

Brief article

Early findings from a disciplinary program to reduce problem drinking by college students

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Abstract

This article describes an intervention for college students cited for alcohol-related infractions of the student code of conduct. First-time offenders are required to attend a three-hour class that includes educational, attitudinal and skills-based activities. Students also complete self-report measures of quantity/frequency of consumption and are mailed personalized drinking feedback one week following the group session. A preliminary evaluation of the program is described and the intervention is discussed in relation to other programs available on campus. © 2001 Elsevier Science Inc. All rights reserved.

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1. Introduction

Administratively addressing the misuse of alcohol on campus is an ongoing challenge for colleges and universities. A nationwide survey (Weschler, Dowdall, Maenner, Glendhill-Hoyt, & Lee, 1998) found that nearly 85% of students drank and that two of five reported bingeing during the previous 2 weeks, as defined by consuming five or more drinks per occasion for men, four or more for women. Data from the Core survey (Presley, Meilman, & Lyerla, 1994) administered to University of New Mexico (UNM) students in 1998 suggest that our rates are typical: Slightly higher rates of drinking in general (88%) but slightly lower rates of binge drinking (37.4%).

Because of the link between alcohol and behavior problems (National Institute on Alcohol Abuse and Alcoholism, 1990), many colleges and universities have launched programs for students identified as problem drinkers through campus judicial systems (Look & Rapaport, 1991; Riccelli, 1985; Sadler & Scott, 1993). Such programs operate as an alternative to disciplinary sanctions and

typically provide information about alcohol, encourage attendees to examine the role of alcohol in their lives, and provide information about campus and community resources. To locally address this issue, the Alcohol Awareness and Education Program (AAEP) is provided as a service of the UNM Campus Office of Substance Abuse Prevention to students cited for first-time alcohol-related infractions of the student code of conduct. Violations include underage drinking, possession of alcohol in dormitory rooms (prohibited for all students), and a variety of behavioral problems that stem from alcohol misuse, including impaired driving, verbal arguments, disruptive behavior, and alcohol-related assault. Students attend the 3-hour program with 10 other similarly referred students and pay a US\$20 fee.

The class was designed to address two needs. First, we needed to develop a brief, but effective, intervention that would be appropriate for students judged to be in violation of the University's alcohol policies. We had found it difficult to sustain attendance for longer, multi-session programs, but did not want to sacrifice effectiveness to make the class more convenient for students. Second, our disciplinary procedures needed to be adjusted to reach a segment of students who were showing by their actions that they could benefit from the program. Prior interventions had not been aimed at "first offenders" who might

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simply receive a written warning and/or fine depending on the severity of their violation. Thus, the AAEP was designed to: (1) provide basic alcohol and other drug information to students on disciplinary probation for an initial alcohol-related incident; (2) create a nonjudgmental setting for students to reflect on their actions in relation to University policy and social reality; (3) allow student participants to assess their own level of risk-related to drinking (and related high-risk behaviors) in a nonthreatening environment; (4) encourage healthier options as replacements for potentially risky behaviors; and (5) enhance motivation for change through discussion, self-assessment, and personalized feedback.

2. Program description

A graduate student facilitator and undergraduate assistant begin by introducing themselves and describing their roles as “facilitators” rather than “lecturers.” Attendees then introduce themselves, tell briefly what kind of experience brought them and what frustrations they have about being there. Because of the potentially unreceptive nature of the participants, this first section focuses on building rapport through self-disclosure and a nonjudgmental atmosphere.

2.1. Educational content

2.1.1. Norms quiz

Because of the tendency for drinkers to overestimate the drinking behavior of their peers (Prentice & Miller, 1993), students are informally tested on their knowledge of alcohol, tobacco, and drug use norms at UNM. They are asked to guess the correct percentages to five substance-frequency use questions from a recent university-wide survey. The correct percentages are then presented and discrepancies discussed.

2.1.2. Alcohol brainstorm

As a group, participants generate a list of positive and not-so-positive effects of alcohol. Typical positives include reduction of inhibition, social connection, and having fun. “Not-so-positives” often include being hung over, making inappropriate choices, health risks, and negative effects on schoolwork. Discussion of this list centers on ways to maximize the positive and minimize the negative consequences associated with alcohol use. The concept of drinking in moderation is presented as a realistic option.

2.1.3. Alcohol myths and facts

Students are asked to label as “true” or “false” a series of statements about alcohol (e.g., “vigorous activity, cold showers, or caffeine do nothing to get alcohol out of the bloodstream; drinking on a full stomach reduces the rate of alcohol absorption and is a safeguard against getting drunk,” etc.). Using student responses, facilitators lead a

discussion of some of the common myths about alcohol. Students are provided with suggestions to promote responsible drinking practices and encouraged to examine their personal risk.

2.2. Social skills content

Students are divided into small groups and given open-ended drinking scenarios where they must decide what responsible decision to make. Students discuss their scenarios and present their decisions to the class. Three such scenes include: (1) seeing a friend passed out at a party, (2) observing an intoxicated female friend leaving a bar with an unfamiliar man, and (3) a roommate who has been drinking more than usual, having memory lapses and experiencing problems in school.

2.3. Personal feedback and closure

In terms of assessment, students complete the Check Up to Go (CHUG; Walters, 2000) and the Alcohol Use Disorders Identification Test (AUDIT) to determine whether they are engaging in drinking behavior that is potentially abusive or risky. The CHUG is designed to provide both a quantity/frequency drinking index as well as information on which to base student feedback. The CHUG assesses drinking patterns (e.g., quantity/frequency and binge episodes), drinking-related behavior (e.g., tobacco use, financial expenditures), and levels of risk (e.g., drinking severity, genetic risk for alcoholism). The AUDIT is a widely used measure that identifies persons whose alcohol consumption has become hazardous to their health (Claussen & Aasland, 1993; Fleming, Barry, & MacDonald, 1991). Information from these two measures is calculated and presented to students via a personalized information packet, which is mailed approximately 1 week after AAEP attendance. Similar feedback mechanisms have shown good efficacy when presented via a brief individual session (Marlatt et al., 1998), or simply mailed to the participant (Agostinelli, Brown, & Miller, 1995; Walters, Bennett, & Miller, 2000).

3. Program evaluation

To begin to empirically examine program effectiveness, we looked at three indicators. First of all, we noted an immediate increase in the number of student referrals when the program was instituted. In the 1996–1997 academic year a total of 135 students went through the class, compared to fewer than 10 in 1995–1996, the last year a multi-session approach was used. Second, at the same time Dean of Students and Residence Life staff members reported a noticeable drop in repeat offences for those going through the class as compared to the prior disciplinary approach. Finally, in order to look at actual

rates of consumption, we recruited a sample of participants and asked them to return at 8 weeks for a follow-up evaluation. Of the 32 students that attended the AAEP during the spring semester of 1998 and met our criteria of being “moderate to heavy” drinkers (i.e., they reported consuming more than 40 drinks in the month prior to attending), 21 returned for the follow-up session. Participants who returned reported decreasing their alcohol consumption by an average of 11.73 drinks per month. Peak weekly blood alcohol content (BAC) showed a decrease of 0.097, while peak monthly BAC decreased by 0.064. Effect sizes of 0.14, 0.42, and 0.34 were calculated for the three measures, respectively, by dividing each mean difference by the corresponding pretest standard deviation. Three correlated samples *t* tests showed the decreases to be marginally significant for peak weekly BAC, $t(1, 18)=2.20$, $p=0.059$, and peak monthly BAC, $t(1, 19)=1.79$, $p=0.089$. Although we found some evidence of reductions in use among those who attended the program, these findings are limited by both the small and self-selected nature of the follow-up sample, as well as by the uncontrolled nature of the evaluation. Nevertheless, we believe that these preliminary findings offer evidence that we are doing good rather than harm.

The intent of the AAEP is to provide a brief, behaviorally focused, intervention for first-time policy violators. Our primary goal is to change drinking behaviors, particularly among those students who are drinking in a hazardous fashion. As a secondary goal, we also hope to provide an intervention that provides students with an opportunity to discuss their experiences with university representatives. It is believed that by engaging students in such an open and clear way, they become more involved with the broader educational experiences that the university has to offer. Though this substance abuse program has a specific role on campus, we believe it exists most effectively as it integrates with other health resources. For this reason, the AAEP represents a collaboration among several offices on campus: the Campus Office of Substance Abuse Prevention, the Dean of Students Office, Residence Life, and the Student Health Center. Residence Hall Assistants are informed of program content so that they may support our efforts with referrals and follow-up. We also make our student assistance program available for students who reoffend. Such a cooperative effort has the ability to offer a continuum of services to students and provide appropriate referrals to those who require more than this brief intervention. Since college community health is so seriously affected

by alcohol problems, addressing this issue administratively provides us with a unique opportunity for health promotion on our campus.

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