

Addressing Alcohol Misuse and Prevention: Key Strategies for Institutional Leadership



EVERFI

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About EverFi

Our mission in higher education is to drive lasting, large-scale change on critical wellness issues facing students, faculty, and staff. We work with over 800 institutions to drive transformative impact on sexual assault, high-risk drinking, and financial education through evidence-based online programs, data, and advisory services.

As the field of alcohol and other drug prevention evolves, best practices for implementing effective strategies are emerging across campuses. EverFi is committed to bringing those practices to light, distilling their critical success factors, and sharing these insights broadly so that institutions can maximize their prevention investments. We collaborate with and connect our partner institutions, helping to identify solutions to common challenges and celebrating progress.

Learn More About EverFi and Alcohol Abuse Prevention Programs at [EverFi.com/AlcoholEdu](https://www.EverFi.com/AlcoholEdu)

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Addressing Alcohol Misuse and Prevention: Key Strategies for Institutional Leadership

Introduction

This guidebook is designed to assist college and university administrators in developing and deploying effective alcohol prevention strategies for their campuses. It is based on EverFi's efforts of more than 15 years examining the latest research from the field of alcohol and other drug prevention and gathering insights from our work with 800+ partner colleges and universities throughout the country.

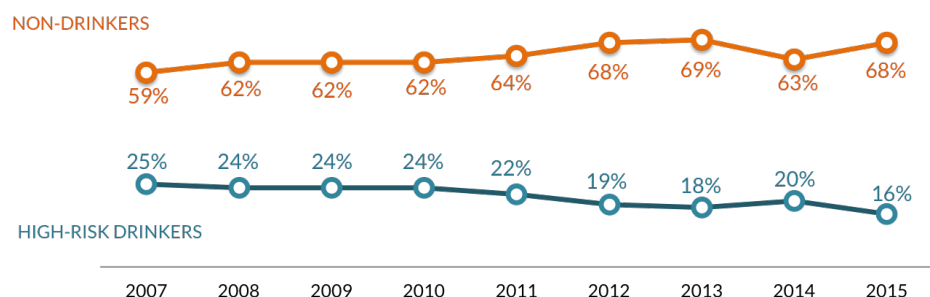
The guide is divided into six main sections:

- I. Leveraging the Healthy Majority:** a discussion of the issues surrounding alcohol use on college campuses, focusing on the need for a population-level approach designed to promote healthy attitudes and behaviors regarding alcohol across student populations.
- II. Challenges Remain:** a consideration of the negative effects of excessive alcohol consumption at colleges and universities in terms of retention rates, diminished academic performance, and impaired social relationships.
- III. Reducing the "College Effect:"** an analysis of factors underlying the rapid rise in alcohol consumption in the first few months on campus for first-year students.
- IV. Thinking About Prevention:** in this section, a set of theories and frameworks are presented to help inform our approach to alcohol prevention.
- V. Discovering What Works - The Alcohol Diagnostic Inventory:** a detailed set of concrete recommendations, grounded in research, in four key areas of alcohol prevention: programming, policy, critical processes, and institutionalization.
- VI. Guiding Principles for Success:** A checklist of key takeaways to guide institutions in the selection and implementation of effective alcohol prevention strategies.

I. Leveraging the Healthy Majority

Media portrayals paint an incomplete picture of alcohol use on campus, sensationalizing alcohol-soaked traditions, drunken gatherings, and alcohol-related tragedies. In reality, a relatively small percentage of students are genuinely high-risk drinkers while many students limit their alcohol consumption or choose not to drink at all. Data obtained from EverFi's AlcoholEdu online education program shows that the percentage of non-drinkers among incoming first-year college students rose from 59% to 68% from 2007 to 2015, whereas the percentage of high-risk drinkers – defined as 4+ drinks for a female or 5+ drinks for a male in one sitting in the prior two weeks – declined during the same period from 25% to 16% (see Figure 1).

Figure 1: Alcohol Use Trends Among Incoming First Year Students



Further, there is evidence to suggest that drinking behaviors have been improving among 12th grade students: according to the Monitoring the Future survey¹ conducted by the National Institute on Drug Abuse (NIDA), the alcohol abstention rate among 12th graders rose more than 10% between 1991 and 2009. The survey also reported a 6% increase in abstention rates among college students, corroborating EverFi findings.

Unfortunately, in both the press and on campuses, it is the high-profile problem cases that tend to receive the lion's share of the attention—and the prevention dollars. This tendency to focus on a small number of extreme cases, to the detriment of the larger pool of students among whom risky behavior is less severe, is known as the "prevention paradox." In fact, it is precisely among this larger group of less-extreme drinkers that the majority of alcohol-related injuries occur.² What is needed, then, is a population-level approach to alcohol prevention, one whose primary focus is on the promotion of healthy behavior across our student bodies, building upon the positive attitudes that are already widely present. Such a prevention approach should involve the entire campus community; not only students, but also faculty, staff, and local stakeholders including civic organizations, business owners, landlords or property managers, and representatives from the local, state, and federal governments.

II. Challenges Remain

Many institutions are making significant strides in reducing problematic drinking as campus leaders begin to see college drinking as not just a health and wellness issue, but a threat to achieving their institutions' educational mission. While progress has been made in reducing unhealthy alcohol use on college campuses, the problem continues to be present and real. A recent New York Times piece³ points out that high-risk drinking on campuses remains a challenge as one in four students say that alcohol use has negatively affected their academic performance.

In a 2014 Chronicle of Higher Education article,⁴ the New America Foundation's Kevin Carey spoke directly to this connection when he wrote, "The most effective alcohol abuse prevention policy is to be a better college: a place where students are continually challenged, provoked, and engaged by the difficult work of learning."

The research is clear: high-risk drinking negatively impacts class attendance, time studying, and grade-point averages.⁵ See Figure 2 for a summary of research on the relationship between alcohol and academic performance (for in-depth results of the research see Appendix A - pg. 24).

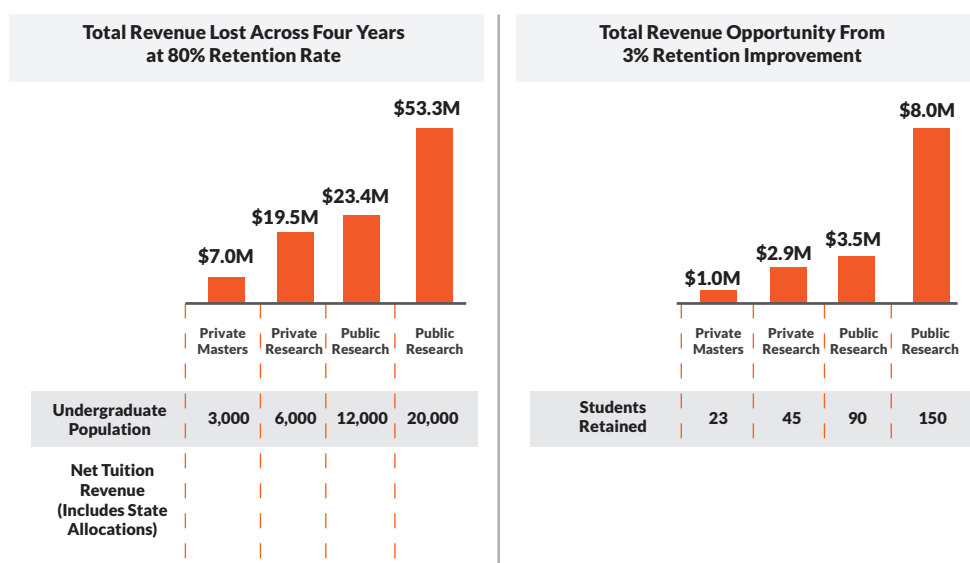
Figure 2: Summary of Research on the Impact of Alcohol on Academic Performance



Reduced academic performance, in turn, affects student retention and an institution's bottom line. Through the application of a data based model, EverFi discovered that student drinking could be costing colleges and universities millions of dollars in lost revenue. With just a 3% improvement in their retention rates, higher educational institutions could recoup between \$3 and \$8 million over four years⁶ (see Figure 3).

It is interesting to note that lower retention rates are not only the result of poor academic performance and dropouts; indeed, an atmosphere of excessive partying also induces high academic performers to leave their current school in search of one more conducive to their educational goals. EverFi research estimates that 15% of student attrition is related to alcohol—not only personal alcohol use, but also the issues that often arise as a result of others use within a culture of pervasive drinking.

Figure 3: The Economic Argument for Supporting Student Success

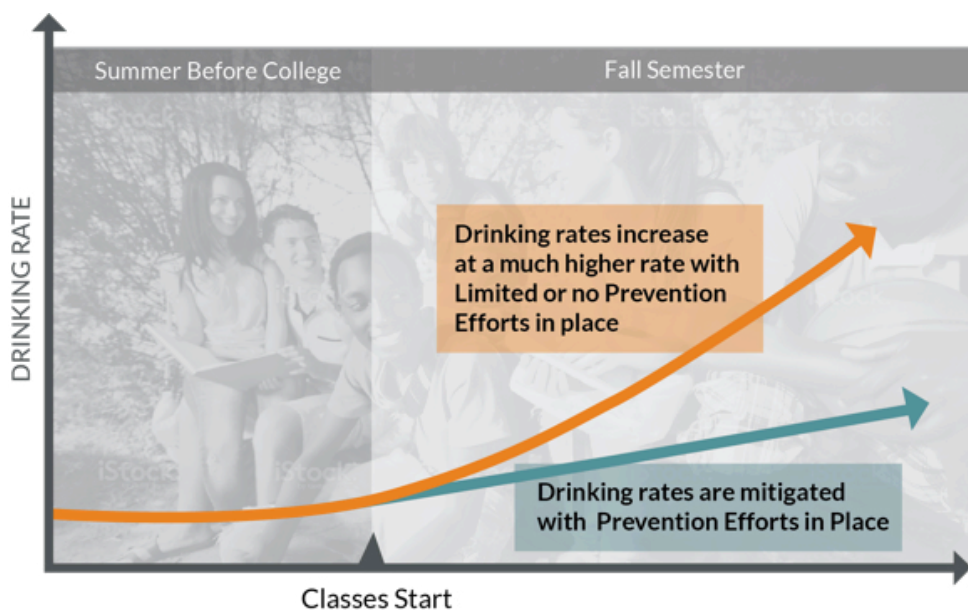


Finally, even for the large majority of students who complete their degrees, a climate of unhealthy student drinking has a range of other effects, including depression, academic apathy, impaired social relationships, and withdrawal from campus life. Here, high-risk drinking does not translate into interrupted studies, but in its less-visible partner: decreased academic potential resulting from a student's lack of engagement in their living and learning environment. As with the prevention paradox referenced earlier, this reality argues in favor of a campus-wide alcohol prevention effort; one that leverages existing prevention frameworks to create an effective roadmap for prevention that includes both clear goals and a clear method for reaching those goals.

III. Reducing the “College Effect”

When considering best practices in alcohol prevention directed at first-year students, it is truly a case of the earlier, the better. Student alcohol use begins before college even starts, increasing in the summer before first-year students arrive on campus, and rising dramatically during the first few months of classes. As demonstrated through data collected among incoming first-year students in AlcoholEdu, alcohol consumption for student drinkers as a whole rises an average of 37%, whereas for problematic drinkers (defined as 8+ drinks for a female or 10+ drinks for a male in one sitting in the prior two weeks), the increase can be as much as 194%. This is known as the “college effect” (see Figure 4).

Figure 4: Mitigating The College Effect through Prevention Efforts



The college effect is caused by a number of underlying factors. First, there is the increased responsibility and stress that first-year students face, juggling decisions that will direct the course of their academic, professional, and personal lives; for many, too, it is the first experience living away from home for an extended period. Second, there is a general expectation that drinking bolsters confidence and ensures social success, an attitude reinforced by popular culture in movies and social media. Third, there is a more specific, culturally transmitted expectation that students will drink heavily in college as a “rite of passage.” Finally, some campuses actually may be facilitating the choice to drink frequently and heavily, whether through a lack of attractive alcohol-free recreational and entertainment options, the absence of a comprehensive alcohol policy, cheaply available alcohol at campus events and bars, or the failure to create an environment that supports health-promoting norms.

While no prevention program in the world can promise to eliminate the college effect completely, colleges and universities with effective prevention efforts can succeed in mitigating it dramatically. But how to get started? In light of the seriousness of the problem, a natural tendency is to implement a program as quickly as possible, without first verifying that the program is based on the latest advances in prevention science. Such programs, moreover, should be based on a formative assessment of students' unique needs and strengths. Before leaping into the implementation of any strategy or program, however, it is critical to take a step back and consider what it means to do effective prevention work.

IV. Thinking About Prevention

An effective prevention program will be informed by the following theories and frameworks:

The “Who” of Prevention

In a 1994 report, the Institute of Medicine (IOM) proposed a framework for classifying prevention based on Gordon’s (1987) operational classification of disease prevention.⁷ The IOM model divides prevention into three classifications—universal, selective, and indicated. **Universal** efforts are applied to everybody in an eligible population. **Selective** efforts are focused on at-risk groups or population segments. **Indicated** efforts, meanwhile, are focused on individuals who already display certain risk factors or conditions.

As reinforced by the prevention paradox,⁸ universal programming has two key advantages: first, it reaches the entire student body, and second, it can help to shift campus culture in favor of healthier student behavior. Administrators should also aim to have a fair mix of selective and indicated programs, targeting known high-risk student groups as well as students at the early stages of developing alcohol problems. These three prevention classifications will be discussed in greater detail in the “Programming” section below.

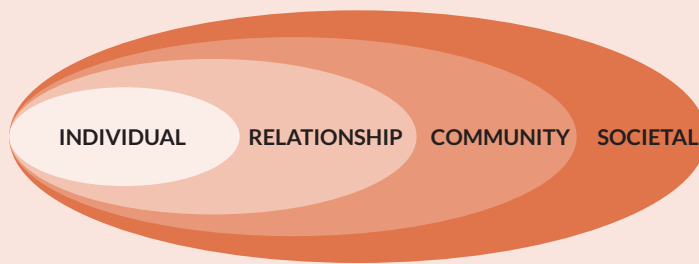
The “When” of Prevention

Prevention efforts should be implemented before, during, and after alcohol-related problems arise. **Primary** prevention seeks to prevent the onset of a problem through risk reduction, modifying the environment, and changing the social structure, norms, and values systems. Such work is often universal in scope. **Secondary** prevention seeks to control the progression of the problem, with a focus on early detection and effective intervention. Finally, **tertiary** prevention seeks to mitigate the impact of the problem on the person’s quality of life, with a focus on rehabilitation, minimizing suffering, and preventing relapses. As with indicated efforts, tertiary prevention is primarily individual in nature.⁹

The Social-Ecological Model

Within the “when” and “who” of prevention, we must also consider application of the social-ecological model. High-risk drinking results from a complex interplay of multiple factors that influence students’ attitudes and behaviors. As illustrated in Figure 5, individual behavior is embedded within a set of larger social structures. This visual representation of overlapping structures illustrates how factors at one level both influence—and are influenced by—factors in another.

Figure 5: The Social-Ecological Model¹⁰



Individual: This first level identifies elements of one's personal history that may contribute to high-risk drinking, such as age, education, income, and a prior history of alcohol-related difficulties.

Relationship: The second level considers relationships that may influence an individual's drinking habits, including family, partners and peers.

Community: The third level examines the settings where social relationships occur and which may affect drinking patterns: neighborhoods, schools, and places of work and leisure.

Society: The fourth level looks at broader social factors that may create a climate that perpetuates student drinking. These may include socioeconomic factors, the effects of governmental policies and messages arising from popular culture.

In the case of alcohol prevention efforts at colleges and universities, then, programming should not only be targeted at the individual student, but should also involve peer groups, campus administrators, faculty and staff, and factors influencing the campus community such as size and geographic location.

Prevention as a Process

Prevention is not simply a program, but a continuous process informed by science. This process should be supported by locally derived data that leads to the identification of clear goals and objectives, accompanied by evaluation measures to determine success and inform ongoing efforts. In this light, colleges and universities should be wary of "one-size-fits-all" prevention programs that do not take both the process-based nature of prevention and the individual characteristics of each institution fully into account.

V. Discovering What Works - The Alcohol Diagnostic Inventory

In practice, theories and frameworks become translated into programs, and in the world of alcohol prevention programming, a wide array of approaches exist. Through its research, EverFi has identified that the success of any approach is dependent on the level of institutional support for prevention efforts, as well as the presence of processes in place to design, implement, and assess evidence-informed strategies.

In order to more thoroughly assess the effectiveness of existing campus alcohol prevention efforts, EverFi developed a tool known as the Alcohol Diagnostic Inventory. The Inventory is informed by prevention science, an examination of best practices by institutions that have made breakthrough progress, and by hundreds of interviews with campus experts and officials, prevention professionals, and researchers in the field. The Inventory enables EverFi to examine and rate campuses in key areas deemed critical for success: programming, alcohol policy, critical processes and institutionalization.

Programming

To assess efforts in this area, EverFi utilizes a scoring methodology that quantifies the effectiveness of more than 30 campus prevention programs and policies, including efforts such as bystander intervention, limiting drink specials, safe ride programs, and small group social norms approaches. Results are applied to what is known as the Alcohol Prevention Compass. Evidence to inform the Compass includes a review of published literature, credible websites, and interviews with practitioners and researchers. For this process, four key questions were asked: Does this prevention strategy work? What is its impact in relation to other strategies? What are the costs associated with implementing the approach? How many students would the strategy likely impact? In using the research base to identify the answers to these questions for each strategy, the Compass provides an innovative way for campuses to visually relate the potential cost of a program to the impact the program is likely to have on student drinking.

In the higher-education community, federal legislative requirements concerning alcohol prevention outlined in EDGAR Part 86 are overwhelmingly program-based, and programming is the most visible manifestation of prevention work. But how to choose the most effective alcohol prevention programs? The answer is to look for programming that is both evidence-based and which considers the needs and strengths of your own campus through an analysis of student-level data. Such programming should cover each of three classifications put forward by the Institute of Medicine: universal, selective, and indicated.

UNIVERSAL

In section one, we discussed the importance of a population-level approach to alcohol prevention, one whose principal focus is on promoting healthy attitudes about alcohol across the entire student body. To this end, the majority of programs that are in place on a given campus should be universal, addressing the entire school population in order to deter the onset of risky behavior. Examples of universal programming include alcohol-free activities and environments available on a regular basis and during peak drinking hours, a campus-wide bystander intervention program¹¹ designed to encourage students to intervene to prevent risky behavior from occurring, and evidence-based education approaches such as EverFi's *AlcoholEdu for College* online program.

SELECTIVE

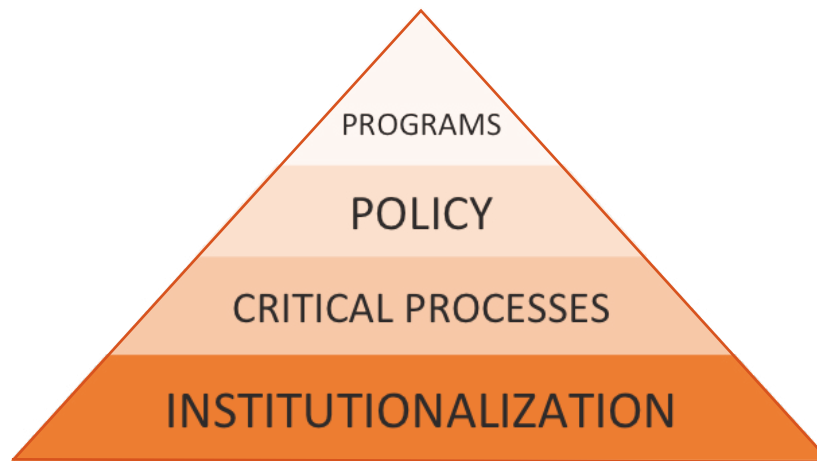
Making universal prevention a priority, however, does not preclude targeting subsets that are considered to be at particularly high risk for alcohol abuse, such as athletes, first-year students, or members of Greek organizations. Examples of selective programming would be a small group social norms approach, which aims to tackle student misperceptions of peers' attitudes in order to influence behavior, and a bystander intervention program for fraternities and sororities. In this process, however, it is important not to stigmatize these groups by assuming all of their members to be high risk. A thorough assessment of student drinking behaviors may uncover that only certain sub-sets of these populations are at-risk or that additional campus groups warrant selective approaches.

INDICATED

Finally, in order to address risky behavior before it becomes a full-blown problem, programming should target individuals who present early-warning signs. The most well-known evidence-based example of indicated programming is the Brief Alcohol Screening and Intervention for College Students (BASICS) program¹², which harnesses the technique of motivational interviewing to support students through two, one-hour interviews and behavioral assessments.

In EverFi's best practice framework (see Figure 6), programming does not stand alone, but is paired with effective policymaking, the establishment of critical processes, and is based upon an institutional commitment to prevention (each discussed below). Indeed, an exclusive focus on programming, particularly those that do not address an identified need, is limited in scope and leads to a lack of effectiveness.

Figure 6: Prevention Begins at the Base of the Pyramid



Alcohol Prevention Programming: Some Questions To Consider

Is your institution performing a lot of activities with limited reach, or is it employing targeted efforts that cover the span of universal, selective, and indicated programming?

*Do alcohol prevention programs speak to a need that has been identified by your institution?
Are they complementary in nature?*

Which of your current prevention programs are having the greatest impact?

Do you know whether or not your prevention programs are cost-effective?

Prevention Programs in Practice

Among a Sample of 49 EverFi Campuses:

88% offer alcohol-free events and activities (taking place between the hours of 10pm-2am): Activities and options offered to students that don't involve the consumption of alcohol.

73% use invited speakers: Outside speakers contracted by the institution to educate students on alcohol-related topics. These types of programs lack research demonstrating effectiveness in changing behavior.

67% use BASICS (Brief Alcohol Screening and Intervention for College Students): Evidence-based intervention for students who have demonstrated problems with alcohol use. BASICS is typically administered in two, one-on-one, fifty-minute sessions by a professional staff member trained in the technique of motivational interviewing and incorporates personalized feedback, alcohol expectancies and decisional balancing.

28% implement social norms marketing approaches: Campaigns with messages that convey accurate norms of student attitudes and behaviors in order to correct misperceptions of those norms, which generally overestimate levels of consumption and acceptance of alcohol use.

Alcohol Policy

Until the 1960s, colleges and universities maintained a legal in loco parentis relationship with their students—literally, “in place of the parents.” This status shielded institutions from an

excessive legal scrutiny of their treatment of students, similar to the way parents would be in the home. With the 1961 case *Dixon v. Alabama State Board of Education*, however, students won the right to due process, thus becoming recognized, in the eyes of the law, as constitutional adults.¹³ In the ensuing decades, a new paradigm known as the “facilitator model” has emerged, one seeking a balance between the shared rights, risks, and responsibilities of students and their host institutions.¹⁴

In the framework of a mixed system based on facilitation and shared responsibilities, it is all the more important for policies and sanctions to be clear to all stakeholders. It is recommended, then, that colleges and universities possess a written alcohol policy that is comprehensive, and consistently enforced and adjudicated.

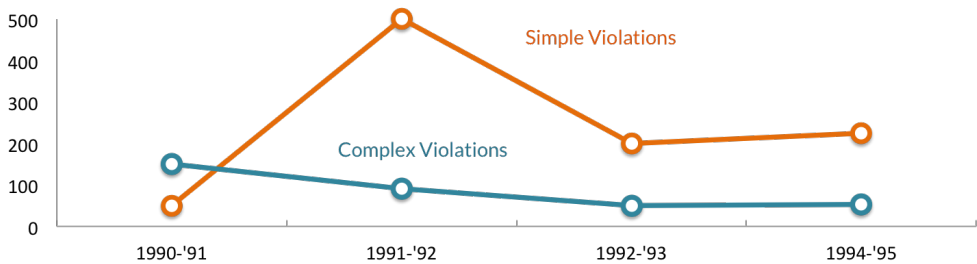
Written

Before they are formalized, policies should receive the input of all campus stakeholders. Policies should be clear and concise, properly communicated through multiple channels, and periodically reviewed. They must also take into account what is already on the books in the form of local, state, and federal law. Moreover, the character of the policies—and their related codes of conduct—should not be solely punitive in nature, but designed to promote an atmosphere of free discussion and learning, to nurture a sense of mutual responsibility and moral community, and to prevent exploitation of and harm to students.¹⁵

Enforced

Enforcement occurs best in an atmosphere where students perceive policy to be consistently communicated and applied. Inconsistent enforcement sends a mixed message, and can be interpreted by students as acceptance of behavior. Evidence of the importance of consistent enforcement can be seen in a study conducted at the University of Rhode Island.¹⁶ Researchers found that “complex” violations such as noise, vandalism, and assault declined when “simple” violations including underage consumption and possession, were consistently enforced (see Figure 7).

Figure 7: Enforcement Efforts Lead to Reduced Violations Over Time



SIMPLE VIOLATIONS = one violation of a single alcohol policy

COMPLEX VIOLATIONS = illegal possession plus other violation of community standards such as noise, vandalism, harassment, or assault.

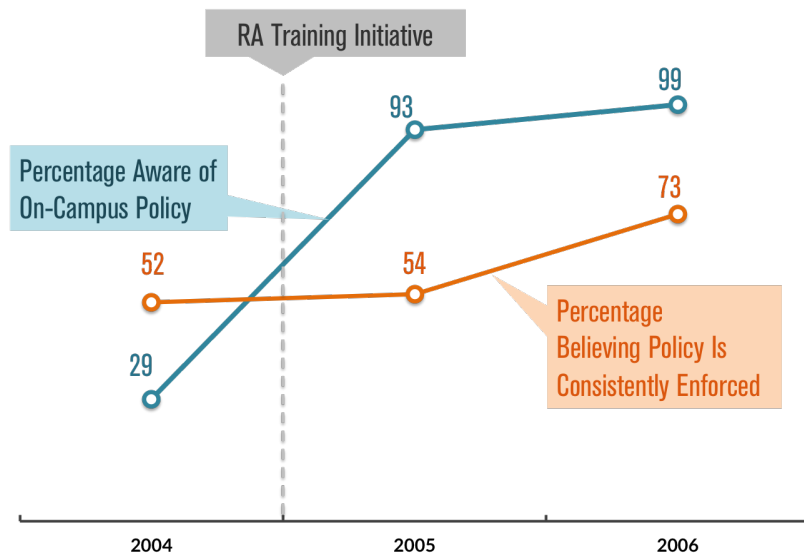
KEY FINDING: Complex violations of community standards involving alcohol do decline when minor violations are consistently addressed.

Gold University* found that residence halls with a small number of documented incidents by RA's in the first semester typically saw an increase in the number of incidents in the second

*pseudonym

semester. Conversely, RA's in halls with heavy early documentation had few incidents later in the year and also reported greater job satisfaction than their peers. One year after initiating this effort, the percent of students who were aware of the alcohol policy tripled and one year after that, the percentage of students believing that the policy is consistently enforced increased fifty percent (see Figure 8).

Figure 8. Increasing Student Awareness of Policies and Their Enforcement



Adjudicated

Even when policies are thoughtfully examined, written, and enforced, some students will still find themselves in trouble. Although adjudication processes can often result in more passive sanctions—such as warnings, probation, fines, and suspensions—a range of more active sanctions also exist. When sanctioning must take place, the overarching goal must be to deter risky behavior. Examples of deterrence-based sanctions may include restricting privileges of alcohol offenders, including: access to Greek organization membership; study abroad, leadership, and employment opportunities; and the ability to live off-campus or apply for preferential on-campus housing.

Students also should be involved in the adjudication process, something that institutions have been minimally successful at achieving. A dissertation survey of 279 administrators revealed that 81% of these institutions involve students in a quarter or less of their total disciplinary cases.¹⁷ Administrators reported that judicial cases involving alcohol fared better in regards to the amount of student involvement compared to other types of cases. Nearly half of the institutions surveyed provide students with some decision-making authority. Generally, students are involved in hearing appeals or cases that won't result in severe sanctions such as suspension or dismissal from the university.

Alcohol Policy: Some Questions To Consider

Does your institution require that parties, functions and events be registered with the institution?

How consistent is your institution's enforcement of laws and policies governing alcohol use?

What role do students play in the development or review of campus alcohol policy? What is their role in the adjudication process?

Alcohol Policy Snapshot

Among a Sample of 49 EverFi Campuses:

Disciplinary or sanctioning procedures:

56% use mandatory minimum sanctions

58% have a medical amnesty or good samaritan policy

Policies governing the Greek Community:

67% have mandatory party registration

33% require security at events

Policies governing campus sporting events:

93% limit alcohol at tailgates

77% prohibit alcohol sales at sporting events

Policies governing on-campus advertising:

41% prohibit event advertising to include availability of alcohol

31% allowed bars to advertise on campus

Policies governing event registration:

80% require that parties be registered

70% require trained alcohol servers at parties

Critical Processes

Critical processes are the engine that power prevention programming; without them, programs won't run or, at best, will hobble along in low gear. The comprehensive nature of successful prevention truly shines through in the use of data to inform efforts, in the planning process, and in the review of policy. Let us examine each of these criteria in greater detail:

Data Reliance

In the world of colleges and universities, one size most definitely does not fit all. For prevention efforts to be effective, therefore, the approach must be informed by locally generated data. This should include data collected both from sources within and outside of the institution, in order to best understand all facets of the environment in which students live, work, and play. Such sources may include: surveys of students' knowledge, attitudes,

and behaviors (collected by 95% of institutions completing EverFi's Alcohol Diagnostic Inventory); judicial and disciplinary reports (collected by 81%); campus police reports (80%); residence life reports (69%); Clery reports (55%); off-campus police reports (42%); facilities reports including residence hall damage and vandalism (34%); and hospital admission data (31%).

Planning

When campuses start thinking about prevention, the first question asked is usually: What is our budget and how are we going to use it? While the question of resources is vital, a better starting point for the process of prevention is: What problem are we trying to solve? What are the unique needs and strengths of our campus? How do we ensure that we reach who we need to? Who can support us in these efforts? Here is where a strategic-planning process comes to the fore, one that contains specific goals for alcohol prevention efforts and a procedure to share progress indicators and reports with a broad range of stakeholders, particularly those who have the influence and authority to move efforts forward. In EverFi's analysis of 49 institutions completing the Alcohol Diagnostic Inventory, 83% of institutions shared progress indicators with the Vice President for Student Affairs and 52% with a campus community coalition, but a mere 20% shared them with the Board of Trustees, for example, and just 17% did so with the Provost or President.

Policy Review

Once policies are in place for alcohol prevention, they must be reviewed periodically and revised as necessary. Such a review should include the overall policy, as well as specific procedures and codes that govern various groups (Greek organizations, athletes, faculty and staff, etc.) to ensure that they are consistent with each other. The review should also ensure that policies and codes are uniform with local, state and federal laws. Although each institution will set the timing for their review, this process should ideally take place every two years as part of an institution's Biennial Review process,¹⁸ one of the federal legislative requirements referenced earlier. In EverFi's analysis, a solid 81% of institutions had undertaken a comprehensive review of alcohol policies and 75% had reviewed policies to ensure they were uniform and consistent with state law; somewhat fewer, however (59%), had reviewed their policies governing different campus groups to ensure that they are uniform and consistent with one another.

Critical Processes: Some Questions to Consider

When was the last time your institution conducted a comprehensive alcohol policy review? What about a formal strategic planning process for alcohol prevention?

Does your institution possess statistics on the percentage of your students who do not drink?

Has your institution identified key indicators of student health? Does your institution regularly measure and report these key with those who can influence change?

Critical Processes in Action

Among a Sample of 49 EverFi Campuses:

72% have specific goals for alcohol prevention efforts

59% have engaged in a formal strategic planning process in the past year

83% shared progress indicators with the Vice President for Student Affairs

17% shared progress indicators with Provost or President

75% reviewed various alcohol policies that govern campus groups to ensure that they are uniform and consistent with state law

Institutionalization

In order for prevention to become an ongoing process, rather than a temporary measure in response to mandates or media pressure, it must be an institutional priority. Alcohol prevention must be incorporated into policy and campus culture from the bottom of the institution all the way to the top—in mission statements, job descriptions, and strategic plans. In this way, alcohol prevention becomes not only system-wide, but sustainable. EverFi's research has identified three criteria that must be met in order for institutionalization to occur: senior-level support, consistent funding, and shared accountability.

Senior-Level Support

Attaining system-wide buy-in that involves senior administrators and decision-makers—including the president—is fundamental for any successful institutionalization effort. Gaining senior-level support can most effectively be achieved by making connections between high-risk drinking and institutional priorities such as academic excellence, recruitment and retention, and cost containment. Alcohol prevention, then, should not be framed as a problem but as a challenge that must be addressed in order for the institution to complete its educational mission.

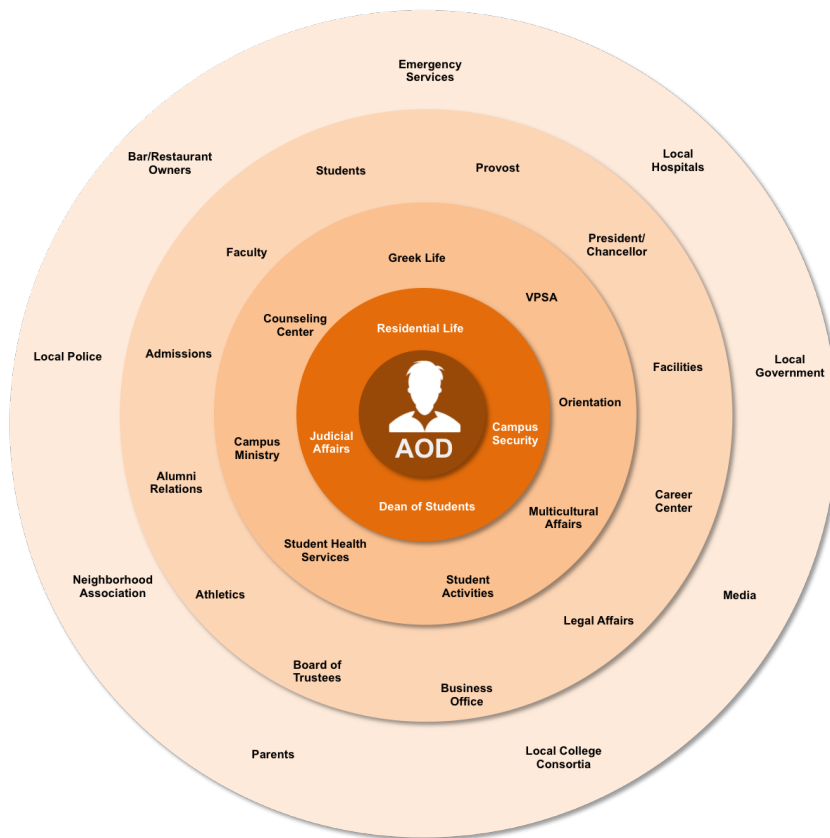
Consistent Funding

Funding for alcohol prevention should be an established part of the annual budget, rather than being derived from grants or other unstable funding sources. The funding should include a sufficient number of full-time staff positions for alcohol prevention specialists. The amount spent on prevention is more than worth the investment: according to a study by the U.S. Department of Health and Human Services, school-based prevention programs for substance abuse save \$18 for every \$1 spent.

Shared Accountability

For institutionalization to truly take root, accountability for alcohol prevention should be shared by multiple departments and campus constituencies, rather than relegated exclusively to an office (or individual) in Student Affairs. Figure 9 displays the multiple layers of stakeholders that should share responsibility for supporting alcohol prevention efforts. An ethos of shared responsibility does not imply added responsibility. Instead, it requires individuals to simply approach their roles and responsibilities with more of a prevention mindset.

Figure 9: Stakeholders in Alcohol Prevention Efforts



Institutionalization: Some Questions to Consider

Has your institution developed strategies for sustaining engagement among key stakeholders?

Do individuals or departments outside of Student Affairs play a role in achieving your institution's prevention objectives?

Does your campus measure the impact of student drinking on institutional priorities such as student success, retention, and financial performance?

Institutionalization on Campus

Among a Sample of 49 EverFi Campuses:

2.4 employees dedicated to alcohol prevention efforts on average

\$47,710 average funding for alcohol prevention efforts

47% mention student health and wellness in institutional strategic plan

30% have goals for improving student health and wellness

77% have an alcohol task force to engage a variety of offices in alcohol prevention

31% report the alcohol task force is active and engaged

VI. Guiding Principles for Success

Pervasive, high-risk alcohol consumption on college campuses is not inevitable. It's possible for a culture of prevention to take root, allowing institutions to dedicate their full energy to fostering excellence among their students. In order to help guide institutions in the selection and implementation of effective alcohol prevention strategies, we would like to conclude with six guiding principles:

1. DON'T TRY TO DO IT ALL

Although prevention strategies should be comprehensive, that does not mean that administrators should take on more than the institution can implement effectively. Indeed a "little bit of everything" approach can dilute efforts, leading to ineffectual action in a large number of areas. Instead, successful campuses are those that use data to target their approaches to key problem areas, focusing resources where they can be most effective and leveraging relationships to effect substantive change.

2. STAY UP-TO-DATE

As with all disciplines, the field of prevention science is constantly evolving. Practitioners should make every effort to stay up to date with new research on promising approaches, allowing their standards of best practice to evolve and adapt. This desire to stay current with innovations in the field is, in fact, what motivates many schools to join the EverFi Coalition and other professional associations that promote collaboration and learning among student affairs professionals.

3. IMPLEMENT STRATEGICALLY

In an era of tight finances, prevention budgets are often the first to feel the squeeze. Practitioners need to choose carefully, measuring cost against impact in order to make the most of limited resources. This may mean having to forgo less effective approaches in favor of those with greater potential for success. The key is to balance a commitment to effectiveness with the need for innovative efficiencies.

4. ENGAGE AND SUPPORT THE HEALTHY MAJORITY OF STUDENTS

As we have seen, the majority of college students possess healthy attitudes towards alcohol and drinking. This majority should be engaged to influence the unhealthy minority in order to create a campus culture where healthy attitudes are—and are perceived by all students to be—the norm. This can be done by providing consistent, institutionally supported opportunities and environments that reinforce and support the choice to not drink.

5. THINK SYNERGY

To avoid the duplication of efforts and the wasting of resources, successful campuses leverage synergistic programs and strategies in order to amplify their messaging across multiple systems. Both education and enforcement of policy, for example, can be harnessed to address a specific problem behavior by first implementing a social marketing campaign to educate the campus on the need for a particular policy and then insuring consistent enforcement of that policy.

6. ALL PREVENTION IS LOCAL

As former House Speaker Tip O'Neill said, "All politics is local." So it is with prevention. This implies adapting prevention strategies to the particular culture, allies, and resources of the institution. What works on other campuses—however instructive—cannot be "copied and pasted" to a different institution with a different set of circumstances. What is constant, though, is the process of collecting data, examining assets and challenges, and determining a set of critical processes to create programs and foster institutionalization. From there, creativity and innovation can play a central role in creating successful, sustainable efforts.

Sources & Additional Resources

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² Weitzman, E. R., & Nelson, T. F. (2004). College student binge drinking and the "prevention paradox": Implications for prevention and harm reduction. *Journal of drug education*, 34(3), 247-265. http://www.hsph.harvard.edu/cas/Documents/paradox/Prev_Paradox.pdf.

³ Why Colleges Haven't Stopped Binge Drinking. *New York Times*. December 14, 2014. http://www.nytimes.com/2014/12/15/us/why-colleges-havent-stopped-binge-drinking.html?_r=0. Accessed November 10, 2015.

⁴ If Students Have Time to Get Drunk, Colleges Aren't Doing Their Job. *The Chronicle of Higher Education*, December 4, 2014. http://chronicle.com/interactives/alcohol_commentary

⁵ For a summary of research, see <http://bit.ly/1THX0lh>, produced by EverFi.

⁶ According to a 2006 study by David Anderson at George Mason University, nearly a third of all college attrition is related to alcohol. To determine how much your institution loses a year in alcohol-related attrition, the EverFi Coalition developed a Cost Calculator tool, which can be found at <http://bit.ly/1Urdz79>

⁷ Gordon Jr, R. S. (1983). An operational classification of disease prevention. *Public health reports*, 98(2), 107. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1424415/>

⁸ In the words of the Harvard School of Public Health College Alcohol Study Focusing Attention on College Student Alcohol Consumption and the Environmental Conditions That Promote It: "It may be more feasible for prevention practitioners in college to incrementally shift the drinking behavior of the majority than to dramatically change the behavior of the heaviest drinker. This involves changing the way alcohol is made available, marketed, and served."

⁹ For further information, visit: <http://phprimer.afmc.ca/Part1-TheoryThinkingAboutHealth/Chapter4BasicConceptsInPreventionSurveillanceAndHealthPromotion/Thestagesofprevention> and <http://pubs.niaaa.nih.gov/publications/Social/Module3Prevention/mODULE3.HTML>.

¹⁰ Adapted from the Centers for Disease Control and Prevention (CDC), The Social Ecological Model: A Framework for Prevention, <http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html> (retrieved February 29, 2016).

¹¹ Of course, certain programming may cover more than one criteria at a time. Bystander intervention training, in practice, can be both universal and selective; the BASICS program, mentioned below, may be both selective and indicated.

¹² Dimeff, Linda A., ed. Brief alcohol screening and intervention for college students (BASICS): A harm reduction approach. Guilford Press, 1999.

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¹⁴ Bickel, R. & Lake, P. (1998). The rights and responsibilities of the modern university: Who assumes the risks of college life? Durham, NC: Carolina Academic Press.

¹⁵ As Derek Bok, President Emeritus of Harvard University put it: “Universities should be among the first to affirm the importance of basic norms such as honesty, promise-keeping, free expression, and helping others, for these are not only principles essential to civilized society; they are values on which all learning and discovery ultimately depend.”

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¹⁸ Drug Free Schools and Communities Act (DFSCA). 1989. EDGAR-Part 86 Drug and Alcohol Abuse Prevention.

¹⁹ Miller, T., & Hendrie, D. (2008). Substance abuse prevention dollars and cents: a cost-benefit analysis. Center for Substance Abuse Prevention (CSAP), SAMHSA. DHHS Pub, (07-4298).

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Appendix A

The Impact of Alcohol on Academic Performance: Summarizing the Research

Research Finding #1: High-risk drinking negatively impacts class attendance

- ✓ Frequent binge drinkers are more likely to miss a class, fall behind in their schoolwork (Wechsler et al., 1998)
- ✓ The number of drinks consumed correlates positively with the number of classes missed (AlcoholEdu, 2008-2009)
- ✓ Frequency of alcohol consumption was associated positively with absenteeism from classes disliked (Wyatt, 1992)

Research Finding #2: High-risk drinking negatively impacts time spent studying

- ✓ Alcohol consumption has a negative predictive effect on study hours under all definitions of drinking (binge, frequent binge, drunkenness, and frequent drunkenness) (Wolaver, 2002)
- ✓ More frequent use of alcohol usually produces larger negative effects on study hours, with frequent drunkenness having the largest negative effect (Wolaver, 2002)
- ✓ There is a negative relationship between heavy episodic alcohol use and the time students spend on academics (Porter & Pryor, 2007)

Research Finding #3: Inverse relationship between high-risk drinking and grade point average

- ✓ Binge drinking two or more times in a typical two week period is linked to significantly lower semester grades (Pascarella et al., 2007)
- ✓ The probability of getting a high GPA significantly decreases as the frequency of heavy episodic drinking increases (Porter & Pryor, 2007)
- ✓ The heaviest drinkers obtain the lowest grades (Preseley, 1993)
- ✓ The amount of alcohol consumed correlates significantly with GPA (Singleton, R. 2007)
- ✓ Alcohol consumption has a negative predictive effect on GPA under all definitions of drinking (binge, frequent binge, drunkenness, and frequent drunkenness) (Wolaver, 2002)
- ✓ Heavy college drinking predicts a reduction in the probability of having an "A" average cumulative GPA (Wolaver, 2002)
- ✓ There is a significant relationship between GPA and the percent of students who drink or are heavy drinkers (Engs et al., 2001)
- ✓ Among drinkers, the lower the GPA, the higher the percentage who drank or were heavy drinkers (Engs et al., 2001)
- ✓ Those students with 4.0 GPAs consumed a third fewer drinks compared to those with GPAs under 2.0 (Engs et al., 2001)
- ✓ There is a significant decline in GPA when comparing abstainers to heavier drinking categories (Rau & Durand, 2000)

AlcoholEdu® for College National Survey Database, 2008-2009, Outside The Classroom.

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