The Prairielands ATTC Annual Symposium On Addiction

Proceedings Of The 1st Annual Symposium

Have Another: Binge Drinking And Underage Drinking In The Prairielands

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1 Presentation and slides authored by Matt Stricherz, Ph.D., University of South Dakota
Preface

The four presentations included in these Proceedings make a strong case for believing that binge drinking by underage drinkers is a substantial problem in at least four of the five states served by the Prairielands Addiction Technology Transfer Center. Binge drinking problems among undergraduates at the University of Iowa and the University of Nebraska were sufficiently intense, in fact, that these universities were invited to be a part of a Robert Wood Johnson Foundation effort to combat binge drinking in 10 universities around the country with particularly troublesome alcohol problems. The University of Minnesota also has a binge drinking problem, we are told, although the fact that it is largely a commuter campus rather than a residential campus has mitigated that problem to some extent. South Dakota also suffers from abusive underage drinking, which appears to extend from early adolescence through at least the undergraduate years. Complicating the problem in South Dakota are the prevalence figures for abusive drinking among Native American youth.

Although there are differences in the precise nature of the binge drinking problems outlined in these presentations, there are also important commonalities. One fascinating difference has to do with the apparent success the Robert Wood Johnson-funded prevention effort achieved at the University of Nebraska, as against the apparent failure of the effort at the University of Iowa. The biggest difference in the two appears to have been the high degree of community buy-in and support achieved in Lincoln, as against the absence of such a community effort in Iowa City. That is a most important lesson, it would seem.

Perhaps the most striking of the commonalities observed in these four presentations is the explicit recognition by all four presenters that abusive drinking on these college campuses, for many of the undergraduates studied, did not begin when they matriculated at the university. Instead, it seems clear that many high school students in these four states have already acquired a steady alcohol consumption habit, a good deal of it, presumably, with the tacit approval of their parents and communities. Accordingly, if efforts to prevent abusive drinking by young people in these states are to be more successful than they have been to date, it seems clear that they must begin earlier than the college years. This is an important finding, one that would seem to justify the efforts of the PATTC increasingly to help train alcohol abuse prevention workers to deal with the epidemic of high school alcohol consumption that is so characteristic of these four states.

In recognition of the national scope of the problem of binge drinking by undergraduates, SAMHSA, CSAT, and the network of Addiction Technology Transfer Centers have begun to focus more resources on this problem. It would seem that at least four states in the PATTC region share in this problem, thereby justifying enhanced efforts to bring to student services personnel at the colleges and universities in this region the exciting information on effective treatment and prevention programs that has been reported elsewhere. Regardless of whether the problem of undergraduate binge drinking is greater in these states than the national average, and there is some reason to believe that to be the case, the fact is that a significant problem exists – and the Prairielands ATTC has clearly recognized it.

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Acknowledgements

Prairielands ATTC would like to offer special thanks to Julie L. Rohovit, Ph.D, host of the 1st Annual Symposium and Advisory Board Meeting. We appreciate the great efforts made by the presenters: Peter E. Nathan, Kate Speck, Traci L. Toomey and Duane Mackey, and by Matt Stricherz who was unable to attend. The symposium could never have taken place without the efforts of Judy Rohwedder and Ros Hayslett of PATTC home office. Finally, Lib Barnette performed the invaluable task of transcribing all four presentations.
Introduction

The 1st Prairielands ATTC Annual Symposium On Addiction, on the subject of Binge Drinking and Underage Drinking in the 5 State Region, took place on 21 August, 2003, in Roseville, Minnesota, as part of the PATTC Advisory Board meeting. It included presentations given by PATTC representatives from four of the states in the region1. The following presentations were made, although no usable transcript is currently available for South Dakota:

1. *Binge Drinking at Iowa: Past, Present and Future*, presented by Peter E. Nathan, Ph.D.
2. *Binge Drinking at the University of Nebraska, Lincoln*, presented by Kate Speck, Ph.D.
3. *Underage Alcohol Use*, presented by Traci L. Toomey, Ph.D.

These Proceedings will summarize the visual presentations and transcripts, drawing occasionally upon source materials to provide full context.

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1 Due to contract negotiations, there was no state coordinator of office for PATTC North Dakota during the period 2002-2003. Consequently no presentation was made on the subject of binge drinking in North Dakota
2 Presentation authored by Matt Stricherz, Ph.D., University of South Dakota
1. Binge Drinking at Iowa: Past, Present and Future, 

*presented by Peter E. Nathan, Ph.D.*

With acknowledgments to:
Sara Dolan, Sara Dhuse, Patricio Carrello, Parisa Hosseini, Stephanie Butler, Lindsey Hawkins, 
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Psychology, University of Iowa.

The presentation will review the history of binge drinking in American colleges and universities 
including data from the survey by Wechsler et al.¹; review the University of Iowa data on binge 
drinking and its consequences since 1997; analyze this data from a public health perspective; 
and make several proposals for individual and environmental interventions designed to address 
the problem.

1.1 History of binge drinking at American colleges.

Long history extending from alcohol-fueled food fights at Harvard in the late 1600s, through 
descriptions of drinking practices at Yale in the late 1800s. and Princeton in the 1920s, to a 1953 
report² that collegiate drinking was more intense, troublesome, and egalitarian than anyone 
thought. Prior to the extensive 1994 survey, studies had provided indications of prevalence³⁴, 
predictors including gender, alcohol expectancies and campus norms⁵⁶, and adverse physical, 
social and academic consequences⁷⁸.

In 1994, the Wechsler study was published. This was a self-administered study mailed to more 
than 22,000 US college students. It asked about binge drinking and ensuing health and 
behavioral consequences, defining binge drinking as 5 or more drinks on a single occasion for 
males, and 4 or more for females. (This difference is explained by differences in average body 
weight between males and females, with its effect on resulting blood alcohol levels.) Frequent 
binge drinking was constituted by 3 or more binges in a 2 week period. 17,592 responses were 
received from 140 colleges and universities; these revealed that 44% of respondents admitted 
binge drinking, and 19% frequent binge drinking. The prevalence of campus binge drinking 
ranged from 1% to 70%. There were substantial differences in consequences between binge 
drinkers and non-binge drinkers.

consequences of binge drinking in college: A national survey of students at 140 campuses. *Journal of the American 
Medical Association, 272,* 921-926.
New York: Knopf.
⁵ Christiansen, B.A., Goldman, M.S., & Inn, A. (1982). The development of alcohol-related expectancies in adolescents: 
Separating pharmacological from social-learning influences. *Journal of Consulting and Clinical Psychology,* 50, 336- 
344.
Studies on Alcohol,* 48, 319-324.
Although personal evidence suggests that many drinkers consider 5 drinks on a single occasion to be a relatively modest amount, nevertheless Wechsler established a benchmark against which it is possible to make comparisons, student by student and campus by campus. Other disputable issues include the definition of an “occasion”. Again, personal experience suggests that this refers to a 2 to 3 hour period, although drinking associated with college football matches typically occurs over a much longer period.

Consequences of drinking include hangovers, regrets, arguments, missed classes, falling behind in class, unplanned sex, unprotected sex, injury, property damage, police trouble, and forgetting where one was or what happened while drinking. In all cases, these consequences were experienced by a smaller percentage of non-binge drinkers than binge drinkers, and a smaller percentage of binge drinkers than frequent binge drinkers. Among other things, the analysis of these consequences demonstrates that, while it may seem (culturally) that 5 drinks is not necessarily a lot, there are significantly differential consequences between those who meet the criteria and those who do not.

Based on the survey data, predictors for binge drinking included institution location in the Northeast or North Central part of the United States, residential rather than commuter campus, and the presence of one or more alcohol outlets within a mile of campus. By way of comparison, in Iowa City there are 54 outlets; Lincoln boasts over 100 liquor licenses within a one mile radius (see Presentation 1, above). Additional predictors included being a first year undergraduate, male, an athlete (especially team captain) and a member of a Greek-letter society (especially a fraternity).

1.2 Binge drinking at the University of Iowa.

1.2.1 Binge drinking at UI, 1997 to 2003

One study of binge drinking at the University of Iowa took the form of a self-administered survey given to UI students enrolled in general education courses offered by the Psychology Department between 1997 and 2001. The survey consisted of questions about binge drinking habits and ensuing health and behavioral consequences, and was designed to explore predictors of binge drinking in the light of the Wechsler study. 1,468 respondents completed the survey.

Comparison of the Iowa data with the results of the Wechsler study revealed a higher proportion of binge drinkers (69.6% - at the upper limit of the range for campuses found in the Wechsler study) and of frequent binge drinkers (46.8% - almost one in two!) at Iowa. This may be the single most important finding presented; it is exceptionally indicative of the cultural norm currently existing.

Age is a crucial issue at Iowa. Although there was no significant difference between the Iowa findings and those of the Wechsler study (20.21 average age for the Iowa sample against 20.12), there is an issue that pertains specifically to Iowa City. A local law permits students under the age of 21 into bars, but they are not allowed to drink. Clearly, they do drink! There is no statistical difference in the amount of alcohol consumed by students who are under 21 and by those who are 21 and older.
Family history of alcoholism and consumption has no statistical effect on rates of drinking among students, suggesting that reasons for the level of consumption at the University of Iowa are predominantly social and environmental.

As in the Wechsler study, gender is a significant indicator of binge drinking, especially in consideration of the number of drinks consumed in the last 14 days (33.71 drinks on average among males; 14.17 among females), although still almost 80% of female respondents met the criteria for binge drinking (against 92% of males). Looking at only binge drinkers, this discrepancy is even further exacerbated (36.29 on average among males compared with 16.94 among females). Male binge drinkers drank on average on more than 5 days in a 2 week period, as opposed to females, who drank on average on only 3½ days.

Other major differences between the University of Iowa and the Wechsler sample are specifically highlighted by looking at consequences. While the Wechsler data show significant percentages of frequent binge drinkers suffering the consequences of their actions, it is important to remember that only 19% of the sample self-reported as frequent binge drinkers. A far higher proportion of University of Iowa drinkers report suffering consequences, going on high reported rates of consequences among frequent binge drinkers who represent almost 50% of respondents. Given that it is, socially, the effects of alcohol consumption that constitute the problem, this can be considered the most serious finding in the entire study.

By arbitrarily dividing the list of consequences given above into more and less serious consequences (less serious: hangovers, missing classes, falling behind in class, arguments and regrets; more serious: unplanned sex, unprotected sex, injury, property damage, police trouble, and forgetting where one was or what happened while drinking), it is possible to highlight the proportion of students suffering serious consequences as a result of their actions. Among non-binge drinkers, no serious consequences were experienced by more than 8% of respondents. Among frequent binge drinkers, 55% forget where they were or what happened to them while drinking, almost half engaged in unplanned sex and almost one quarter in unsafe sex, 30% were injured, 24% damaged property, and 18% got into trouble with the police. These proportions were slightly lower among non-frequent binge drinkers. These consequences emphasize the risks students at the University of Iowa are exposed to as a result of their drinking.

1.2.2 Binge drinking at UI, 2003

A self-administered survey was given to 353 UI students enrolled in general education courses offered by the Psychology Department in 2003. This survey also consisted of questions about binge drinking habits and ensuing health and behavioral consequences. This study was designed to identify predictors of binge drinking at the University of Iowa, as well as to evaluate the impact of an intervention aimed at controlling binge drinking in Iowa City.

Results of the survey showed that the percentage of self-reporting binge drinkers had increased from under 70% to almost 75% since 2001, but that the percentage of frequent binge drinkers had fallen from 46.8% to 43.4%. The number of drinks consumed over a 14 day period had increased for both males and females (from 33.71 to 36.83 on average for males; and from 14.17 to 17.33 on average for females).

This is particularly disappointing, in the light of the earlier study and a Robert Wood Johnson Foundation grant for a media campaign to reduce binge drinking, plus a voluntary agreement by
bar owners to reduce some special promotions and modestly increase prices. For it seems that this has not yet translated into concrete results. For a variety of reasons, including self-interest on the part of some bar owners and city councilors, it is proving difficult to modify binge drinking behaviors, even when predictors of binge drinking are clearly delineated. This may argue for a change of emphasis, to looking at predictors of consequences.

Consumption level is, of course, a potent indicator of risk: the more you drink, the more likely you are to experience consequences. However, it is possible that other factors, such as pattern binge drinking, gender, history of anti-social behavior, family history of alcohol abuse, and personality factors may also play a role. This is currently an issue under investigation, in an effort to develop interventions that focus not on the drinking, but on the consequences.

1.3 Analysis of binge drinking data from a public health perspective.

The issue to consider first is when students, at the University of Iowa or elsewhere, learn to binge drink. It seems that many students come to the University of Iowa as experienced binge drinkers; cultural norms of drinking are established at high school. Parents often tolerate this on the grounds that it is more benign than drugs such as marijuana, heroin or methamphetamine. This translates into a willingness to permit unsafe alcohol consumption because of some arbitrary personal standard that considers it to be safer than other drug use.

There are other students who do learn to binge drink during their first year at university. The breakdown is not known, but this is doubtless a significant number. Nevertheless, there is clearly a permissive environment that encourages binge drinking, and those who did not learn at high school, quickly learn in their first year at college. Part of the problem is the law about under 21s being allowed into bars. In addition, the bars compound this by making themselves attractive to students, offering promotions on alcohol, but also scheduling bands and other popular activities. Furthermore, the range of alternative forms of entertainment, especially late at night, is narrow: bowling, high school football and basketball, college football and basketball etc., and movies. Students say all the time that the only place to socialize with their friends is in bars; in this environment, peer pressure encourages drinking.

To conclude, it seems that the culture of drinking — the acceptable nature of drinking — is established early. Students often begin to drink early in high school, frequently in association with high school athletics. This problem may even be exacerbated in small towns — if there isn’t enough to do in Iowa City at a weekend, there is even less to do in towns of 1,000 to 1,500 inhabitants. Often there is not merely lack of parental concern, where parents are relieved (“It’s only alcohol, thank goodness”), but parental example, because the parents don’t have anything else to do either. The view that alcohol is a benign substance needs to be changed; this change needs to start with parents and teachers before we start to see the effects on students.

1.4 Proposed interventions.

1.4.1 Before students enter university

Efforts have been made to educate parents about the impact of parental modeling of heavy drinking on the behavior of adolescents, but these efforts have not so far been successful. More work needs to be done in clearly and effectively convincing parents that their own drinking has a dramatic impact on their children.
Additionally, parents, teachers, politicians, bar owners and council members need to come to the view that adolescent drinking is not unavoidable. The idea that nothing can be done is dangerous and mistaken. The consequences of binge drinking need to be emphasized: alcohol consumption in high school can lead to or be associated with alcohol abuse later in life that can permanently affect the achievement of life’s goals (e.g. dropping out of college as a direct result of alcohol-related consequences on academic performance).

1.4.2 After students enter university

Interventions with students include making available a wide range of alternatives to binge drinking every weekend. The university needs to realize that it is responsible for helping the community develop these alternatives. This needs the cooperation of university administrators, citizens, businesses and politicians. The community needs to recognize that there are obvious and important steps that it can take to make binge drinking, and especially underage drinking, such an easy and obvious activity.

In Iowa City, the first priority is to change the local option permitting under 21s into bars. The next priority is to reduce the number of bars, and removing the under 21 option might facilitate this. Currently the tax base of the city is built on binge drinking; the city needs to diversify as a way to sending the message that binge drinking is no longer socially acceptable. The campaign to reduce tobacco consumption can provide a model for how to lower toleration of drunkenness and its adverse consequences.
2. Binge Drinking at the University of Nebraska-Lincoln, presented by Kate Speck, Ph.D.

2.1 Introduction:

[5 min video – not available; no transcript]

NU Directions, a partnership between University of Nebraska-Lincoln (UNL) and the Lincoln Campus Community Coalition, is one of 10 organizations funded by the Robert Wood Johnson Foundation to the tune of $700,000 over 5 years from 1997. The overarching aim of the grant is to work through campus-community coalitions piloting new environmental approaches to solve the problem of binge drinking by students and the negative impact this has on the community. The strategic plan, specific to the needs of Lincoln, encompasses 13 goals.

There is no doubt that these goals address real problems in Lincoln. Before the program started, 134 establishments in Lincoln served alcohol, and college football games habitually attract high-risk consumption (the Cornhuskers Detox Unit is very busy on game days). Social norms condoning excess consumption need to be changed to encourage low-risk drinking and alternative social activities less likely to lead to behaviors such as vandalism, vomiting in the street and in residences, and defecating in residences. Simply cracking down on these behaviors on campus drives them into the communities; combined campus and community programs drives these behaviors into rural areas.

Efforts to encourage responsible alcohol service were led by Linda Major, NU Directions project director, who began the Responsible Hospitality program of training for servers in bars, restaurants and hotels to control over-service and service to minors. The city helped, ensuring that any bar that closed for whatever reasons was not allowed to reopen in Lincoln or elsewhere, reducing the number of facilities serving alcohol to students. Efforts at institutional change were made with the help of James Greason, academic dean for students, police chief Tom Cassidy, and UNL Chancellor Harvey Perlman.

Campus Based Substance Abuse Intervention and Treatment Services, under Bob Sharder, provides motivational interviewing to give feedback to students charged or sanctioned by the campus Greek or judicial systems. It also works to correct misperceptions about high risk drinking, and to involve sanctioned students and activists in an integrated service program with the Lincoln community.

2.2 Trends

The Harvard Campus studies present data from 1997 to 2002, covering the period of the current partnership, showing trends in various behaviors related to high risk drinking on UNL campus. All measures show a decline over the 5 years of the study to 2002. The UNL binge drinking rate, expressed as a percentage of the student population, shows a significant decline from 62% in 1997 to 50% in 2002. Associated data include the percentage of UNL students “drinking to get drunk” (decline from 67.4% to 49.1%), the percentage of students reporting drinking without bingeing (increase from 26.1% to 34.7%) and the percentage of students reporting getting drunk 3 or more times in the past month (decline from 40% to 33%, though this masks a steep drop to 28.1% in 1998, followed by a steady rise to 37.5% in 2001).
Other encouraging statistics include a drop of almost 10% in the percentage of UNL students experiencing problems due to their own or another student’s drinking, reduction in the percentage of students driving after consuming 5 or more drinks, and reduction in percentage of students who began bingeing at UNL with corresponding increase in the percentage of those who don't binge at high school or college.

2.3 Interventions

Goal 1: To increase the availability of attractive student-centered social activities located both on and off campus.

- Encourage and promote responsible entertainment options on campus and in the community – creation of searchable database of Lincoln businesses which signed a “Responsible Business Agreement” promising to abstain from selling alcohol to minors or intoxicated persons, high-risk promotions and other practices degrading to the dignity of patrons; and to commit to more responsible beverage service training. Features include “responsible party planner” and 21st birthday section to encourage responsible celebrations by means of local special offers and coupons.
- Development of late night programs to provide additional options for students under legal drinking age, or uninterested in events including alcohol. Events include late night pancake breakfasts, concerts, movies and games.
- Support of existing and emerging programs including:
  - Peer-led alcohol education program, Project CARE, which expands Husker Choices, a program co-led by and targeting athletes;
  - NU Wheels, a student-led project providing free taxi rides home for students between 7pm and 7am;
  - Student-led drunk-driving simulated crash program; and
  - Multi-dimensional program to address 21st birthday bar crawls, promoting safe alternatives.

Goal 2: To increase low-risk drinking among groups of students at highest risk for frequent and occasional binge drinking as identified through existing survey data.

- Motivational feedback programs, including group classes of Alcohol Skills Training Program, for students who violated community laws and campus alcohol policies. One-on-one sessions for repeat offenders or those unable to attend classes. Modified version developed for fraternity chapters.
- Mailed feedback format called Check-Up to Go, implemented in volunteer fraternity/sorority pledge classes and with student athletes. Web based version added to enable broader use by general student population and targeted groups identified from survey and anecdotal data as high-risk by the workgroup (e.g. first-year females).

Greek-affiliated students have received the greatest number of focused activities because of data identifying a high level of need within this group, the level of collaboration offered by Greek Affairs and Greek student organizations, and the number of student leaders that come from this population. Greek Risk Management Summits, with sessions dealing exclusively with reducing high-risk drinking, have led to assistance for sanctioned fraternities in reviewing policies.

and practices. Peer-based interventions occur when fraternities violate university policy. The coalition continues to work directly with the Interfraternity Council and the Panhellenic Association to address issues and assist chapters in changing their cultures.

- Other targeted campaigns and activities linked athletes with peer educators in a program called Husker Choices. Peer-led presentations and motivational feedback programming has been aimed at athletic teams and other high risk populations.
- Focus groups with first-year female students and their resident advisors to better inform efforts directed at this group of students.

Goal 3: To reduce the use of false identification.

The Policy and Enforcement Workgroup addressed the use of false identification through legislative change of the driver's license system, increased enforcement of false identification use in Lincoln, and increased education on identification checking through voluntary compliance checks in off-sale establishments.

- Community Forum on false identification with retailers, government officials, police, and community leaders. Discuss problems and issues related to false identification. Critical partnership with Nebraska Department of Motor Vehicles (DMV) established. False analog licenses and identification cards produced by DMV used to obtain alcohol by minors, as no digital files to verify name, address, and age. Analog licenses, with a laminate pouch and typewriter, easy to manipulate and alter by minors. Proposal for digital driver's license system put forward. Bill passed and signed into law in 2001. First digital licenses produced in 2003.
- Collaboration between Lincoln Police and UNL Police Departments for increased enforcement of false identification production.

Goal 4: To increase enforcement so as to elevate risk associated with high-risk consumption and service.

- Consistent enforcement of existing laws and campus policies. Lincoln Police Department, funded by coalition, began targeted enforcement effort to address complaints about “wild parties” in neighborhoods surrounding campus. This yielded a large number of citations for UNL students violating the law each fall, and led to a significant reduction of complaints. Regular media stories about enforcement efforts and subsequent citations in local press. The new chief of the UNL Police Department brought additional enforcement of both state/city laws and campus policies in a variety of campus locations, leading to a significant increase in alcohol-related citations on and around campus.
- Educate students about laws and policies relating to student drinking, and increase student perception of likeliness of getting caught; program suspended because of difficulty in handling situational differences in enforcement. Brochures given to all incoming students at New Student Enrollment, risk guides distributed through Risk Management chairs in fraternities and sororities and the general student population via web site, and advertisements in the student newspaper. Students informed about increased enforcement of false identification use, targeted neighborhood enforcement, Minor in Possession, and legal consequences involved in violations of state and local laws and campus alcohol policies.

Goal 5: To review and revise institutional policy as appropriate.
• Separation of policy in the community from that on campus, to better address needs specific to the university. Working group consists of key personnel responsible for administration and enforcement of campus policies. The group reviewed policies relating to parental notification, enforcement procedure, incident reporting, 911 emergency calls, Good Samaritan, and housing status for fraternities and sororities. Focuses include encouraging proactive responses to alcohol policies by individual fraternity and sorority chapters, and an effort to address alcohol use in university lots during home football games.

Goal 6: To develop, implement and promote campus-based substance abuse intervention and treatment services.

The Alcohol and Drug Program Coordinator is primary contact for students in need of substance abuse intervention and evaluation. The Coordinator meets with students, refers them to community-based evaluation services, and offers limited follow-up support when needed.

• Full-time staff member in the Health Center’s Department of Counseling and Psychological Services (CAPS) with CADAC accreditation to provide campus-based services.

• Program in various UN colleges whereby faculty, staff, fellow students, and parents refer students who demonstrate change in academic progress. Advisor for the college to interview students, collect information, and assist in identifying issues surrounding change in class attendance or academic performance in order to refer them to appropriate services, including alcohol education, evaluation, and/or counseling.

• Brochure distributed throughout campus and to key populations on acute intoxication, outlining symptoms and steps required to provide assistance, focusing heavily on use of 911. Brochure also outlines ways to avoid acute intoxication.

• Six to eight hours of training in acute alcohol intoxication response for University Health Aides, providing triage services in residence halls and Greek living units throughout campus.

• University Health Center doubled alcohol program coordination staff, hiring educational programs administrator to allow Alcohol and Drug Program Coordinator more time to devote to addressing needs of specific high-risk populations. Coordinator began support group for male students who have undergone treatment and/or desiring to change their drinking behavior.

• Peer-intervention training program piloted with group of resident advisors for use in residence halls. Negative feedback from participants led to program being suspended; however, alternative programs explored to encourage peer-intervention of high-risk drinking behavior in residential settings.

Goal 7: To reduce high risk marketing and promotion practices.

• Promise to refrain from high-risk marketing and promotional practices built into Responsible Business Agreement (see Goal 1). One establishment removed from database due to non-compliance with agreement to refrain from high-risk promotion.

• Letters expressing concern from community leaders sent to establishments with high-risk advertisements, signage, or other promotions. Copies sent to city’s Internal Liquor Committee and state Liquor Control Commission. In most cases, agreement reached between management and community leaders to address practices. Lincoln Police Department found a number of specials, including games for reduced prices, bartender specials, and special events that were unadvertised or advertised/announced within the establishment.
Goal 8: To improve relationships between neighborhood residents and students residing in the community.

Neighborhood residents had a number of complaints about being close to UNL campus, many of which were unrelated to the drinking habits of UNL students but which contributed to the negative perception of students by residents.

- Targeted enforcement efforts by Lincoln Police Department (see Goal 4) aim to reduce number of complaints by residents.
- A double-sided door hanger produced and distributed to neighborhood residents. One side spoke to student residents, informing them of enforcement and consequences for maintaining a disorderly house, and encouraging them to communicate with their neighbors in order to create positive relationships. The opposite side informed permanent residents about the effort, informing them to contact LPD if problems arise, but encouraging them to reach out to their student neighbors as well.
- News stories about the patrol project and its results in local newspapers and television stations, informing both students and residents that the effort was yielding a number of citations.

Efforts to create student-friendly opportunities for interaction proved difficult as interest in serving on the Neighborhood Relations Workgroup was low among coalition members and potential recruits. To address this, UNL students volunteered for a series of street clean-ups in one neighborhood on the Sundays following home football games. Further discussions of potential collaboration took place between members of Neighborhoods Working Together (NWT) and student representatives. Student senators were appointed for commuter students to serve as key liaisons for NWT and individual neighborhood associations.

Collaborative efforts at creating model lease agreements and educating students about community standards and laws were encouraged among community development agencies and landlord associations. A roundtable identified needs and potential strategies, and yielded a flyer included in the Off-Campus Student Guide.

Goal 9: To reduce over-service and service to minors.

- Enhance efforts toward responsible hospitality in Lincoln, focusing on the two most common violations – sales/service to minors and over-service. Although majority of UNL students under legal drinking age do not obtain alcohol from retail outlets and are least likely to engage in high-risk drinking at an off-campus bar, improvements in these areas would impact the environment as a whole.
- Protective custody at city’s detoxification center for those under chemical influence and showing themselves to be a danger to themselves or others. Information collected at admission such as average blood-alcohol content, age, report of last drink location, and other data as indicators of problems within establishments and high-density areas monitored by the city’s Internal Liquor Committee (ILC). Combined with police and other data to assist ILC in recommending effective local policy to city council in order to address issues of over-service. Although last drink data cannot be used as direct evidence of service to intoxicated patrons, it serves as a sign that over-service is occurring, and can be used by Lincoln police officers as an indication that greater surveillance is needed.
• Campaign of television and radio public service announcements, billboards, bar restroom advertisements, and server buttons to reduce patron demand for over-service, focusing on the negative impact demand for over-service has on their favorite establishment.

• Student-led compliance-check of off-sale licenses in Lincoln established a baseline of sales without ID checks by clerks and cashiers. A broader program with the Nebraska Retail Grocery Industry Association and the UNL Criminal Justice Student Association led to the conduct of monthly compliance checks.

• Encouraging establishments to offer a broader range of products and services so as to accommodate students under the legal drinking age.

• Cost-effective server training modules covering service to minors and to intoxicated patrons, tested by pilot program on employees of ten on-sale and off-sale establishments. However, high employee turnover, combined with high costs of training and limited access to programs made an ordinance mandating server training unreasonable and burdensome.

Goal 10: To reduce or control their proliferation of liquor licenses.

Outlet density is a significant issue in reducing high-risk drinking of UNL students in Lincoln. A series of state supreme court decisions weakened state liquor control and allowed minimal cost licenses while limiting the authority of local officials to remove problematic establishments that create high-risk behaviors. More than 100 liquor licenses within a one-mile radius of the UNL campus may be associated with an increased number of assaults, calls for service, bar violations, and other social harms.

• Local control measures to place greater restrictions on the number and type of licensed establishments in Lincoln, countering limited state level controls. Zoning legislation within the city of Lincoln as a vehicle for managing the retail environment.

• Increase public awareness of the problem by Lincoln Police Department and announce use of “last drink data” reporting as a way to monitor potential problems.

• Issue of local control raised at state-wide policy symposium. Lack of community support for, due largely to failure of Nebraska courts to uphold control measures when challenged by local owners. Philosophical and operational barriers identified by community leaders. Identification of association between downtown bars and amount of assaults at key hours.

• Discussion of role of conditional use permits and other local controls in addressing these and other alcohol-related problems. Presentation followed by meeting with Police chief, NU Directions staff and Mayor’s Office. Lack of community consensus indicated the city not yet ready for this approach. Goal of creating new local control policies. Strategic plans included establishing nexus to officials and public between outlet density, lack of local control, and crimes/police calls for service in downtown area; recommending effective local control ordinances from similar cities; and working with state officials to address larger restrictions to local control found in current law. Facilitated dialogue to help community leaders identify historical development of alcohol issues in downtown area and create unified vision of hospitality and entertainment.

• Review of progress on strategic plan. Analysis comparing areas of high license density showed no direct correlation between number of outlets and crimes but between the types of outlets and crimes. Police data confirmed density of bars catering to young adults had far higher crime statistics than a similarly dense area of restaurants with liquor licenses in another part of the city. Refocus Goal 10 to reflect change from reduction and/or control of density to management of density.
• Nebraska Supreme Court ruling in favor of city of Lincoln denying off-sale liquor license to a convenience store because it did not meet zoning restrictions, reenergized city’s exploration of local control. Bars demonstrating high-risk practices addressed by team of coalition members and others with goal of seeking change in practices or license removal/suspension for violation of community standards.

• Analysis of role of high-risk promotions and advertisements on heavy episodic drinking downtown and make recommendations for new policy. Profile of high-risk drinking establishments in Lincoln based on four factors: last drink reports from Cornhusker Place, Inc., reactive calls for service from Lincoln police, observed high-risk promotions and specials, and observed over-capacity during peak high-risk hours. Consistent pattern of high risk among establishments labeled as “bars only” and those offering minimal food service during daytime hours. Recommendation that special conditions be placed for all new licenses in the city of Lincoln that fall under either category, and mandatory server training for all licenses in Lincoln. The city attorney drafted ordinance legislation to that effect.

Goal 11: To increase awareness of the risks associated with high risk and illegal drinking.

Media coverage of the issue uses confrontational language such as “crack down” and reports student “resistance”, distrust and criticism of enforcement efforts, particularly by groups associated most often with high-risk behavior. Evidence suggests many UNL students perceive the efforts of NU Directions as prohibition rather than harm reduction, and that the overall message of the coalition as “Drinking is bad. Don’t drink.”

• Develop clear and concise definition of high-risk drinking, communicating it in billboard and campus newspaper advertisements, campus and community presentations, coalition web site, and all coalition materials. High-risk drinking defined as consumption that increases likelihood of negative physical, legal, personal or academic consequences. Definition allows coalition to target appropriate segments of the population. Approach balanced “zero tolerance” messages for underage drinkers and harm reduction messages for students of legal age; for underage drinkers, one drink might be a high-risk behavior leading to a negative legal consequence; while legal drinkers might face a potential negative physical or personal consequence after consuming 5 or more drinks.

Despite these efforts, although students had better understanding of “high-risk drinking,” many still considered the efforts of the coalition as primarily enforcement-driven and aimed at eliminating all alcohol use.

• Expansion of existing efforts coordinated through University Health Center Community Health education department to educate all students, and especially first-year students, on key factors of alcohol consumption.

• Motivational feedback and information via displays in Student Union public gallery during Alcohol Awareness Week, special alcohol summits for Greek-affiliated students, and special publication titled “The NQuirer” that used a tongue-in-cheek tabloid newspaper style to communicate alcohol information while highlighting the irony of over-consumption.

• Providing information to students on campus policies and local and state laws.

• Informing students of dangers associated with over-consumption.

• Campaign to encourage students to vocally disapprove of second-hand effects of high-risk drinking of peers.

• Efforts to involve alumni and faculty/staff in programs to discourage risk drinking, however, met resistance or apathy.
Goal 12: To correct misperceptions regarding high risk drinking.

Dr. Michael Haines, author of a report on the subject for the U.S. Department of Education, spoke to campus and administrators on the correction of student misperceptions as part of a comprehensive approach to reduce high-risk drinking rates among college students.

- Initial pilot of norms messages launched by peer education group Project CARE, based on these recommendations, along with national research and best practice reports from across the country.
- Campus-wide norms campaign designed by students from graduate/undergraduate advertising campaigns class and refined to reflect current norms theory and lessons learned from other universities. Messages placed on billboards surrounding campus, in weekly press advertisements, and on flyers distributed across campus.
- Button campaign with buttons distributed across campus and cash rewards given to students seen wearing them on backpacks during the first eight weeks of school. Campaign demonstrated message saturation in a number of ways: buttons a constant source of conversation and controversy among students; identified often in editorials and commentaries in the student paper; and often imitated by other student organizations.

Controversy about the norms message by groups who regularly engage in high-risk consumption continues to be a challenge for the coalition and its partners.

- Public debate about misperception that coalition’s two most visible activities - norms messages and enforcement – are the center of its many activities. New approaches for normative messaging, shifting from messages surrounding specific consumption norms to attitudinal norms about drinking and secondary effects.

Another challenge facing local implementation of normative theory surrounds the larger culture and media environment. Local radio announcers regularly perpetuate the myth of college students as heavy drinkers and promote high-risk consumption.

- New objective regarding sensitivity of local media to issue of high risk drinking among UNL students.
- Discussions with College of Journalism and Mass Communications on holding summit for broadcasters to learn more about college drinking issue.

Goal 13: To collaborate with NU colleges and departments to encourage faculty, staff and student participation in service learning opportunities benefiting the Lincoln community

For many neighborhood association members and leaders, years of non-communication and unaddressed student behavioral problems had grown into highly negative attitudes about the student body and the university.

- NU Directions moved offices from University Health Center to Student Involvement’s office in the Nebraska Union, allowing NU Directions to be more directly centered in Student Affairs, creating greater access to student activities, student organizations, student leaders, and the coordination of service learning projects.
- Improving dialogue between students and neighborhood associations, leading to renewed effort to connect neighborhood associations with existing service learning programs. E.g. neighborhood clean-up project on Sundays following street parking for home football games.
3. **Underage Alcohol Use**,  
*presented by Traci L. Toomey, Ph.D.*

Alcohol is associated with a range of problems, including traffic accidents, homicides, suicides, drownings, falls, other drug use, assaults, rapes, teen pregnancies and snowmobile crashes. Control of alcohol use is therefore informed by the beneficial effects it has on the incidence of these problems.

Approaches to addressing underage drinking typically fall into either individual or environmental categories. Individual approaches focus on behavioral change, concentrating especially on the relationship between the individual and the alcohol-related problems they face. The emphasis is on the development of programs that address this relationship. Environmental approaches, on the other hand, focus on policy change as it influences the social, political and economic context of alcohol-related problems. This approach focuses on changing societal norms, resulting in long-term reductions in underage alcohol use.

Alcohol-related problems among underage drinkers can affect individuals drinking for the first time as well as long-term drinkers who consume alcohol heavily. This immediately increases the scale of the problem, extending it to include groups not typically thought of as being at high risk. A strategy to counter this is to change the environment by reducing the number of those who start drinking at a young age.

The minimum legal drinking age in most states in the union, following the lifting of prohibition, was 21. The drinking age was lowered in many states by the 1970s, but evidence of increased traffic accidents and pressure from citizens led to a trend to raise the drinking age again. By 1988, most states once again had a minimum drinking age of 21. O’Malley and Wagenaar estimated that raising the minimum drinking age to 21 led to a 13% decrease in alcohol consumption among 18-20 years olds, and a 15% decrease in traffic fatalities. The U.S Department of Transportation estimates that between 1975 and 1998, the minimum driving age of 21 saved 18,000 lives. Looking beyond traffic safety, there is some evidence that a minimum legal drinking age of 21 has also reduced the number of suicides, hospital admissions, pedestrian accidents and vandalism incidents.

In spite of having a minimum drinking age of 21, however, there are still problems with underage drinking. 50% of high school seniors report alcohol consumption within the last 30 days, and 30% report heavy consumption (over 5 drinks per occasion in the previous two weeks). So what is it that makes young people drink illegally? From an environmental perspective, the messages clearly state that alcohol is a good, cool, thing that everybody enjoys; it is easy to buy; as long as you don’t drink and drive you will be OK. This part of the message is interesting: it shows that the anti-drink-driving campaigns have had a significant impact. However, young people are at risk for many other alcohol-related problems, even if they are not driving. We need to educate parents and other adults that young people who drink alcohol are also at risk for being assaulted, having unprotected sex, falling, and committing suicide.

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2 Traffic Safety Facts 2000, U.S. Department of Transportation, NHTSA.
Advertising plays a significant role in propagating the idea to under-21s that drinking is cool. $1.9 billion is spent on advertising in measured media\textsuperscript{4}, and the industry’s total expenditures to promote alcohol (including through sponsorship, Internet advertising, point-of-sale materials, product placement, brand items and other means) were three or more times its expenditures for measured media advertising\textsuperscript{5}. This would mean that the alcohol industry spent a total of $5.7 billion or more on advertising and promotion in 2002.

Targeting of young people is commonplace. Magazines, well-known for having a typical readership aged under 21, contain many advertisements for alcoholic products. Erstwhile “children’s” holidays, such as Halloween, are targeted for alcohol marketing. Products such as 30% proof Jell-O and cookie-flavored alcoholic drinks are probably not aimed at adult drinkers (in spite of industry protestations to the contrary).

The Alcohol Epidemiology Program (AEP), at the University of Minnesota, has assessed how easy it is for people under the minimum legal drinking age to get alcohol. One study involved sending out researchers who appeared to be younger than 21 to try to purchase alcohol without any age identification. These young-appearing buyers were able to buy alcohol from bars, restaurants, liquor stores, grocery stores and convenience stores 50\% of the time despite the fact that it is illegal to sell alcohol to individuals under the age of 21. In addition, there are legal sales to adults who then illegally provide alcohol to youth (i.e. social providers). Social providers may be friends, siblings, parents, co-workers, and even strangers approached on the street. Furthermore, minors who have access to alcohol become providers for other minors. With all these sources available, if an intervention restricts just one source, minors may simply turn to another. Multiple strategies targeting a variety of sources of alcohol may be needed to prevent minors from obtaining alcohol.

Survey and focus group findings suggest that the first access to alcohol comes from the home. Either parents offer a drink, or children take the alcohol from their parents’ supplies. As these children age, they start going to parties where friends will provide alcohol. The next stage is that children approach adults in parking lots or in the street, and ask them to buy alcohol for them. Finally they appear old enough to purchase alcohol for themselves.

In an effort to reduce minor access to sources of alcohol, a number of possible public policy changes were put forward, including: keg registration, restrictions at community events, restrictions in public places, lights in the parking lots of alcohol outlets, restriction of noisy assemblies, and liability of the social host. Institutional policy solutions include school and college policies regarding underage drinking, citation or arrest of adult providers, security of alcohol in the home, distribution of warning fliers, advertising the negative consequences of drinking, restriction of sales to adults accompanied by minors, restriction on the age of room renters, and restrictions at stadiums and events. Communities need to find out where young people are getting alcohol, and then implement policies that target those sources.

Communities Mobilizing for Change on Alcohol (CMCA)

A project, conducted by the AEP, which was the only one to specifically target underage drinking through policy changes, is the Communities Mobilizing for Change on Alcohol (CMCA) project\textsuperscript{6}.

\textsuperscript{4} TNS Media Intelligence/CMR; Spending on radio from Miller-Kaplan Associates.
\textsuperscript{5} Federal Trade Commission, Self-Regulation in the Alcohol Industry, Appendix B: Alcohol Advertising Expenditures, iii.
\textsuperscript{6} http://www.epi.umn.edu/alcohol/about/compproj.html#cmca
Funded by the National Institute on Alcohol Abuse and Alcoholism from October, 1991 to August, 1997, this project combined various strategies for changing the environment in which underage drinking occurs. This project is designated as a SAMHSA Model Program7.

The CMCA study was a randomized 15-community trial of a community organizing intervention designed to reduce the accessibility of alcoholic beverages, from both commercial and social sources, to youth under the legal drinking age. The communities (in Minnesota and Wisconsin) were not selected because of their willingness to work on the problem, but rather because of their size (population: 10,000 to 100,000) and geographic location (not more than 5 hours drive from Minneapolis-St. Paul; at least 25 miles from other participating communities)8.

Of the 15 communities, seven sites were randomly assigned to the intervention condition, and eight communities served as control sites. The communities were matched and blocked, based on size of community and whether or not the participants were attending college. The CMCA intervention involved the hiring of community organizers in each of the communities to conduct grassroots organizing campaigns. To evaluate the effects of the intervention, data were collected before and after the 2½ year intervention.

As a result of the community organizing, change was stimulated among alcohol merchants, hotels, law enforcement agencies and the local media, at community events, in treatment agencies, in religious communities and in the criminal justice system across the CMCA intervention communities.

Data collection included in-school surveys of twelfth graders, telephone surveys of 18- to 20-year-olds and alcohol merchants, and direct testing of the propensity of alcohol outlets to sell to young buyers. Analyses were based on mixed-model regression, used the community as the unit of assignment, took into account the nesting of individual respondents or alcohol outlets within each community, and controlled for relevant covariates.

Results indicate that the CMCA intervention affected alcohol merchants and 18- to 20-year-olds, but had little effect on younger adolescents. Alcohol merchants in the intervention communities increased age-identification checking, reduced their propensity to sell to minors, and reported more care in limiting access of alcohol to youth. Eighteen-to-20-year-olds reduced their propensity to provide alcohol to other teens, and were less likely to try to buy alcohol, drink in a bar, or consume alcohol.

While some of these effects were not statistically significant, the pattern of consistent effects across multiple outcome measures and across seven communities indicates the observed differences cannot plausibly be attributed to chance. The lack of success in reducing alcohol consumption among 12th graders may indicate that the sources identified in the communities were not those used by younger drinkers.

As a result of the CMCA being designated a model program, communities across the U.S. are currently implementing the CMCA intervention to prevent young people from getting alcohol from commercial and social sources.

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7 www.modelprograms.samhsa.gov/pdfs/FactSheets/Cmca.pdf
Appendices

Slides prepared by the presenters of the 4 presentations:

1. *Binge Drinking at Iowa: Past, Present and Future*, presented by Peter E. Nathan, Ph.D.
2. *Binge Drinking at the University of Nebraska, Lincoln*, presented by Kate Speck, Ph.D.
3. *Underage Alcohol Use*, presented by Traci L. Toomey, Ph.D.
4. *South Dakota Issues Around Binge Drinking*, presented by Duane Mackey, Ed.D.\textsuperscript{21}

\textsuperscript{21} Presentation and slides authored by Matt Stricherz, Ph.D., University of South Dakota
Appendix 1

Behavioral Consequences by Gender in University of Iowa (1997-2001) Sample

<table>
<thead>
<tr>
<th></th>
<th>Male Drinkers</th>
<th>Female Drinkers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behind in School</td>
<td>52%</td>
<td>99%***</td>
</tr>
<tr>
<td>Felt worse</td>
<td>66%</td>
<td>44%***</td>
</tr>
<tr>
<td>Damage property</td>
<td>64%</td>
<td>7%***</td>
</tr>
<tr>
<td>Got in Fight</td>
<td>14%</td>
<td>5%***</td>
</tr>
<tr>
<td>Arrested</td>
<td>15%</td>
<td>3%***</td>
</tr>
<tr>
<td>Sex truastient</td>
<td>7%</td>
<td>1%***</td>
</tr>
<tr>
<td>Police Involv</td>
<td>25%</td>
<td>10%***</td>
</tr>
<tr>
<td>Unplanned Sex</td>
<td>40%</td>
<td>31%**</td>
</tr>
<tr>
<td>Unsafe Sex</td>
<td>58%</td>
<td>14%**</td>
</tr>
</tbody>
</table>

***p < 0.001, **p < 0.01

The UI (2003) Study

- A self-administered survey was given to 353 UI students enrolled in general education courses offered by the psychology department, asking about binge drinking and ensuing health and behavioral consequences.
- The study was designed to (1) identify predictors of alcohol-related consequences, and (2) to examine the impact of Stepning Up and changes in 'drink specials' and other efforts on UI binge drinking.

UI Binge Drinking, 1997-2001 vs. 2003

<table>
<thead>
<tr>
<th></th>
<th>1997-2001</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td>30.21</td>
</tr>
<tr>
<td># Drinking Days/Last 14</td>
<td>3.10</td>
<td>3.54</td>
</tr>
<tr>
<td>% Binge Drinkers</td>
<td>99.6%</td>
<td>74.3%</td>
</tr>
<tr>
<td>% Frequent Binge Drinkers</td>
<td>46.6%</td>
<td>43.3%</td>
</tr>
</tbody>
</table>

Impact of Gender on Consumption: 1997-2001 vs. 2003

<table>
<thead>
<tr>
<th></th>
<th>1997-2001</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Drinking Days/14 Days</td>
<td>4.36</td>
<td>4.22</td>
</tr>
<tr>
<td># of Drinks a Drinking Day</td>
<td>33.71</td>
<td>36.83</td>
</tr>
</tbody>
</table>

Peter E. Nathan, Ph.D.,

The UI (2003) Study II

- Investigation of Possible Predictors of Consequences:
  - Consumption level is clearly prepotent
  - Other possible predictors:
    - Binge Drinking Pattern
    - Gender
    - History of Antisocial Behavior & Aggressivity
    - Family History of Alcohol Abuse
    - Personality Factors: Impulsivity/Sensation-Seeking/Disinhibition
Appendix 1

To Conclude
- A brief public health analysis of binge drinking at the University of Iowa and,
- based on that analysis, proposed individual and environmental interventions designed to address the problem.
- Many of these interventions are likely to have general relevance beyond the University of Iowa.

When and How Do UI Students Learn to Binge?
- Before they come to the UI:
  - A culture of heavy drinking that begins in high school
  - Parents who believe that all social companionship, alcohol is a benign substance
  - Strong peer pressures to drink
- After they come to the UI:
  - 24-hour local option
  - Many bars that heavily promote drinking
  - Few other entertainment options in I.O.
  - Strong peer pressures to drink

Culture of Heavy High School Drinking in the Upper Midwest
- Apparently begins early in high school
- Often associated with high school athletic events
- Not much else to do in small towns on weekend evenings
- Students report frequent lack of parental concern
- Students also report heavy parental drinking
- "It's only alcohol, thank goodness"
- Above all, the view that alcohol is a benign substance

Proposed Interventions Before Students Enter the University
- Educate parents on the impact of parental modeling of heavy drinking on their adolescents
- Encourage parents and politicians not to perceive adolescent drinking as inevitable and unavoidable
- Educate parents and adolescents about these facts:
  - Alcohol is a harmful substance
  - Alcohol consumption in high school is often associated with serious adverse consequences
  - Alcohol consumption in high school can lead to alcohol abuse later on that can permanently affect achievement of life goals

Proposed Interventions with Students after they Have Begun Attending the University
- Help students understand that:
  - There are a range of alternatives to binge drinking every weekend
  - Alcohol is a harmful substance
  - Alcohol consumption in college is often associated with extremely serious adverse consequences
  - And that it can lead to alcohol abuse later on that can permanently affect achievement of life goals

Proposed Environmental Interventions to Modify Rates of Binge Drinking
- Limit alcohol access among the least experienced student drinkers by raising the age of entry to bars and taverns to 21 years.
- Help bar owners and Iowa City citizens appreciate that, in the long run, binge drinking by students is not good for Iowa City.
- Help create more, more attractive alcohol-free entertainment options.
- Help create a community climate of unwillingness to tolerate inappropriateness or adverse consequences for the community and the individual.

Peter E. Nathan, Ph.D.,
Appendix 1

References


References II


Peter E. Nathan, Ph.D.,
Appendix 2

Binge Drinking at the University of Nebraska, Lincoln

Three Strategic Plan:
13 Goals, 60 Objectives

Increase
- The availability of attractive student-orientated social activities both on and off campus
- Reduce the drinking among groups of African American males for frequent and occasional binge drinking
- Encourage students to create a greater link associated with high-risk consumption and services
- Increase the number of neighborhood residents and NU students living in the community
- Increase the number of links associated with high-risk and binge drinking

Reduce
- The use of fake identification
- High risk marketing and promotions
- Free solicitation and service to minors
- The proliferation of opportunistic

Develop
- A review of statistical
- Demands for substance abuse intervention and treatment services
- Campaigns to correct misperceptions of high-risk drinking
- Ensure learning opportunities to benefit the entire community

NuDirections
Reducing high-risk drinking - Together
University of Nebraska - Lincoln Campus/Community Coalition

- $780,000, five-year grant funded by the Robert Wood Johnson Foundation
- NU is one of 10 universities selected nationwide to pilot new strategies
- Directed by a campus-community coalition
- Environmental Approach

2002 Harvard CAS and UNL Omnibus Data:
- Continued reductions in binge rate, primary and secondary harms
- Noted drop in “frequent binge drinkers”

Noted drop in UNL students drinking to get drunk

Drinking context behaviors: one negative, Harvard CAS data

Noted drop in UNL students experiencing certain problems due to their drinking (Primary Norms)
Appendix 2  

Binge Drinking at the University of Nebraska,  
Lincoln

Proceedings Of The 1st Prairielands ATTC Annual Symposium On Addiction

Noted drop in UNL students driving after drinking 5 or more drinks

Noted drop in UNL students experiencing certain problems due to another student's drinking (Secondary Harms)

Noted drop in UNL students beginning their high-risk drinking while at UNL. Continued increases in students who don't binge in HS or college

Coalition Effort: Increased Campus Enforcement

Coalition Effort: Increased Campus Enforcement

Kate Speck, Ph.D.
Appendix 2

Coalition Effort: High Risk Promotions

For more information:

NU Directions
Linda Major, Project Director
Tom Workman, Communications
Student Involvement
Lincoln, NE 68588-0453
402-472-8155
www.ndirections.org

Binge Drinking at the University of Nebraska,
Lincoln

Kate Speck, Ph.D.,
Appendix 3

Underage Alcohol Use

Alcohol-related problems
- Traffic Crashes
- Homicides
- Suicides
- Drownings
- Falls
- Other Drug Use
- Assaults
- Rapes
- Teen Pregnancy
- Snowmobile Crashes

Prevention Strategies
Individual vs. Environmental

1. Focus on behavior and behavioral change
2. Focus on the relationship between the individual and alcohol-related problems
3. Short-term focus on program development
4. Long-term focus on policy development

Why Change Environment?
- Magnitude of the problem
- Turnover in risk groups
- Short-term effects of some individual interventions

Minimum Legal Drinking Age Changes:
1968-1988

Has the age 21 minimum drinking age worked?

Traci L. Toomey, Ph.D.
Appendix 3
Underage Alcohol Use

Cumulative Estimated Number of Lives Saved by Minimum Drinking Age Laws, 1975-1998

- Alcohol consumption
- Traffic crashes
- Suicides
- Hospital admissions
- Pedestrian accidents
- Vandalism

Why are teens still drinking?

Young people are bombarded with alcohol ads and promotions

Traci L. Toomey, Ph.D.
Appendix 3

Underage Alcohol Use

Potential Sources of Youth Access to Alcohol

Traci L. Toomey, Ph.D.
Appendix 3

Underage Alcohol Use

How many alcohol establishments sell to underage youth?

- 43% On-sale Establishments
- 53% Off-sale Establishments

Possible ideas and solutions...

Policies to Reduce Social Access

PUBLIC
- Keg registration
- Restrictions at community events
- Restrictions in public places
- Parking lot lights at alcohol outlets
- Restrict billboards
- Restrict noisy assemblies
- Social host liability

INSTITUTIONAL
- School/college policies
- Cite/rent adult providers
- Look-up alcohol in the home
- Distribute warning labels
- Counter-advertising
- Alcohol annonces in mass media
- Restrict sales when with underage individuals
- Restrict age of room renters
- Restrictions at stadium/events

Policies to Reduce Commercial Access

PUBLIC
- Minimum age of seller
- Ban home delivery
- Server training
- Manager training
- Compulsory compliance checks
- Administrative penalties

INSTITUTIONAL
- Check age identification
- Server training
- Incentives for checking I.D.
- Fuel warning signs
- Secret shopper program

Traci L. Toomey, Ph.D.
Appendix 3

Underage Alcohol Use

Social Sciences  Public Health  Social Change
- Structures, Norms, Policy  - Environment  - CCC Organizing

CMCA
Reduced Youth Access to Alcohol
Reduce Youth Drinking
Reduce Social & Health Problems

CMCA Communities

Assess Community
- Baseline surveys
- One-on-ones
- Power mapping

Community Organizing Stages
- Assess Community Interests
- Build the Base
- Expand the Base
- Develop Plan of Action
- Implement Plan of Action
- Maintain the Effort and Institutionalize
- Evaluate and Disseminate

CMCA One-on-Ones, By Sector, 1993-1995

Traci L. Toomey, Ph.D.
Appendix 3

Build and Expand Base

- Build strategy team
- Broaden strategy team
- Build community awareness

CMCA Strategy Team Membership, By Sector, 1993-1995

Raising Issue Visibility

- Press Conferences
- Workshops/presentations
- Newspaper columns
- Letters
- Videos
- PSA/radio shows
- Community forums
- Endorsement by influentials
- Factsheets

CMCA Active Participants (Non-Strategy Team), By Sector, 1993-1995

CMCA Articles in Print Media, 1993-1995

Develop and Implement Action Plan

- Community driven
- Policy focus
- Diverse strategies

Traci L. Toomey, Ph.D.
Appendix 3

Shifting Policies and Practices

**Alcohol Merchants**
- Merchant/police report forms
- Warning flier distribution
- Policy manual development
- Server training
- Counter advertising

**Hotels**
- Enforcement of age and noise policies
- Alcohol removed from large parties
- Room rental fee for parties increased

**Law Enforcement**
- Merchant/police report form
- Compliance checks
- House visits
- Prevention training
- Sponsor server training

**Media**
- Reporting of CMCA and alcohol-related issues increased
- Weekly CMCA columns

**Community Events**
- Designated drinking areas
- Kid zones
- Limited hours of sale
- Alcohol-free drinks provided
- Only ticket holders allowed
- Warning signs
- Consolidation of sales
- Marginalize sales location

**Treatment Agencies**
- Focus expanded to include youth abuse issues

**Religious**
- Parent education
- Fact sheets in weekly bulletins

**Criminal Justice**
- Alternative sentencing program

**Conclusions**
- Primary target of intervention, youth access to alcohol, was reduced
  - Fewer establishments selling to underaged
  - Fewer 13- to 20-year-olds providing to younger teenagers
- Drinking trends down among 13- to 20-year-olds, not younger teens
- DUI and disorderly conduct arrests down
- Changing communities requires sustained effort
- Theory-based organizing approach applies to diverse communities

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Beyond CMCA

AEP Research Agenda  Community/State Agenda

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Traci L. Toomey, Ph.D.
Appendix 3

Underage Alcohol Use

Qualitative Assessment of Training Programs for Alcohol Servers and Establishment Managers

T.L. Toomey, G. Kilian, J.P. Ghean, C.L. Perry, R. Jones-Webb, A.C. Wagenaar

Qualitative Evaluation

• 22 programs
• 3 raters
• Identified targeted audience
• 10 categories
• Rating scores
  0 = none
  1 = weak
  2 = moderate
  3 = strong

Rated Categories

• Legal context
• Social problems
• Establish policies
• Underage issues
• Intoxication issues
• Realistic
• Physiological
• Behavioral change methods
• Production quality
• Respectful of audience

Results

• Overall scores ranged from 0.83 to 2.87
• 2 programs received a score > 2.50
• Reliance on videotapes
• No program outstanding in all respects

Project ARM: Alcohol Risk Management to Prevent Sales to Underage and Intoxicated Patrons

T.L. Toomey, A.C. Wagenaar, J.P. Ghean, G. Kilian, D. Murray, C.L. Perry

Goals of Project ARM

• Change behavior of owners and managers
• Develop establishment policies
• Reduce sales to underage and intoxicated customers

Traci L Toomey, Ph.D.
Appendix 3

Underage Alcohol Use

Consultation Package
- Four one-on-one sessions
- ARM-facilitated staff meeting
- Customized policy manual
- Policy resource materials

Number of Alcohol Policies by Establishment

Relative Percent Change

% Decrease
- Pseudo-Intoxicated 48%
- Underage 11.5%

Complying with the MDA
Minimum Drinking Age

Principal Investigator:
Alessandro C. Wagenmaker, PhD
Co-Investigators:
Jean Foster, PhD
Traci L. Toomey, PhD

University of Minnesota
Alcohol Epidemiology Program
Funded by National Institute on Alcohol Abuse and Alcoholism
September 1997 - August 2002

Alcohol Sales to Youth

Traci L. Toomey, Ph.D.
Appendix 3

Underage Alcohol Use

Pseudo-underage Purchase Rates

Pseudo-intoxicated Purchase Rates

www.epi.umn.edu/alcohol
University of Minnesota

Traci L. Toomey, Ph.D.
Appendix 4

South Dakota Issues Around Binge Drinking

PATT Conference
Binge -- Drinking
Rooseville, MN
August 21-22 '03

South Dakota issues around binge drinking
Presented by: Dr. Matt Stricherz, CCCD III, CPS
Psychologist
University of South Dakota
Student Counseling Center

Binge drinking is as much a part of the South Dakota culture as is:
Walleye Fishing
4th of July Celebrations
Ice Skating
Polka Bands (wero)
Pinechle
and
A&W Root Beer Floats

College Drinking Rates

- South Dakota Colleges "do not have an alcohol problem"
- South Dakota Colleges "inherit an alcohol problem from the high schools"
- Problems with alcohol subside over time in South Dakota colleges

Binge Drinking

- 5 in a single setting for men (regardless of size)
- 4 in a single setting for women (regardless of size)

OR SHOULD IT BE SOMETHING ELSE

- On an typical week, over 80% of the alcohol which is consumed at USD and other Board of Region colleges -- likely similar colleges or schools in South Dakota -- is consumed by only 1/3 of the students.

College Student's Resistance to Binge Drinking

- Most students do not buy the issue of 4 or 5 drinks as the definition for "binge"
- Students are more likely to agree with 4 drinks in a single setting for women than 5 drinks in a single setting for men as a "binge"
- Since the average drinking episode for most male and female students exceed 4 or 5 drinks in a single setting for most students at South Dakota's colleges, the acceptance of the definition with lack of significant effects in most student's lives does not equate the energy put into combating "Binge Drinking"

The Concept "Binge Drinking"

- Vanilla-izes college students
- 1 rule fits all students regardless of
  - Size
  - Weight
  - Genetic predisposition to tolerance
  - Age
  - Family background and training in the rules of drinking
  - Acquired tolerance
  - Number or occurrence of consequences

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South Dakota Issues Around Binge Drinking

The COLLEGE STUDENT culture of "binge drinking" is AN EXTENSION OF THE GENERAL POPULATION OF SOUTH DAKOTA

- BINGE DRINKING
- EARLY INITIATION OF SUBSTANCE USE
- RESISTANCE TO CHANGING THE ALCOHOL CULTURE OF SOUTH DAKOTA
- EARLY INITIATION OF RISK BEHAVIORS especially Sexual activity, drinking games
- PARENTAL APPROVAL OF "RITES OF PASSAGE" including DWI as rite of passage
- "We all did it"

TREATMENT ISSUES IN SOUTH DAKOTA SHOW THE PATTERN OF THE RURAL CULTURE ACCEPTANCE OF SUBSTANCE USE IN ADULT AND ADOLESCENT ADMITMENTS

SOUTH DAKOTA TREATMENT Admission Data

- THE LARGEST GROUP OF ADMISSIONS FOR DRUG OR ALCOHOL SERVICES WAS THE 18-24 YEAR OLD AGE GROUP
- THE SECOND LARGEST AGED GROUP WAS THOSE AGED UNDER 18 (20%)
- 21% OF ADMISSIONS (ABOUT 15,136 PER YEAR) ARE ADOLESCENTS AND LATE ADOLESCENTS

- 70% reported that their first use of a chemical including alcohol was prior to age 21
- 8% reported a first use prior to age 11
- 6% reported that their first use was between ages 11 to 12

SURVEYS ON YOUTH

- The State conducts surveys of prevalence of risk behavior in South Dakota's public schools (YRBS)
- Reservation/BIA schools are surveyed (YRBS)
- Some school commissions their own surveys (SEARCH)
- Some colleges conduct surveys (CORE, Social Norming)

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South Dakota Issues Around Binge Drinking

YOUTH RISK BEHAVIOR SURVEY and related forms

- Conducted by the State in odd numbered years
- Conducted in public schools
- Conducted in Native American Schools
- Conducted in Native American Middle Schools

QUESTIONS ABOUT BINGE DRINKING WITH HIGH SCHOOL STUDENTS

- Alcohol/Cigarette Use
- Percentage of students who have had a drink in the past 30 days
- Percentage of students who have had 5 or more drinks on a single occasion

YRBS DATA SUGGESTS A SLIGHT DECREASE IN ALCOHOL INITIATION AGE

Percentage of students who had their first drink of alcohol before age 15

SEARCH DATA CONDUCTED IN FOUR SOUTH DAKOTA SCHOOLS SINCE 2000

Percentage of students reporting five or more drinks in the past two weeks

ADOLESCENT TREATMENT DATA IN SOUTH DAKOTA

- Specialized programming for high-risk and drug or alcohol involved adolescents are in place
- About 5-7% of incoming freshmen at colleges have had some level of substance abuse services
- “Trenches” work with higher risk adolescents

TREATMENT FOR ADOLESCENTS IN SOUTH DAKOTA FINDS A VARIETY OF SUBSTANCES THAT HAVE BEEN USED

CHART FOLLOWS

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Appendix 4

South Dakota Issues Around Binge Drinking

### Major Substances for ADOLESCENTS
- Alcohol
- Cannabis
- Stimulants
- Over-the-counter
- Hallucinogens
- Barbiturates

### Counselors Estimate Success Rate
- Severity issues in adolescent treatment differ than in adults
- Not a high probability of success
- No adolescent treatment emphasis
- Abstinence measures dominate risk-reduction measures
- Illustration follows

### The Garden Variety Alcohol(ic) Abuser does not / rarely exist(s) in South Dakota
- Multiple substance use exists
- Increase in cannabis use year by year has changed the picture of impairment and identification issues on college campus
- Drastic increase in stimulant use
Appendix 4

Proceedings Of The 1st Prairielands ATTC Annual Symposium On Addiction

South Dakota Issues Around Binge Drinking

COLLEGE ISSUES IN SOUTH DAKOTA

- The Board of Regents oversees all post-secondary public institutions including Schools for the Blind and Schools for the Deaf
- ALL ARE DRY CAMPUSES
- Private and Vocational Schools are, for the most part, DRY CAMPUSES

BINGE DRINKING IS RELATED TO GRADES

COLLEGE BINGE DRINKING

- Do, Do, and Fix
- In college athletes in South Dakota are 2 1/2 times more likely to take place in binge drinking
- Up to
- 17 times more likely to take place in athletes that have consumed an illegal drug in the past 30 days
- Related across the Board to Grade Point Average, Violence, Relationship, Social Problems
- Participation in Greek life on one of the schools
  - Highest GPA
  - Highest Rate of Binge-Drinking
  - High Rate of Extra Consumption Per Each Time Drining > 7.5th drinks

South Dakota Post-Secondary Institutions Of Higher Education:
Academic Or Cognitive Problems Associated With Alcohol Use

<table>
<thead>
<tr>
<th>Substance</th>
<th>3-Me: a week or more</th>
<th>31-Day Prevalence</th>
<th>Annual Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>13.34%</td>
<td>70.1-82%</td>
<td>33.3-92%</td>
</tr>
<tr>
<td>Cannabis</td>
<td>0.06%</td>
<td>7.5-16.6%</td>
<td>0.0-30.2%</td>
</tr>
<tr>
<td>Aspirinone</td>
<td>0.47%</td>
<td>1.4-10.0%</td>
<td>0.0-4.4%</td>
</tr>
</tbody>
</table>

Prevalence Rates (Lowest – Highest)
Shown On Core and Social Norming Surveys In Post-Secondary Institutions Of Higher Education 2000-2002

HIGH RISK SEXUAL ACTIVITY AND ALCOHOL

- Concerns range from middle school to colleges
- Alcohol is still the primary social lubricator and is generally related to “binge” style drinking
- In general College students do not discuss their sexual activity “expectations” with a partner when sober – let alone when drinking (chart on comparison to incarcerated and treatment populations from FY03 HM Needs Assessment)

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South Dakota Issues Around Binge Drinking

1. YRBS DATA ABOUT SEXUAL ACTIVITY

2. COMPARISON OF COLLEGE TO INCARCERATED TO TREATMENT POPULATION FOR 98 NY NEEDS ASSESSMENT

3. Percentages of Recent Marijuana Initiates by Age of First Marijuana Use: NATIONAL DATA

4. Percentage of Students Who Have Used a Needle to Inject Any Illegal Drug(s) Other Than Their Body One or More Times During Their Life

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New Marijuana Users

- In 2002, 2.4 million persons used marijuana for the first time.
- In 1995 and 1996, more than a quarter of marijuana initiates (800,000+) were age 14 or younger.
- The average age of initiation was 17.

Research Suggest

- Intoxication from cannabis mirrors a BAL @ 0.08.
- Slows reaction time.
- Alters depth perception and time perception.

- More than 1/3 of all deaths for 15-20 year-olds result from motor vehicle accidents.
- More than 1/3 of those are alcohol involved.
- Suicide is the 3rd leading cause of death among teens.
- Alcohol is involved in 60-85% of suicides.
- One study suggested alcohol is the only predictable element in youth suicide.

- Rates of drugged driving increased between years 2000 to 2001 for young adults aged 18-24.

Tennessee Study Results

- 56% tested positive for an illicit substance.
- 13 percent for cocaine ¾ passed field sobriety tests.
- 91 percent for cannabis.
- 18 percent for both THC Cocaine.
- >50% of those not intoxicated on alcohol were intoxicated with illicit substances.

Psychotherapeutics:

Pain Relievers, Tranquilizers, and Sedatives

- Pain relievers
  - New initiates in 2000 @2,000,000.
  - More 12-17 year olds than 18-25 year olds.

- Tranquilizers
  - New initiates in 2000 @970,000.
  - @335,000 12-17 year olds (33%).

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### METHAMPHETAMINE INITIATION (NATIONAL DATA)
- NEW INITIATES in the 1990s
- SPLIT EQUALLY BETWEEN
  - 12-17 year olds (15% 1000
    30% @ 2000)
  - 18-25 year olds

### PREMIER USD Initiative
- PROMISING PRACTICES
  - year 2000
- ACUTE ALCOHOL INTOXICATION TRAINING
- TRAIN OVER 500 STUDENTS A YEAR ON HOW TO INTERVENT IN ALCOHOL POISONINGS

### USD Initiatives
- GREATER VERMILLION COALITION
  - Teen-Cleat TASK FORCE
- THINK BEFORE YOU DRINK BROCHURE
- DRINKING AND DRIVING BROCHURE
- SEARCH AND SEIZURE BROCHURE
- COYOTE CHOICES NEWSPAPER CORNER
- SYNERGY-POTENTIATION-NEGATION discussions with students on medication
- ATHLETE INITIATIVE

### SYNERGY-POTENTIATION-NEGATION discussions with students on medication

<table>
<thead>
<tr>
<th>Type of Drug</th>
<th>EFFECTS ON SCHOOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drugs</td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
</tr>
<tr>
<td>Tobacco</td>
<td></td>
</tr>
<tr>
<td>Stimulants</td>
<td></td>
</tr>
<tr>
<td>Hallucinogens</td>
<td></td>
</tr>
</tbody>
</table>

### New Horizons with Late Adolescents and College Students
- OVER-the-Counter substances use in general
- Energy Drinks
- Home made stimulants
- Potentiation is high from mixing legal OTC substances
- INTERNET ACCESS TO RECIPES THAT SIMULATE ILLICIT DRUGS

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