CURRENT BEST PRACTICE FOR REDUCING CAMPUS ALCOHOL AND OTHER DRUG PROBLEMS

Focusing On The Roles Of Law Enforcement And Medical Amnesty In Impacting These Problems

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INTRODUCTION

This Memorandum reviews the current literature on effective policies for addressing alcohol and other drug problems on college campuses. The goal of this memorandum is to identify evidence-based and/or best practices that can be employed at the campus/community level to reduce binge drinking on college campuses. In general, it is clear that additional research is needed to identify policies and practices that are effective in reducing problem drinking on college campuses.

DISCUSSION

The National Institute on Alcohol Abuse and Alcoholism states, “Short of completely banning alcohol use on campus, research shows that the best programs [to prevent alcohol and other drug problems on college campuses] use multiple approaches.”1 However, the various elements of those interventions have not been independently studied sufficiently for key components to be identified. Some highlights from recent research in the field include:

- Evaluation of the Robert Wood Johnson Foundation’s multi-year, multi-campus initiative to reduce high risk drinking among college students concluded that campuses that placed greatest emphasis on environmental factors had the best outcomes. In addition, educational programs with emphasis on changing attitudes and intentions resulted in better outcomes than informational campaigns for high risk students.2
- The Safer California Universities study found that a combination of environmental strategies focused on reducing off-campus drinking succeeded in doing so, without increasing on-campus drinking or other compensatory behaviors.3
- Campus-wide use of web-based screening and intervention tools are showing promise, particularly when individualized and connected to more in-depth brief interventions.4,5

As noted in the 2006 edition of Environmental Strategies to Prevent Alcohol Problems on College Campuses, “we have very strong research evidence that many environmental strategies work when they are applied generally…however, we know relatively little about their effectiveness when applied to colleges and universities. There is clearly a pressing need for colleges and universities to conduct rigorous evaluations of their efforts at environmental management to fill this void by contributing more conclusive evidence.” The authors go on to suggest implementing strategies proven effective with the general population, suggesting that they “offer substantial promise for reducing student substance abuse problems, even if these effects are not as strong as those produced in the general population.”6
The U.S. Department of Education’s Higher Education Center for Alcohol, Drug Abuse, and Violence Prevention supports policy changes, stating: “While environmental management encompasses a spectrum of programs and interventions from primary prevention to early intervention and treatment, it stresses the prevention of high-risk behavior through changes to the environment in which students make decisions about their alcohol and other drug use.” Once again, there is no single policy recommendation, but links to a wide variety of “model” policies as implemented by colleges and universities around the country.

Some researchers have found that campus drinking rates are best predicted by the overall state policy environment and binge drinking rate, rather than by campus-specific policies or interventions. This suggests that the best investment to reduce college alcohol problems would be to focus on the interventions directed to the general population recommended by the United States Preventive Service Guidelines:

- Dram shop liability
- Increasing alcohol taxes
- Maintaining limits on days of sale
- Maintaining limits on hours of sale
- Regulation of alcohol outlet density
- Enhanced enforcement of laws prohibiting sales to minors

**Law Enforcement**

When considering underage drinking, the only single intervention supported by a strong evidence base is enhanced law enforcement. Specifically, there is a significant body of evidence that enforcing the minimum legal drinking age reduces underage purchasing. However, the evidence is not sufficient to conclude that this change in purchasing patterns also reduces underage consumption.

In Massachusetts and California, recent research found that campus policy changes, including stricter law enforcement, were associated with reductions in consumption. These studies support the notion that policies already proven effective with the general population are also effective on college campuses. These two studies, including one randomized, add weight to evidence for enforcement of existing laws and stricter policies.

Deterrence theory suggests that legal compliance is influenced by the perception of risk of legal consequences. In order to increase the perception of risk, most policy changes – including those mentioned above – are accompanied by increases in publicity regarding the policy and its enforcement. In this way, even law-enforcement tends to include other coordinated interventions.

**Medical Amnesty/Good Samaritan**

One policy change garnering recent attention, particularly in the media, addresses “medical amnesty” or “Good Samaritans.” Under these policies, institutions or municipalities exempt (in part or full) students who call or receive medical attention from sanctions ordinarily imposed. Amnesty is typically granted only from specific charges (underage drinking and disorderly conduct for example), not all (such as vandalism or assault). Medical amnesty policies are implemented based on a number of assumptions, including that fear of punishment prevents
students from seeking help for their peers. \textsuperscript{14,15} Yet, these assumptions have not been rigorously tested. In fact, two different studies found that not knowing if someone was sick enough to need help was a significantly more common reason for not calling help than concern over consequences. \textsuperscript{16} Therefore, efforts to publicize the signs and symptoms of alcohol poisoning along with emergency instructions are recommended, whether or not a campus has any sort of amnesty policy.

According to Oster-Aalen and Eighmy:

> Understanding why students do not seek help is crucial to designing policies or other interventions to increase help-seeking. A national study is needed to document the number of schools that employ medical amnesty policies and describe the nature of those policies. Future research should also focus on assessing the current nature and prevalence of help-seeking by students and understanding reasons why students do not seek help. It will be important to document both peer-to-peer help-seeking as well as help-seeking from outside entities such as medical or law enforcement personnel.

In addition, institutions with medical amnesty programs in place should consider ways to evaluate the efficacy of those policies and publish the results in peer reviewed journals. Future research should also examine the overall drinking rates prior to and following a medical amnesty policy. This type of evaluation could help to answer the question of whether medical amnesty is harm reduction or enabling in nature. If it is the case that aggregate student drinking increases following the implementation of the policy, an institution would need to assess the risk benefit of that policy in terms of overall student health and safety. \textsuperscript{17}

**CONCLUSIONS**

The goal of this memorandum is to identify action that can be taken at the campus/community level to reduce binge drinking on college campuses. Research clearly indicates that multi-faceted approaches are more effective than any single intervention. \textsuperscript{18,19,20} There is a general consensus that those interventions should work at multiple levels (including individual students, general student population and the broader community).

Insufficient data exist to identify precise best practices and policies effective in reducing campus alcohol and other drug problems. After reviewing the published research available from several federal agencies, medical journals and non-profits, it is clear that there is no magic bullet for reducing campus alcohol and other drug problems.

In late 2009, the Robert Wood Johnson Foundation published a guide to just this type of discussion. Based on their years of research, they find evidence for the following activities to address high risk drinking on and around college campuses: \textsuperscript{21}

- Implement screening and motivational brief counseling interventions, which can be integrated within student health services, targeted toward mandated students, or offered as Web-based prevention programs for all students.
Support maintaining the Minimum Legal Drinking Age (MLDA). This is a low-cost, evidence-based intervention that works best when combined with strict enforcement.

Heighen enforcement of effective alcohol control policies at campus, local, state and federal levels:

- Minimum legal drinking age
- Zero tolerance laws (young drivers who are found to have a blood alcohol content higher than 0.02 percent can have their license immediately seized and revoked and be subject to significant fines)
- Use/lose for drivers above age 21
- 0.08 percent blood alcohol concentration (BAC) laws
- Administrative license revocation laws
- Publicized sobriety checkpoints
- Policies that increase the price of alcohol and prevent increases in outlet density (the number of bars, liquor stores and restaurants serving alcohol around campuses)
- Parental notification
- Mandated brief motivational trainings for students who violate alcohol policy

Red Watch Band program (a movement designed to end alcohol overdose deaths by teaching students how to handle alcohol emergencies and summon professional help: www.redwatchband.org)

- Resident assistant training
- Overall prevention planning; distribution of state and federal funds to combat underage drinking, substance abuse, and impaired driving
- Allocation of funding specific to college alcohol and other drug abuse prevention
- State legislation to control access to alcohol
- Allocation of services to county or community treatment agencies and recovery organizations
- Formation and ongoing work of a campus and community coalition that addresses alcohol problems in the town or city surrounding the campus
- Working with other campuses for policy change at the state level
- Definition of a lead agency from each state to coordinate and spearhead its activities and programs to reduce and prevent underage drinking
- Develop campus-community partnerships involving multiple sectors of each: health services, campus and local police departments, alcohol beverage control, faculty, staff, students, administrators, residential life staff, resident assistants (RAs), parents, and alumni—with multi-faceted interventions.

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10 Guide to Community Preventive Services, 2011


12 Saltz, et. al., 2010


20 NIAAA, 2007