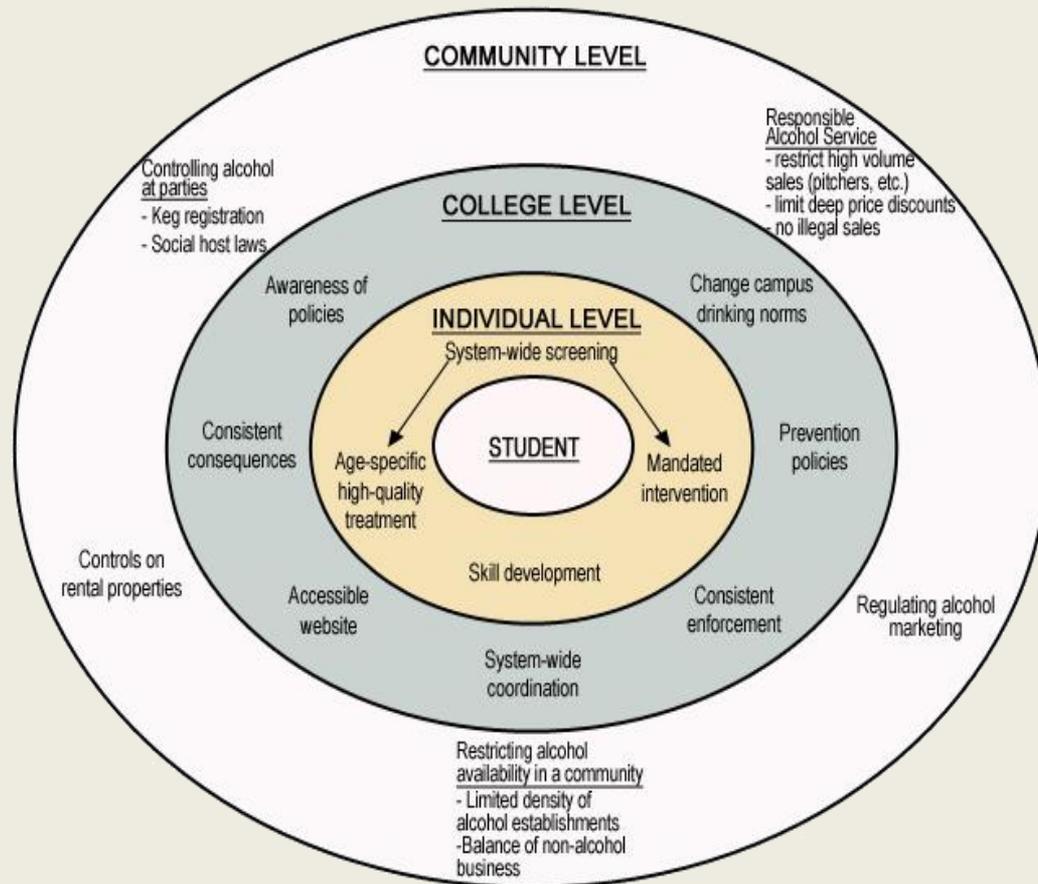
## Integrated theory of drinking behavior



Problems that stem from alcohol use are primarily a function of availability

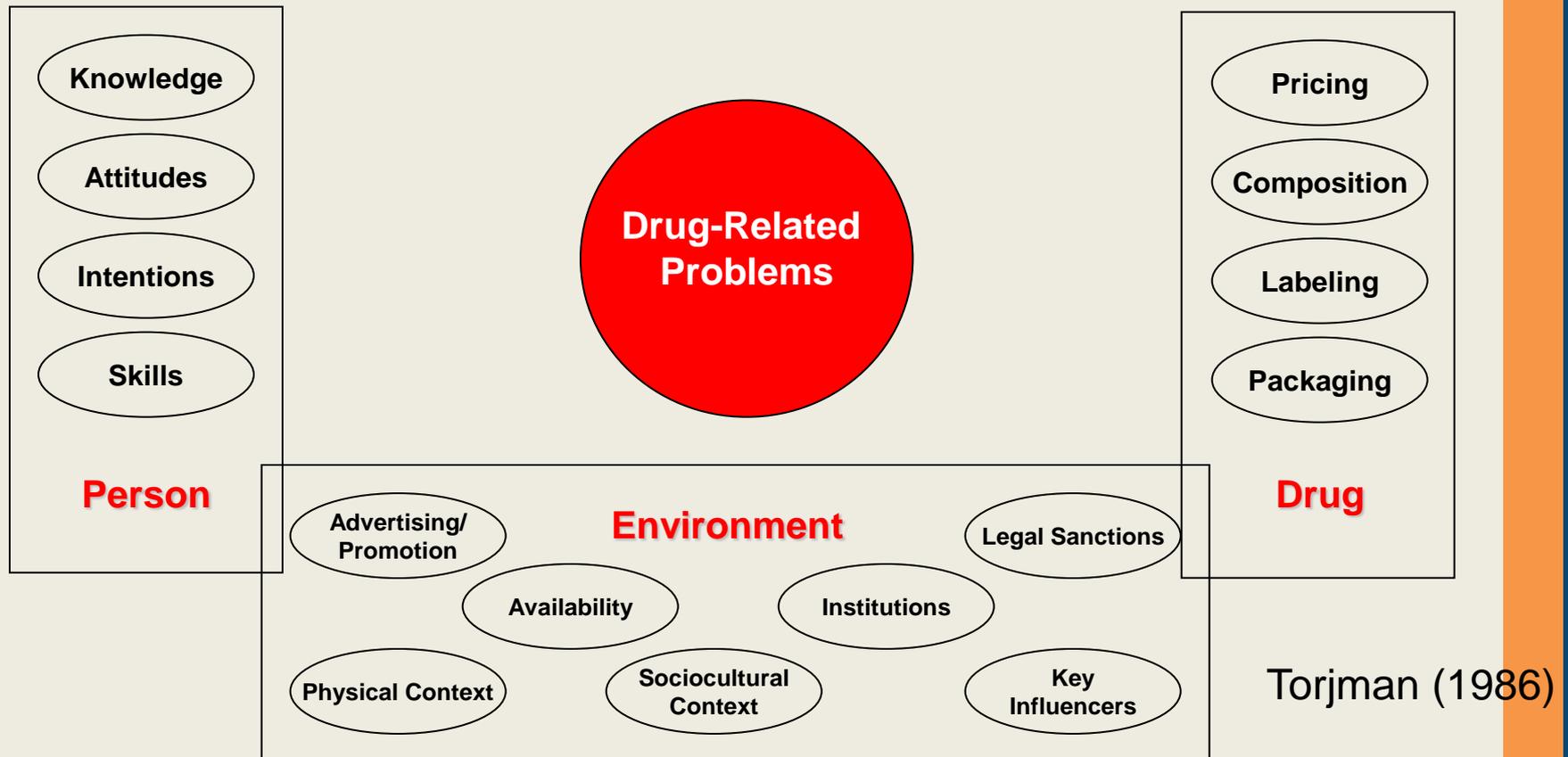


## College Systems Model





## Torjman Model





## Industrial epidemics, public health advocacy and the alcohol industry: lessons from other fields

*Addiction*, 102, 1335-1339, 2007

RENÉ I. JAHIEL & THOMAS F. BABOR

*Department of Community Medicine and Health Care,  
University of Connecticut School of Medicine, Farmington,  
CT, USA.*

Unfortunately, many popular strategies... tend to be ineffective;

and the more effective strategies... tend to be unpopular.



## Industrial epidemic framework

- Focus on public health considerations
- Draw attention toward upstream sources of damage
- Embrace *the fact* that health advocates compete with industry for support from policymakers and the public

**HAZELDEN**

*A part of the Hazelden Betty Ford Foundation*



Binge Drinking on College Campuses: A Road Map to Successful Prevention

# Re-frame how you think and talk about policy



## College Professionals don't want to be the fun police





## Policies are community standards

- Drinking behaviors that cause problems are not generally acceptable to most in your community
- Make approach to alcohol consistent with your University mission
- Talk about standards early and often
- Engage students in identifying standards



## Enforcement makes everyone accountable to community standards

- Informal and formal enforcement
- Communicate about enforcement efforts
- Enforce standards for suppliers of alcohol
- Move away from a 'bad apples' approach



## Components of Punishment for Deterrence

- Severity - make the punishment bad
- Certainty - make the likelihood of punishment high
- Celerity - make the consequences quick

# HAZELDEN

*A part of the Hazelden Betty Ford Foundation*



Binge Drinking on College Campuses: A Road Map to Successful Prevention

aep

Alcohol  
Epidemiology  
Program

<http://www.aep.umn.edu/>



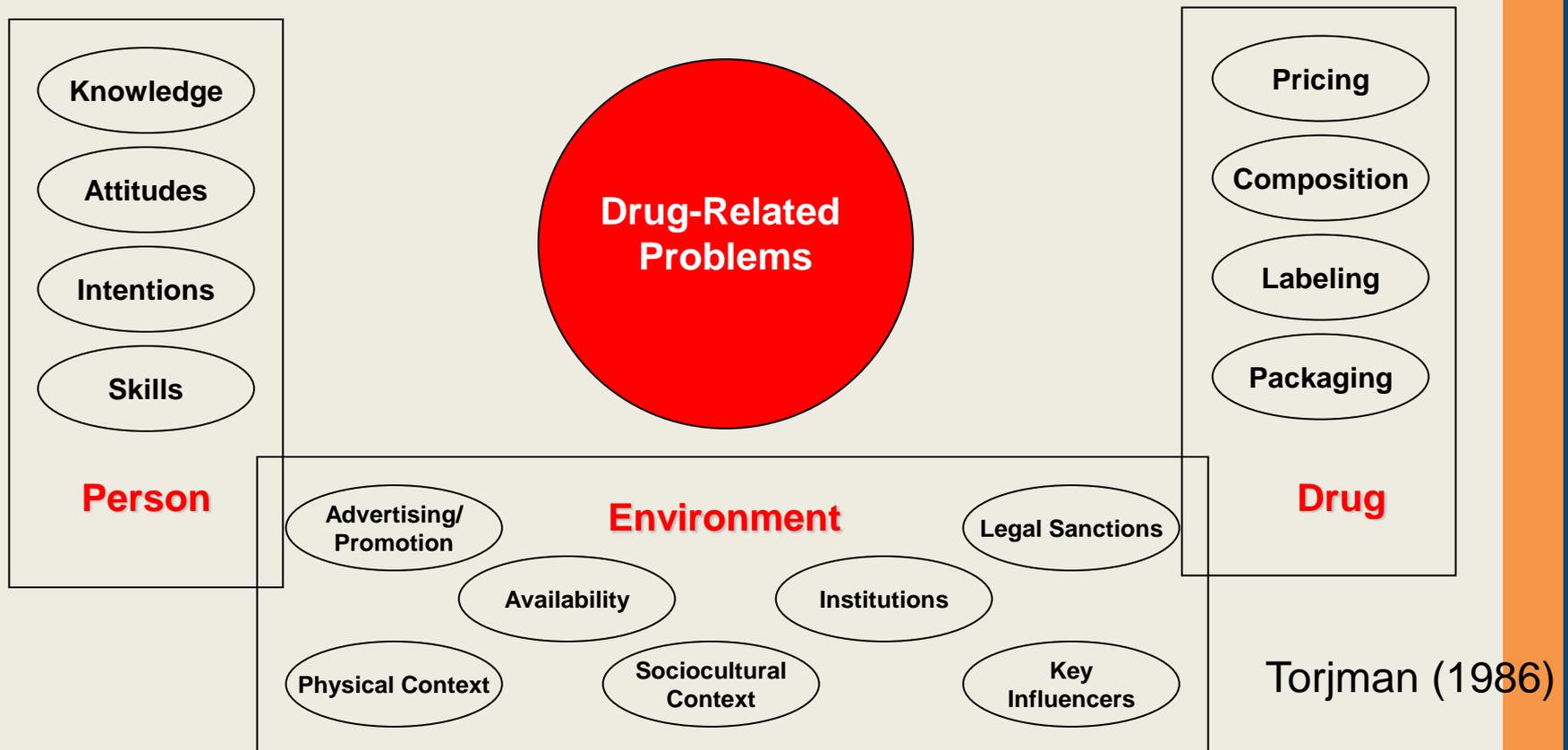
## Activity 2

By yourself or in a small group-

- Identify current performance in each area:
  - Strength
  - Weakness
- Brainstorm 1 new idea in each area
- Use the Torjman Model



## Torjman Model





## Activity 3

- List allies or stakeholders who might have an interest in the issue of student drinking and related problems
- Identify their self-interest
- Identify their barriers to engaging or taking steps to address student drinking





## Activity 4



- Develop an elevator talk for pursuing interventions to reduce student drinking that work

## Your quick pitch

- Who you are
- What you want to accomplish
- How your approach is different
- Why it will work (with data)
- What you want them to do





## What else do you need?

- Strengthen your argument
  - Focus on harms (social and individual)
  - Focus on environmental determinants
    - Availability/suppliers of alcohol
- Understand and engage others on their self-interest
- Friends and allies
- Skilled people
- Data, data, data

**HAZELDEN**

*A part of the Hazelden Betty Ford Foundation*



Binge Drinking on College Campuses: A Road Map to Successful Prevention

# Discussion