



UNIVERSITY SYSTEM OF GEORGIA
Alcohol and Substance Abuse Task Force

Final Report

April 28, 2016

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INTRODUCTION

On July 28, 2015, Chancellor Hank Huckaby charged the University System of Georgia (USG) Alcohol and Substance Abuse Task Force to review and develop recommendations related to alcohol and substance abuse at the System's then-30 (now 29) public colleges and universities. The Chancellor convened the task force in response to a 2015 recommendation by the USG Campus Safety and Security Committee, which found that "the abuse of alcohol and other substances is a significant contributing factor in many of the most serious public safety issues" and should therefore receive additional study. Chancellor Huckaby challenged the group to think broadly, without being constrained by boundaries, and to use the collective wisdom and experience of the Task Force members to issue proposals that might address campus policies; challenges across student life organizations and activities; local government permitting and licensing regulations; and training and programs related to alcohol and other drug (AOD) prevention.

The Task Force, co-chaired by Presidents Jere W. Morehead of the University of Georgia and Cheryl D. Dozier of Savannah State University, met as a whole six times: three times in the fall semester and three times in the spring semester. Task Force members served on one of three subcommittees, and these groups also convened three times each semester. The subcommittees and their leaders were: 1) Local Government, Enforcement and Town-Gown Relations, chaired by Mr. Brian Wooten of Kennesaw State University; 2) Student Attitudes, Practices and Culture, chaired by Mr. Jeff Jacobs of Clayton State University; and 3) Education, Alternatives, Prevention, Intervention, Recovery and Support Services, chaired by Ms. Qiana Wilson of Georgia College & State University. Student leaders from four USG institutions served on the Task Force and were actively engaged in discussions and deliberations. The Task Force also included representatives of private institutions in the state of Georgia and the Georgia Municipal Association. *(The full roster of Task Force members appears in Appendix A.)*

The Task Force endeavored to build members' understanding of student attitudes and culture, education and prevention, and local enforcement across the University System, recognizing that significant disparity exists among the wide variety of colleges, schools and communities in the University System of Georgia. To establish baseline data for the campuses, the Task Force conducted a survey of all USG institutions in November, administered by Dr. Monica Swahn of Georgia State University and facilitated by the Chancellor's Office. *(The survey and responses are included as Appendix B.)* Ms. Lisa Macke of the Georgia Independent College Association also shared the survey instrument with GICA members. The staff of the University of Georgia's John Fontaine, Jr. Center for Alcohol Awareness, under the supervision of Ms. Liz Prince, complemented the survey by conducting telephone interviews with relevant administrators of the majority of institutions in the USG.

In addition, the Task Force called in the following representatives to speak with the entire group:

- Ms. Liz Prince of UGA's Fontaine Center presented an overview of national best practices in Alcohol and Other Drug (AOD) prevention and education to the group in September.
- Mayor Jan Moore of Statesboro provided an overview of the circumstances leading up to the passage of Michael's Law (HB 152) by the Georgia General Assembly in the 2015 session. The law, named in memory of Michael Gatto, a deceased 18-year-old Georgia Southern University freshman, defines a bar as a distinct type of establishment, requires that bouncers be at least 21 years of age, significantly restricts the admission of individuals under the age of 21 into a bar, and requires that any disciplinary action by a county or municipality against an alcohol license holder be reported to the Georgia Department of Revenue. The law goes into effect on July 1, 2016.
- Mr. Jeremy Thompson, Acting Assistant Director of the Georgia Department of Revenue's Alcohol and Tobacco Division, briefed the Task Force on state licensing regulations and enforcement at the November meeting.
- Ms. Kimberley Timpf, representing EverFi's Partner Education Team, led an overview of national and statewide alcohol and substance abuse statistics, as well as EverFi intervention programs, in February.
- Ms. Teresa Johnston, Director of the Center for Young Adult Addiction and Recovery at Kennesaw State University, informed the Task Force on best practices related to recovery, particularly the efficacy of engaging recovering students to speak one-on-one with students who are currently undergoing treatment.

The subcommittees also interacted with other internal and external groups to enhance their understanding of the myriad issues involved. For example:

- The Attitudes Subcommittee Chair spoke with members of the USG Deans of Students Advisory Group during their meeting in Macon in early February. The deans typically have oversight of student behavior/student conduct matters on the campuses.
- The Town/Gown Relations Subcommittee conducted an in-depth meeting with representatives from the Georgia Department of Revenue as a follow-up to the conversation with the full Task Force.
- In late March, the Town/Gown Relations Subcommittee convened a focus group comprised of representatives of the following municipal groups at Middle Georgia College and State University: Athens/Clarke County, Fort Valley, Valdosta and Dahlonega. Representatives included chiefs of police, city/county managers and elected officials.
- All of the subcommittees supplemented their research by reviewing best practices related to their areas, including previous reports conducted by other municipalities and institutions of higher learning.

EXECUTIVE SUMMARY

There is no panacea to the problem of alcohol and drug abuse. Colleges and universities across the United States are microcosms of society, and AOD issues regrettably reflect deeper societal issues. Available data (ACHA-NCHA II 2014; Core Alcohol and Drug Survey 2013; CDC 2012; Johnston, O'Malley, Bachman and Shulenberg, 2012) indicate nationally:

- 81 percent of all incoming students have previous experience using alcohol.
- 35 percent have consumed five or more drinks at least once in the past two weeks.
- 21 percent have used marijuana.

AOD use and abuse varies across the System campuses, and some institutions report that marijuana is a far greater concern than alcohol. The USG campus survey conducted by the Task Force and subsequent subcommittee conversations with administrators indicate that officials attribute student AOD use and abuse primarily to social norms and peer pressure, with stress playing a significant role as well.

The negative impact of alcohol and other drugs on a campus community is profound: AOD abuse undermines the educational mission of all colleges and universities, which affects every student either directly or indirectly, and it threatens the safety of campus communities. A 2012 survey of national college alcohol use found that alcohol contributes to 24 percent of student attrition; 28 percent of students' lack of academic success; 55 percent of reports of violent behavior; and at least 68 percent of acquaintance date rape cases (Anderson, D.S. & Gadaletto, A., 2012). Across studies, alcohol was involved in at least half of all sexual assaults (Abbey, 2002) and in 72 percent of all rapes (Mohler-Kuo, et al., 2004). In 83 percent of the reported rapes, the victim was categorized as incapacitated (Carey, et al., 2015).

The Task Force examined many facets of the challenge of alcohol and drug use in college communities across the state. This review revealed several common concerns:

- Resources for AOD programs present an overwhelming challenge for many colleges and universities, as validated by both the survey and telephone poll. Nearly half of the USG institutions report that they have no dedicated positions responsible for AOD prevention, intervention, and/or recovery support services. AOD programs vary greatly depending on the nature and location of the institution.
- Most institutions are implementing programs found to be ineffective (e.g., one-time awareness programs, online "check the box" awareness programs, drunken driving simulators, and beer/drunken goggles, etc.). These types of programs have little effect on behavioral or cultural change unless they are part of a comprehensive approach to AOD prevention offered throughout the course of a student's college career.
- Fewer than half of USG institutions present information sessions to both students and parents about AOD abuse during new student orientation.

- Despite the notion that AOD education and prevention should be a collaborative effort, more than half of the phone-surveyed individuals indicated there is no collaboration taking place at their individual institutions. This rather surprising finding is of particular concern to the Task Force.
- Nearly two-thirds of USG institutions report some sort of relationship with local municipalities to assist with alcohol and drug enforcement. However, few are comprehensive; most consist merely of college/community police departments collaborating on enforcement (e.g., patrols, one-time sting operations for fake IDs, awareness of off-campus parties, etc.).
- Penalties for non-compliance with state alcohol licensing laws are inadequate and have little impact on the marketplace.
- Alcohol retail density is a growing concern, as bars often are concentrated in small downtown areas. These retail establishments provide a significant source of tax revenue in several college communities, and some local communities have not aggressively responded to the challenges these establishments can create. Many alcohol retailers specifically target college students through their location, and the promotion of college-oriented drink specials or party nights is prevalent.

RECOMMENDATIONS

This section of the report will provide an overview of the nine recommendations presented by the Task Force. Those recommendations will then follow in expanded form, grouped according to subcommittee, and then by campus or System-level response.

Summary

- Institutions should assess the AOD culture on their individual campuses.
- The USG should create and adopt System-wide guidelines and procedures that require regular reporting of USG institutions on AOD abuse issues. The information should be provided in a uniform manner to ensure accuracy and consistency of data collection that will prove meaningful to campus-level and USG-level policymakers.
- Institutions should develop comprehensive, evidence-based prevention programs based on the needs of their student population in order to reduce the harm associated with AOD abuse.
- Institutions, with guidance and assistance from the USG, should assess options for ensuring the presence of professional staff of AOD and health educators and/or other trained professionals necessary to support the AOD education and prevention efforts of each institution.
- Each institution should select a representative to participate in regular, System-wide meetings to review and discuss current trends and emerging best practices in AOD

education, prevention, intervention, and recovery and support services for adoption and implementation across the state.

- Institutions should develop a positive messaging framework that promotes healthy decision-making around AOD use and discourages AOD abuse. The USG can complement this effort through the development of a System-wide website on AOD resources.
- The USG should engage with the Georgia Department of Revenue to explore stronger penalties for the underage sale of liquor and other violations.
- Institutions should promote greater interaction between officials involved in alcohol and drug enforcement at the campus and local levels.
- The USG should ask the Georgia Municipal Association to draft a model alcohol license ordinance for cities/local governments.

Student Attitudes and Culture

Recommendation 1 (Campus level): Each USG institution should assess the AOD culture on its individual campus through environmental scans, current campus data and faculty/staff/student focus groups, which can provide a strong baseline of information, including documenting and evaluating all programs for effectiveness.

- Rationale/Recommended Action Items:
While much is necessary in the way of prevention and education, steps in the right direction may be taken only when an institution has evaluated its own current and unique culture surrounding AOD use and abuse on its campus(es).
 - This assessment is essential and should be conducted in a consistent time and manner across institutions. Due to the varying structures, resources and sizes of USG institutions, the Task Force recommends that this task be left to the individual institutions, with input and guidance from the USG as needed.
 - Of particular note, guidance from the USG is desired on the establishment of a preferred, standardized assessment instrument in order to streamline data collection and analysis. The Task Force suggests that the CORE survey and the ACHA surveys are two of the best instruments for obtaining prevalence and other data and that these can be benchmarked with national and state norms.
 - Student committee members noted the “over-surveyed” feeling of many students; therefore, institutions should consider this factor when moving forward with climate scans.
 - EverFi’s product overview and data considerations demonstrated that sufficient data about AOD prevalence will be available for the respective

campuses and for the System as a whole. However, student representatives expressed concern that some students do not take the survey seriously or doubt whether their responses are anonymous. Institutions must emphasize to students both the importance of their feedback and the value of answering truthfully. It is imperative that the assessment products record authentic student responses.

- Student perspectives should be taken into account when considering AOD education and prevention methods.
- Once campuses collect and analyze the data, it should be disseminated widely to promote informed decision-making regarding AOD education and prevention programs, as well as to note correlations with other student conduct issues, such as sexual assault.

Recommendation 2 (Campus and System level): The USG should create and adopt System-wide guidelines and procedures that require regular reporting of USG institutions on AOD abuse issues. The information should be provided in a uniform manner to ensure accuracy and consistency of data collection that will prove meaningful to campus-level and USG-level policymakers.

- Rationale/Recommended Action Items:
Members of the Education and Prevention Subcommittee observed that institutions vary greatly in the manner in which they report on AOD issues. The provision of clear guidelines and procedures from the USG, to encompass timeframes, training and templates for the mandatory biennial report required under the Drug-Free Schools and Communities Act of 1989, could be very beneficial to the individual campuses.
 - The Drug-Free Schools and Communities Act requires institutions receiving federal financial assistance to establish drug and alcohol abuse prevention programs for students and employees. Students and employees also must annually receive materials that contain standards of conduct, a description of the various laws that apply in that jurisdiction regarding alcohol and drugs, a description of the various health risks of drug and alcohol abuse, a description of counseling and treatment programs that are available, and a statement on the sanctions the university will impose for a violation of the standards of conduct.
 - The guidelines and procedures should include a statement related to marijuana, and state and federal law.

Education and Prevention

Recommendation 1 (Campus level): Each USG institution should develop comprehensive, evidence-based programs to reduce the harm associated with AOD abuse among students. These efforts should attempt to change the underlying culture of AOD abuse among students on campus and in the community. Institutions should create a committee of faculty and staff from multiple departments and disciplines to adopt these approaches to preventing and reducing substance abuse.

- **Rationale/Recommended Action Items:**

Research indicates that traditional students who are in their first few weeks of college are at particularly high risk for developing unhealthy habits related to AOD use and abuse. Therefore, it is imperative, especially for residential students, that education occurs as soon as possible in a student's college career.

- All students (traditional and non-traditional) should receive appropriate training prior to or during their first semester of attendance at any USG institution, depending on the needs and resources of the institution, but preferably prior to matriculation.
 - Additional training should follow during the first year, as well as during subsequent years of attendance and for transfer and graduate students, as research shows singular programming efforts to be ineffective on substantive AOD abuse prevention.
- Institutions should implement both parent and student education sessions during student orientation. These sessions should encompass prevention messaging and support resources available to students.
 - Interpersonal violence prevention and resources should be included in this program due to the nature and intersection of AOD abuse and interpersonal violence, specifically sexual assault.
 - Prevention and awareness should include information related to the potential long-term impact of poor decisions related to alcohol – e.g., the ruinous effect of AOD-related criminal charges to a future career, the consequence of embarrassing photos on social media during a job search, etc.
- Institutions should implement “primary prevention and awareness programs,” namely, bystander intervention programs, that also include information on AOD abuse and awareness of rape and sexual assault, domestic violence, dating violence and stalking.
- Institutions should develop programming for the various levels of AOD use and abuse, including programming specifically geared toward high-risk populations such as fraternity and sorority groups, first-year students and athletic programs.
- Institutions should consider offering alcohol-free events to provide students with social alternatives to parties and bars where alcohol is being served. EverFi data demonstrates that at some institutions, 35 percent of the entering students do

not drink or use drugs. Mixed signals are sent when no programs are offered to promote their continued abstinence.

- Another tactic that institutions can employ is increasing academic rigor. Scheduling more classes or exams on Friday may help deter undesirable behavior.
- Institutions should offer, as resources permit, some level of assistance and support services to students in recovery.
 - Services may include 12-step programs, voluntary student organizations or other recover support services.
 - Although such recovery and support programs are not treatment programs, individuals providing these services should be prepared to assist individuals in locating treatment programs, when appropriate.

Recommendation 2 (Campus level): Institutions, with guidance and assistance from the USG, should assess options for ensuring the presence of a professional staff of AOD abuse counselors and/or other trained professionals necessary to support the AOD education and prevention efforts of the each institution.

- Rationale/Recommended Action Items:

Resources for AOD programs present an overwhelming concern for many colleges and universities, as validated by both the survey and telephone poll conducted by the Task Force in fall 2015. Nearly half of the USG institutions reported that they have no dedicated positions responsible for AOD prevention, intervention, and/or recovery support services. Many survey respondents (via phone or email) expressed their concern for the long-term sustainability of AOD staffing and programs. The AOD positions that do exist most often include other responsibilities to multiple content areas; this lack of focus prevents institutions from developing and maintaining a comprehensive prevention model.

 - Institutions should explore options to provide at least one campus-level position with responsibility for: 1) facilitating the AOD education and prevention needs of the institution; and 2) overseeing training related to AOD counseling.
 - Perhaps in the case of smaller institutions, where resources are a particular challenge, the viability of a shared approach to delivery of these services could be considered.
 - Another option to provide support would be to consider a pilot program to place graduate interns in public health, social work, psychology, health policy, educational policy and higher education at schools across the institutions to assist with campus AOD needs and develop an emerging population of field experts. These unique internships would be mutually

beneficial to the students and USG institutions, thereby providing invaluable experience for the students and necessary resources for the USG.

- Institutions should identify and disseminate AOD resources available both on- and off-campus to those individuals needing assistance related to AOD abuse.
- Institutions should establish MOUs when appropriate, with community providers.
- Institutions should explore, where feasible, train-the-trainer activities and establish peer educator programs to increase the frequency of discussions about the topic of AOD use among students.

Recommendation 3 (Campus and System level): Each institution should select a representative to participate in regular, System-wide meetings to review and discuss current trends and emerging best practices in AOD education, prevention, intervention, and recovery and support services for adoption and implementation across the state.

- Rationale/Recommended Action Items:
Research shows AOD education and prevention should be a collaborative effort. However, many individuals involved in AOD work across the USG believe there is no collaboration taking place at their individual institutions; this effort would foster collaboration at institutions and System-wide. In addition, utilization of the tools already available to the USG and the expertise of individuals at USG institutions can provide an effective and low-cost solution to supporting education and prevention efforts throughout the entire state.
 - A possible name for this collaborative effort is the Georgia Higher Education AOD Prevention Collaborative.
 - Coordinate an annual conference (hosted by different institutions) for institution administrators, faculty, staff and students working to reduce AOD abuse and interpersonal violence to allow for exchange of new research findings, methodologies, program evaluations and related topics, as well as to enhance programmatic activities and facilitate progress and diverse engagement.
 - Invite the Georgia Independent Colleges Association (GICA) to take part in this collaborative effort.
 - Engage with the existing Regents Advisory Committee groups (e.g., counseling, student conduct, housing, public safety, student life, deans of students, etc.) to coordinate systematic approaches for addressing AOD issues and making certain such initiatives remain a priority.
 - Examine the working relationships between Public Safety and Student Conduct areas/entities on the campus to ensure there is a coordinated and consistent approach to addressing AOD behaviors including campus

reporting and “tolerance” levels, criminal and disciplinary action, and disciplinary sanctioning protocols.

- The John Fontaine, Jr. Center for Alcohol Awareness and Education at the University of Georgia may be able to serve as a clearinghouse and home base for the Collaborative, collecting information, developing a database for USG-wide access and coordinating upcoming meetings; Kennesaw State University might serve as the clearinghouse for Collegiate Recovery Programs (CRP) and a statewide CRP collaboration.
- Consider assigning a System-level official to coordinate efforts and facilitate the work of the Collaborative.
 - Coordinate annual training opportunities (hosted by different campuses) for campus officials working to reduce AOD abuse and interpersonal violence on campuses, including required annual training for all institutional representatives.
 - Engage in grant writing for System-wide efforts and research opportunities and collaborate with institutional grant-writing efforts to further support education and prevention initiatives.

Recommendation 4 (Campus and System levels): Institutions should develop a positive messaging framework that promotes healthy decision-making around AOD use and discourages AOD abuse. The USG can complement this effort through the development of a System-wide website on AOD resources.

- Rationale/Recommended Action Items:

Students have noted a lack of consistent messaging surrounding AOD abuse and very little promotion of abstinence as a social norm; many arrive on campus assuming underage drinking and AOD abuse are rites of passage for college students.

 - Counseling/Student Health Centers at each institution should have targeted education/messaging surrounding prescription drug abuse, including the dangers of mixing alcohol or other drugs with prescription drugs.
 - A System-wide website, dedicated to prevention of AOD abuse, could be a valuable resource for the institutions.
 - This website could offer specific, comprehensive information about education, alternatives, prevention, intervention, recovery and support services at each USG institution, to include a list of programming based on an institution’s location and student body, training programs for staff and state and national resources, etc.

Town/Gown Relations

Recommendation 1 (System level): The USG should engage with the Georgia Department of Revenue (DOR) to explore stronger penalties for the underage sale of liquor and similar violations. The Task Force recommends that potential license revocation occur after the second or third offense; that fines for non-compliance be increased; and that the license should not be able to be transferred after revocation.

- Rationale/Recommended Action Items:
Through interviews and discussions with the various enforcement agencies, most participants indicated a growing issue with individuals just at or beyond the legal age purchasing alcohol for those under 21 at retail and package stores.
 - The DOR should be encouraged to examine current penalties for non-compliance with state alcohol licensing laws, which the Task Force views as inadequate and without impact on the marketplace.
 - Fines range from \$1,000 to \$4,000 for repeated offenses, and the license is not suspended until the third or possibly even the fourth offense; at that point, it is only revoked for 30-45 days.
 - In addition, individual fines/penalties for persons selling alcohol to minors currently provide little deterrent.
 - The DOR also should be encouraged to increase punishment for non-compliance to include criminal penalties referred to the Attorney General or local District Attorney.

Recommendation 2 (Campus): Institutions should promote greater interaction between officials involved in alcohol and drug enforcement at the campus and local levels.

- Rationale/Recommended Action Items:
Nearly two-thirds of USG institutions report having some sort of relationship with local municipalities connected to alcohol and drug enforcement. However, few are comprehensive; most consist merely of college/community police departments collaborating on enforcement (e.g., patrols, one-time sting operations for fake IDs, awareness of off-campus parties, etc.). Research recently published by the University of Minnesota School of Public Health indicates a comprehensive approach is needed to address the impact of alcohol and other drugs on college campuses. The authors call for strong coalitions that include representatives from all groups (University officials, enforcement agencies, community members, parents and students) to truly impact the culture (Toomey, Lenk, & Wagenaar, 2007).
 - Individual institutions should initiate regular meetings with local government counterparts on at least a quarterly basis, preferably more frequently.
 - Each institution should be encouraged to form additional coalitions that bring together bar owners, enforcement agencies, university officials and community

members to share information and support in addressing the issue of underage drinking. The group can then:

- Review all relevant policies and ordinances to ensure that they serve to minimize the problem of underage drinking.
- Work together to ensure that both students and retail establishments are held accountable for violations.
- Advocate for the maintenance of strict oversight of building codes, fire safety codes and zoning regulations.
- Such enhanced cooperation could lead to:
 - Joint collection and reporting of specific crime data to help enforcement agencies at all levels to take action;
 - Better coordination on operations involving compliance checks; and
 - Improved training.

Recommendation 3 (System level): The USG should ask the Georgia Municipal Association (GMA) to draft a model alcohol license ordinance for cities/local governments.

- Rationale/Recommended Action Items:

Alcohol retail density is a growing concern, as bars often are concentrated in small downtown areas. These retail establishments provide a significant source of tax revenue in several college communities, and some local communities have not aggressively responded to the challenges these establishments can create. Involvement of the GMA can provide a statewide framework and potentially lead to the following enhancements:

 - Standardization of an administrative process to grant alcohol licenses and review violations;
 - Standardization of a process to address violations of the terms of an alcohol license;
 - Standardization of zoning density regulations for bars;
 - Implementation of a requirement for uniform training on local and state laws regarding alcohol for bar owners, managers, bartenders and waitresses;
 - Creation of expanded reporting processes to enable collection and analysis of data specific to communities with colleges or universities; and
 - Automation of reporting of licensing violations to enable local municipalities and higher education institutions to track and plan more proactively.

TOPICS FOR FURTHER DISCUSSION

Although the Task Force's review was thorough, it was no means exhaustive, as the expanse of issues surrounding alcohol and other drugs is vast. Several topics warrant closer examination, and this issue will remain a persistent and challenging matter. Therefore, the Task Force recommends that the USG continue the dialogue by directing its Committee on Student Activities and Student Life to bring fresh perspective to these and other issues:

- AOD abuse in middle schools and high schools and how prevention efforts, if introduced at this level, could reduce the AOD problem in colleges and universities;
- a more in-depth review of the prevalence of illicit drug use within institutions of higher learning in the state; and
- pilot programs to combat AOD abuse and gather relevant data.

The Task Force notes that it is important for the voice of the USG students to continue to be heard in further discussions.

RESOURCES

The College AIM Matrix (Alcohol Intervention Matrix) by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) is being included as Appendix C to this report. The resource is designed to guide college AOD education and intervention personnel through the prevention spectrum and to help them make wise, evidence-based choices about the many potential interventions available to address harmful and underage college drinking. This free resource, established by the National Institutes of Health, may be accessed at <http://www.collegedrinkingprevention.gov/collegeaim/>.

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APPENDIX A

Task Force Membership

MEMBERSHIP OF THE USG TASK FORCE ON ALCOHOL AND SUBSTANCE ABUSE

President Cheryl Dozier (Co-Chair)

Savannah State University

President Jere Morehead (Co-Chair)

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Georgia Southwestern State University

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Dalton State College

Houston Gaines

Vice President, Student Government
Association

University of Georgia

Justin Gaines

Director of Public Safety

University of North Georgia

Juawn Jackson

Student Government Association President

Georgia College & State University

Jeff Jacobs, Jr.

Dean of Students and Director of Housing

Clayton State University

Jodi Johnson

Vice President for Enrollment and Student
Services

Dalton State College

Ron King

Lead Health Educator

University of West Georgia

Lisa Macke

Director of Member Services

Georgia Independent College Association

Jan Moore

Mayor

City of Statesboro

Ajay Nair

Senior Vice President and Dean of Campus Life

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APPENDIX B









Survey and Responses

Name of institution

Abraham Baldwin Agricultural College
Albany State University
Armstrong State University
Atlanta Metropolitan State College
Augusta University
Bainbridge State College
Clayton State University
College of Coastal Georgia
Columbus State University
Dalton State College
Darton State College
East Georgia State College
Fort Valley State University
Georgia College & State University
Georgia Gwinnett College
Georgia Highlands College
Georgia Institute of Technology
Georgia Perimeter College
Georgia Southern University
Georgia Southwestern State University
Georgia State University
Gordon State College
Kennesaw State University
Middle Georgia State University
Savannah State University
South Georgia State College
University of Georgia
University of North Georgia
University of West Georgia
Valdosta State University

Statistic	Value
Total Responses	30

On your particular campus, what do you feel are the greatest contributor(s) to student alcohol and drug use/abuse? (Check all that apply)

#	Answer		Response	%
1	Social norms		21	70%
2	Peer pressure		21	70%
3	Stress		18	60%
4	Mental health issues		12	40%
5	Other		9	30%
6	Ease of access to alcohol and drugs		19	63%
7	Party culture		10	33%
8	Alcohol marketing		3	10%

Other
family factors
pre-existing addiction/prior use history
football culture and all that it involves
Social lubricant for lessening anxiety of meeting potential romantic partners
Family history and acceptance of behavior
Local surroundings don't provide alternatives
Entertainment Culture
Students are coming to campus as freshmen with substance use problems.







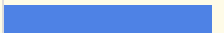

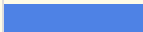

Are there dedicated, funded positions on your campus that are responsible for alcohol and other drug education, prevention, intervention, recovery, and/or support services?

#	Answer	Response	%
1	Yes	15	50%
2	No	15	50%
	Total	30	100%

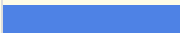


Please check all options that apply for the position(s).

#	Answer	Response	%
1	Position covers all areas of wellness including sexual health, stress, sleep, etc...not specifically dedicated to alcohol or drugs	11	73%
2	Position was hired as a general counseling position although the staff member has specific training in alcohol and drug issues	6	40%
3	Position is staffed by a graduate assistant (student)	0	0%
4	Position is 100% funded and dedicated to alcohol and drug prevention and education services	5	33%
5	Position is funded by the University Health Center and/or Counseling or Psychiatric/Psychological Services	9	60%
6	Position is funded by Student Affairs	9	60%
7	Position is funded by donor/development account	2	13%
8	Position is Grant Funded	1	7%
9	Position is funded by another mechanism (please describe)	0	0%



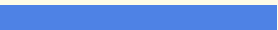


Please list the alcohol and other drug abuse or prevention services that the position(s) provide (please check all that apply).

#	Answer		Response	%
1	Prevention/Education		14	93%
2	Early Intervention (BASICS, CHOICES, Prime For Life)		9	60%
3	Clinical Counseling/Intervention (one on one, group work specific to alcohol or drugs), Alcohol and/or Other Drug Assessment		11	73%
4	Collegiate Recovery Program		3	20%
5	On line alcohol education class (Alcohol Edu, Constant Clarity, etc...)		14	93%
6	Orientation Sessions with students		8	53%
7	Orientation Sessions with parents		7	47%
8	Training with Residence Life Staff, Student Affairs Staff, etc...		14	93%
9	Campus Community Coalition		5	33%
10	Campus and Community Outreach		10	67%

Do you cover alcohol and other drug issues during orientation or week of welcome? If so, is this programming for students, parents, or both?

#	Answer		Response	%
1	Yes, for students		11	37%
2	Yes, for students and parents		15	50%
3	No		4	13%
	Total		30	100%

Please check all that apply related to topics covered during orientation or week of welcome to students (and/or parents).

#	Answer		Response	%
1	Students only receive alcohol and substance abuse information related to code of conduct and state and local ordinances		2	7%
2	Students and parents both, only receive alcohol and substance abuse information related to code of conduct and state and local ordinances		3	10%
3	We have mandated on line alcohol education programs for incoming students		18	60%
4	Other		6	20%
6	We do not cover alcohol and other drug issues at orientation or during week of welcome		1	3%
	Total		30	100%

Other

We have Alcohol & Drug Prevention Personal Enrichment Workshops and our Alcohol & Drug Prevention and Education Program for Student Athletes & Student Leaders

Alcohol Literacy Challenge (ALC), Voices/Voces, Prime For Life



ATOD education provided to both students and parents covers policy and prevention

Also, we provide information on alcohol poisoning, alcohol measurements, when to call for help, resources for help, and we have mandated online alcohol education programs for incoming students. In addition, students and parents both receive alcohol and substance abuse information related to code of conduct and state and local ordinances. I was only able to check one area on this question



We inform students and parents at Orientation about the Code of Conduct and about the risks of illegal and abusive drinking. We also provide information about campus resources that are available to students.

Items 2 and 3 apply at our institution



Do you notify a student's parents about alcohol violations?

#	Answer		Response	%
1	Yes		17	57%
2	No		13	43%
	Total		30	100%

After how many offenses do you notify the parents about a student's alcohol violations?

#	Answer		Response	%
1	1		15	88%
2	2		2	12%
3	3 or more		0	0%
	Total		17	100%

Do you have a "no tolerance" policy for alcohol and/or drug possession/use?

#	Answer		Response	%
1	Yes		12	40%
2	No		18	60%
	Total		30	100%

How do you define “no tolerance” specifically?

Text Response

There is a penalty for the first offense

Alcohol and drugs possession and use not allowed

"No tolerance" is the application of rules or penalties pursuant to the Code of Conduct to establish and reinforce the importance of eliminating undesirable conduct.

Our institution designates all areas as "free zones" free from drugs, alcohol, smoke, tobacco, guns, and all forms of intolerance

The campus is alcohol and drug free.

University officials have sanctions on the first violation.

Students in violation of our 'no drug' policy are removed from residence hall facilities and are only allowed to attend classes. Non-student violators are banned from campus. Continued violations from students would result in the student being banned.

Possession or use on campus is subject to disciplinary action.

Drug use is no tolerance and students living in residence life are removed.

We do not have housing, we have less than one case a year, no tolerance means no alcohol, all violations are cited.

University Housing has a no tolerance policy for illicit drugs. Students found in possession of illicit drugs in university housing must vacate their residence hall room within 10 business days.

We are still working through our definition. Students who violated this policy will be sanctioned in some form, but we are still developing a hard and fast disciplinary process for this.

How would you rank alcohol and drug violations on your campus in terms of frequency (and compared to other general behavior violations)?

Text Response

Very high

Alcohol and Drugs rank second to noise violations.

high

Consistent with national mental health trends, alcohol and drug violations rank 5th on our campus relative to other primary psychological and emotional issues: 1) Depression 2) Anxiety 3) Suicidal Ideation 4) Eating Disorders and 5) Alcohol/Substance Issues. Of course, one can never ignore co-morbidity.

50% of the Student Code of Conduct violations are related to drug and alcohol.

Violations occur mostly in campus housing and are below average compared to other campuses but

comprise a substantial volume of the overall conduct violations for our institution.

Most frequent reason for violation of student conduct code.

Alcohol is often a factor in legal infractions and Code of Conduct violations.

In 2010 alcohol violations ranked the highest of all violations reported to the Office of Student Conduct. Anecdotal information provided by Health Center staff indicates that alcohol violations continue to rank highly.

Marijuana violations are by far the most prevalent violations at our institution. We include paraphernalia and smoke and smell as a charge as well. We do not see any other type of drug very often. Marijuana charges are more than double that of alcohol.

We have a high number of marijuana conduct violations compared to alcohol.

Substance abuse makes up the vast majority of student judicial cases, but alcohol is often a contributing factor in other behavioral issues (sexual misconduct, assault, vandalism, etc.).

Low - According to our Student Code of Conduct violations last year, only eight (8) of the 162 incidents reported dealt with alcohol (5) or drugs (3). According to our online tool, only 9% of our student body population is high risk, meaning they had more than four drinks (females) or five drinks (males) in one occasion.

Little to none. We are a community college and have had less than five violations in the last ten years.

Alcohol violations is one of the top violations each semester. Drug violations are much less common.

Violations related to alcohol and drug policy make up the majority of judicial cases heard on our campus.

There are more drug than alcohol violations. Drug and Alcohol violations are most frequent. They are followed by fights.

Our office of student conduct ranks very high as it relates to alcohol and drug violations. They do a great job.

Most common conduct violation is residence visitation. Alcohol/Drug violations are a very distant second.

Less than five percent.

Alcohol and drugs are the most frequent violation, usually occurring in Housing.

Number 1 violations

2 drug cases a year, 1 alcohol case a year, I rank that pretty low.

In the top 5 non-academic violations

University Housing reports more code of conduct violations than any other university office or department. For the 2014- 2015 academic year University housing reported a total of 635 Code of Conduct violations, of those violations 26% were related to violations of the alcohol (102 reported, 77 students found responsible) and other drug (63 reported, 49 found responsible) policies.

average

Alcohol violations represent the largest number of violations on our campus and therefore our largest number of violations across the University. There are far less drug violations.

Next to plagiarism and cheating, drugs and alcohol are the most common charged violation on-campus.

Alcohol and drug violations are the top two violations on campus, respectively.

Does your college/university currently work with local elected city officials and local law enforcement to assist with enforcement of policies related to alcohol or drug use?

#	Answer	Response	%
1	Yes	19	63%
2	No	11	37%
	Total	30	100%

Please describe the nature of the relationship.

Text Response

Campus public safety and city police work cooperatively in investigation and enforcement.

Ticketing and arrests

Annually, our institution hosts a number of programs college-wide (e.g., Alcohol & Drug Prevention, Suicide Awareness & Prevention, Domestic Violence Education, Sexual Misconduct Training). Panelists at these programs represent a diverse array of community professionals and members, including judges, police officers, directors and staff of training and prevention agencies, mental health counselors, faculty and staff, students, as well as family members, and survivors of those who have experienced effects of such issues. In addition, emphasis is placed on communication, coordination, and the use of specialized knowledge, information, and physical agency resources at the earliest indication of a potential crisis situation. The goal is to train student leaders, faculty, administrators, staff, and supervisors about concerning behaviors, in addition to appropriate responses and

protocols.

The Department of Campus Police and Student Health and Counseling Services collaborates with city and community officials in educating our students on the laws and social aspect of alcohol and drugs. The local Office of Alcohol and Drug Counseling Services partners with our institution and the city to reduce the number of underage alcohol purchases.

Alcohol affects students' judgment and inhibitions resulting in poor decision making, such as drinking and driving or public disturbance. Drinking students often pressure other students to drink, although much of the pressure to drink is self-imposed.

Local police forces work closely with our University Police in patrolling the adjacent areas to our campus, especially areas that are in close proximity to many local restaurants and night clubs. The City Manager's office forwards applications for alcohol licenses for establishments near campus to our University Police for input as well applications and permits for events.

More effort on the part of the campus than the community officials. There is a greater likelihood for city involvement in the aftermath of a major event. The university's Public Safety officers work at building and maintaining positive working relationships with the local police and Sheriff's Dept.

Positive working relationships between campus police department and city/county police help support events on campus. College partners with city and county officials to provide consult to address student behavior during "Frat Beach" weekend. Support from city leadership in enforcement of liquor licenses issued around the College.

It is a support relationship. The local police department will assist with investigations. Additionally, if a student is involved in a situation off of the campus, we are contacted by the local police force. The chief of police for the university keeps us up to date with all collaborative efforts with local law enforcement.

Local law enforcement is welcome on our campus at any time. They have a strong presence in the local community and on campus. Local drug task force assists and communicates with the College's police department. There are mutual aid agreements in existence.

We have speaker forums and panel discussions.

Proactive, collaborative and fully cooperative.

We work very closely with our Mayor and other City officials to try and decrease access to those under 21.

MOU's for city and county agencies.

University Police will issue citations for violation for students who violate alcohol and other drug laws. Citations result in a court appearance.

communication, training, education, enforcement

We receive official and unofficial reports from the local jurisdiction regarding behavior issues of student alcohol misuse.

When we are made aware of off-campus parties that may involve risky alcohol consumption, we notify local police.

How could local elected city officials and local law enforcement more effectively partner with your institution to reduce the sale of alcohol to underage students?

Text Response

Enforce drinking laws in community establishments.

Hold joint forums for the school, law enforcement and the community.

I must say that we have helpful and supportive relationships with community leaders, law enforcement, and elected officials. At our institution, our aim is to continue to grow these partnerships & relationships to ensure the livelihood & safety of our students and families.

If students are 21 years of age they can purchase alcohol.

Local officials and law enforcement are active in a community coalition to which the institution belongs, so there is a connection and existing support. Our county already takes an aggressive stance on these matters and frequently "secret shops" local vendors to ensure they are following the law.

By increasing the penalties for selling to underage.

Stronger police presence and enforcement of underage purchase/consumption laws at drinking establishment frequented by students.

Establish a campus community coalition

Our institution should extend an invitation for an elected official to serve on the University's Alcohol and Drug Education Task Force.

This is not a big issue on our campus. Our bigger issue is marijuana.

Send underage, undercover patrons into local bars to see if they are able to obtain alcohol.

They have done a fairly good job in our area of ensuring local businesses are checking ID's. They conducted a few sting operations a few years ago and arrested and fined stores selling to under-aged students and this went a long way in reducing the sale of alcohol to minors.

At this time, there is no communication between the listed parties, so I'm not aware if there is a problem with underage sales and how we might assist.

Consistent enforcement of laws governing retailers

Provide more scrutiny of bars and liquor stores that may serve alcohol to minors.

We already have a great partnership.

We do not feel that local elected city official and local law enforcement do not go above and beyond to effectively address this area of concern.

Elected city officials and law enforcement could evaluate existing laws and policies and modify as appropriate.

We are continuing to develop relationships with local law enforcement and I think that will help significantly.

N/a

By providing a better way of utilizing IDs as it is too easy to get fake ids.

They work closely with local police.

Inform location institutions of their monitoring practices and protocols for establishments that serve alcohol near campus.

Monitor the hot-spots on high demand days.

Partnering with them to discuss with students potential ramifications of behaviors, but also the Georgia Dram and Host Liability laws.

The problem that we have noticed is not the sale of alcohol to underage persons. It is the persons who are of age that are buying and providing the alcohol to underage students.

Please describe the types of initiatives that have been successfully implemented in partnership with your local government/community to address the issue of underage drinking.

Text Response

We receive a grant from the Governor's Office of Highway Safety to educate the students about drunk driving. We conduct random checks/roadblocks to look for underage drinking violators. We partner with the local police departments to complete these checks.

Passing of city ordinance for ticketing underage drinking instead of arresting the offender.

Our institution received a grant from GOHS (Georgia Governor's Office of Highway Safety) to establish programs to address underage drinking among students. The programs are listed as follows: Project Impact: College students and area high school students will be invited to view a movie that's subject matter is relevant to underage drinking. After the movie, a community agency like MADD or SADD will share information about their organization and how students can get involved. A panel discussion could be included in this program to discuss the social norms in the local county and to educate students how underage drinking affects our local community. Think Fast: Built around the concept of team effort, ThinkFast is a trivia-based game show that utilizes the Fleetwood Wireless Keypad. The ThinkFast game is a combination of music videos, multiple choice trivia, and survey questions. A trivia question will appear on the screens and each team will huddle together to select the correct answer. It incorporates as many teams as you require, various sizes of rear projection screens ranging from 10' x 10' to 20' x 20', MTV-style staging, professional sound, and Intelligent lighting. Because the screens are the focal point of the game, they are available for branding and the trivia will be customized to increase awareness on underage drinking and wearing seat belts. Virtual Intoxication Golf Cart Navigation: Virtual Intoxication Golf Cart Navigation program encourages students to be intentional and cognizant about their decisions to drink alcohol and be aware of the amount they consume if they choose to drink. Through individual guidance with an instructor, we safely demonstrate the visual impairment of driving while intoxicated. Students drive a golf cart through a mini obstacle course while wearing Virtual Intoxication Goggles. The goggles slightly distort the location of objects and slightly blur visual clarity to demonstrate how alcohol may impair a person's ability to drive or even park a vehicle.

No partnership exists.

Local officials and law enforcement are active in a community coalition to which the institution belongs, and these agencies are part of our campus ATOD Education and Prevention Coalition. Our

county already takes an aggressive stance on these matters and frequently "secret shops" local vendors to ensure they are following the law, and we collaborate with local law enforcement in patterns of behaviors occurring in off-campus student housing involving alcohol and drug behaviors.

None

The Community Relations representative (and campus Substance Abuse Task Force member) for Johnson Distributor's teaches "Training for Intervention Procedures" (TIPS) to education bartenders/wait staff to detect would-be underage drinkers. The issue of Underage Drinking is primarily addressed at campus outreach events.

The University Health Center has worked with local community agencies, nonprofit organizations, and school to address the issues of underage drinking, bystander intervention, review harm reduction strategies, and share data.

Our University Police participate in the local county school district city-wide high school alcohol event. Our Peer Health Educators have in the past worked with a local high school to have the students sign a Sober Prom Night pledge.

No initiatives since this has not been an issue on our campus.

NA

The College was a partner in addressing underage drinking at the event on St. Simons Island the Friday before the Georgia/Florida game (Frat Beach). A comprehensive effort was orchestrated with city and county law enforcement, medical support, and judicial support with the College taking a role in the discrimination of information to the College population.

The Division of Student Affairs does not have any formal partnerships. However, the Department of Public Safety partners each year with local law enforcement for the Campus Night Out (a safety and educational awareness fair).

All initiatives are directed through our campus police. We usually partner with them through general education sessions.

Our institution's police department works with the local police department to distribute applicable information regarding awareness & safety in regards to underage drinking at various times throughout year.

We have speaker forums and panel discussions.

We've done TIPS in the past and that seemed to have been beneficial.

N/a

We have worked closely with Mayor and local officials to close the legal loopholes for bars who sell to students under 21. The main issue is that the laws are enforced.

None known.

Previous partnerships with the Georgia Department of Transportation to provide awareness materials for underage drinking and DUI prevention education.

None.

We have none thus far.

Please provide any additional comments or recommendations for the USG Task Force to consider (they will be aggregated and not reflect any specific institution or person).

Text Response

More grant opportunities to have educational programs.

Consider establishing partnerships among the USG college/university to work together to provide trainings, resources, webinars, and expertise regarding the many mental health, psychological, and social issues that confront our system. In the 21st century, collaborations are important.

N/A

Peer education is critical. We need a program that focuses on health promotion and assessing personal choices in relation to desired short-term and long-term outcomes, and not punitive measures. Everyone already knows the law, and most code policy is common sense, so changing behaviors cannot be legislated but must be culturally influenced and grounded in understanding the underlying causes for the behaviors.

Just as we have received an institution-wide contract for an online program for all incoming students that covers sexual assault and substance abuse (Haven/Everfi), we need the funding to train individuals on every campus to implement the Prime for Life Program for students who violate alcohol or drug policies or are presenting issues related to addiction.

Medical Amnesty Policy Safe Ride program Delayed "Rush" for Greek Life chapters. Offer non-drinking Wellness Floors in Housing

I would like to clarify the question about the dedicated person for Alcohol and Drug Education at our institution. We do not have a full time position dedicated to that position, but is a part of the responsibility of the Assistant Dean of Students to provide preventative education for alcohol and drugs and sexual violence. There is also a counselor in the Counseling Center with a specialty for alcohol and drug education.

When campuses bring students with expendable income from out of town to their locales, there's a greater financial incentive for the local governments to cite and fine the students for Minor in Possession than there is for them to try to prevent underage access.

I would argue that students come to our campus with these problems from their experiences in high schools. Either we as a country will take underage drinking seriously and enforce the law or parents and teens will continue to encourage this behavior. Too often high school students and their parents hosting the party are let off with warnings.

I would like to see a list compiled of resources and best practices. Smaller schools do not have the staff or budgets for large scale programs, but I believe there are programs and ideas that could be replicated from some of the larger campuses.

No further recommendations.

N/A

My doctoral dissertation research is on alcohol and other drug policies and compliance efforts. One thing I found is that illegal and abusive drinking is not collegiate. The college and university is simply a cross section of greater society. The good news is that we have opportunities in higher education to

provide significant resources and educational experiences that may help students drink responsibly. I found the most significant influence to be the entertainment industry and the picture the industry paints for students about the college experience. Combating that influence is daunting and near impossible. If you can get buy-in from student leaders you can change the culture much quicker, and creating a culture that values an environment free of illegal and abusive drinking is a key component. Another avenue that I found was very helpful is to provide numerous alternative programming that is dry. This can help tremendously.

It is critical that the state, as a whole, realize that access to alcohol for students under 21 is a major issue. We need to have stronger enforcement and punishment for the bars and stores selling to underage drinkers.

This initiative should be treated as a "system-wide" issue, similar to the recent Title IX issue.

Allocated funding for AOD prevention and education efforts.

There should be funding provided to institutions to develop a fully staffed drug and alcohol program on their respective campuses.



APPENDIX C

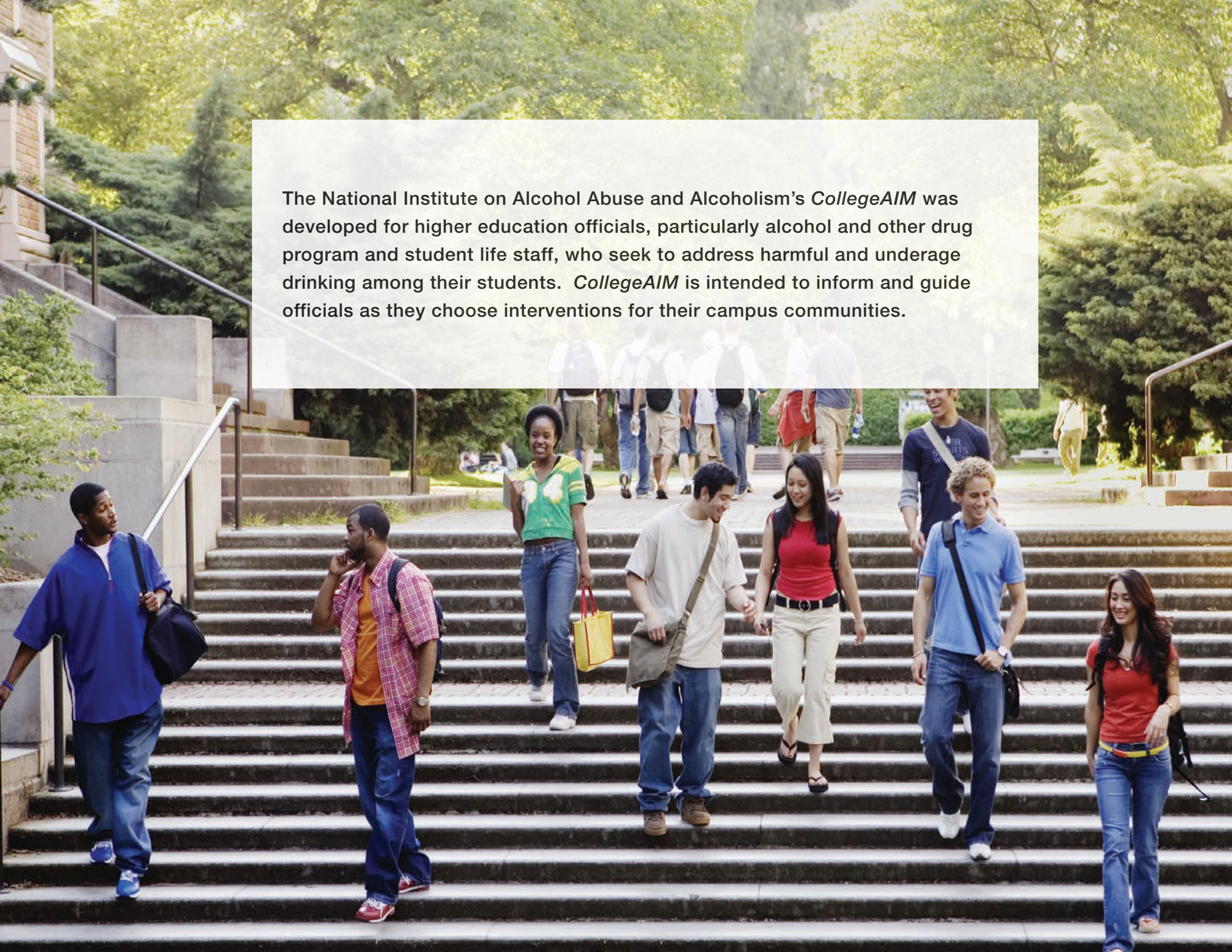
The College AIM (Alcohol Intervention Matrix)
by the National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Planning
Alcohol
Interventions
Using NIAAA's

COLLEGE!AIM
ALCOHOL INTERVENTION MATRIX



NIH National Institute
on Alcohol Abuse
and Alcoholism



The National Institute on Alcohol Abuse and Alcoholism's *CollegeAIM* was developed for higher education officials, particularly alcohol and other drug program and student life staff, who seek to address harmful and underage drinking among their students. *CollegeAIM* is intended to inform and guide officials as they choose interventions for their campus communities.

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Introduction

Harmful and underage drinking remain significant problems on U.S. campuses, despite our collective efforts to address them. Higher education officials understand that, all too often, alcohol-related problems can seem intractable, leading to questions and frustration over how best to reduce student drinking and its negative consequences.

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) developed the *CollegeAIM* guide and website to help college personnel choose wisely among the many potential interventions to address harmful and underage college student drinking.

The centerpiece of the guide is a user-friendly, matrix-based tool developed with input from leading college alcohol researchers, along with college student life and alcohol and other drug (AOD) program staff. With this “college alcohol intervention matrix”—or *CollegeAIM* tool—school officials can easily use research-based information to inform decisions about alcohol intervention strategies.

If you are involved in efforts to reduce underage drinking and prevent alcohol-related harm on your campus, you are in a critical position to improve the health and safety of your students—and NIAAA’s *CollegeAIM* can help.

How can *CollegeAIM* help?

It can be challenging to decide where to focus your prevention efforts and dollars—especially given the magnitude of the problem and the dozens of varied interventions available.

CollegeAIM provides the evidence-based information you need to compare a broad range of alcohol interventions. By rating the relative effectiveness and other characteristics of nearly 60 strategies, *CollegeAIM* will help you:

- Identify strategies most likely to reduce drinking and its harmful consequences,
- See how your current strategies compare with other options,
- Find new, research-based strategies to consider, and
- Select a combination of approaches that meets the needs of your students and campus.

Where does *CollegeAIM* fit into an overall prevention planning process?

CollegeAIM, with its matrix-based tool, guide, website, and related resources, is meant to be used in conjunction with your school's own processes for anticipating and responding to the needs of your student body, campus environment, and surrounding community. You probably already apply a variation of these steps for college prevention programs:

- **Assess** the problems on your campus and set priorities,
- **Select** strategies by exploring evidence-based interventions,
- **Plan** how you'll carry out the chosen strategies and how you'll measure results, and
- **Take action**—implement the chosen strategies, evaluate them, and refine your program.

CollegeAIM supports the second step, select strategies. For help with the other phases, please see the Supporting Resources on page 29 and on the *CollegeAIM* website (see URL below).

What's in this guide?

To help you choose an appropriate mix of effective, evidence-based interventions, *CollegeAIM* contains two matrices: one for environmental-level interventions, which target the campus community and student population as a whole, and the other for interventions that target individual students, including those in higher-risk groups, such as first-year students, student athletes, members of Greek organizations, and mandated students. Beyond rating the relative effectiveness of these strategies, the matrices provide estimates for anticipated costs, barriers to implementation, and other factors.

This guide also contains two summary tables that further define and characterize the interventions, a strategy planning worksheet, a list of the frequently asked questions answered online on the *CollegeAIM* website (see URL below), and a list of additional resources.



About *CollegeAIM*

CollegeAIM is distinctive because of the number and expertise of its contributors and the breadth of research covered by its analysis.

How was *CollegeAIM* created?

CollegeAIM is the product of a multi-year collaboration among college alcohol intervention researchers, college AOD and student life professionals, and NIAAA staff. Two development teams, each with three researchers, worked with NIAAA to produce *CollegeAIM*. The first phase involved identifying the interventions to be included in *CollegeAIM* and the factors by which they would be evaluated. The second phase involved analyzing the substantial research literature on college alcohol interventions and rating each of the interventions according to those factors. Ultimately, the development teams examined and rated nearly 60 interventions on their relative effectiveness, costs, barriers to implementation, and amount and quality of research, among other variables.

In the subsequent phase, an additional 10 college alcohol researchers reviewed the analysis, applied their knowledge and professional judgment, and provided detailed feedback for refinements. Through multiple rounds of reviews and revisions, this consensus process distilled the results of decades of research and hundreds of studies into a user-friendly decision tool.

For more information on the methodology, see the Frequently Asked Questions section of the *CollegeAIM* website (see URL below).

What it is, what it's not.

CollegeAIM is grounded in a matrix-based tool that evaluates dozens of environmental- and individual-level interventions, allowing you to compare and contrast strategies across a number of criteria. Additional detailed information on each intervention is presented in summary tables, providing in-depth descriptions to help you choose wisely among many available options.

Although *CollegeAIM* covers an extensive list of strategies, it does not include every possible intervention available to colleges, nor does it outline the combination of strategies appropriate for any given school. With a few exceptions, *CollegeAIM* focuses on interventions to reduce underage and excessive alcohol consumption as a way to reduce their harmful consequences, rather than focusing directly on the consequences themselves.

An evolving information base.

As with any effort that relies on current research, *CollegeAIM* is a work in progress and will evolve as new research findings emerge. NIAAA will conduct updates about every two years, with input from the research community.

Why Intervene? College Drinking Is a Big Deal

While some see college drinking, even to excess, as a harmless rite of passage, it often results in adverse consequences for students and their schools.

Consequences for Students:

- **Academic fallout:** Missed classes, poor school performance, withdrawal from courses, and dropping out
- **Health problems:** Alcohol use disorder and other alcohol-related problems, such as sleep issues and depression
- **Acute risks:** Impaired driving, unsafe sex, fights, sexual assaults, suicide attempts, unintentional injuries, overdoses, and death

Even students who don't drink may experience secondhand effects, such as disrupted study and sleep, or being the victim of an alcohol-related assault.

Consequences for Schools:

- Higher costs for health care and security
- Costs related to campus vandalism
- Costs related to attrition and the need for additional recruitment
- Damage to a school's reputation

College drinking is a big deal. The problem is complex and challenging, but you can reduce the likelihood of alcohol-related harm to your students. Commit to a plan using evidence-based interventions.



About the Interventions in *CollegeAIM*

In the past several decades, significant progress has been made in clarifying what does and doesn't work to prevent alcohol-related problems among college students. Hundreds of studies have been published in peer-reviewed journals, providing the foundation for *CollegeAIM*.

Of the intervention strategies in *CollegeAIM*, more than half have shown some degree of effectiveness, about a third have mixed results or have too little evidence to warrant an effectiveness rating, and a few have been shown to be ineffective. All are included so you can see how your current strategies stack up; identify other, perhaps more effective options; and compare costs, barriers to implementation, and other information to help your planning and decision-making process.

Two types of strategies: individual and environmental.

To cover the full spectrum of alcohol-related problems most campuses face, *CollegeAIM* includes 24 individual-level strategies and 36 environmental-level strategies.

Individual-level strategies are designed to change your students' knowledge, attitudes, and behaviors related to alcohol so that students drink less, take fewer risks, and experience fewer harmful consequences. Categories of individual-level interventions include education and awareness programs, cognitive-behavioral skills-based approaches, motivation and feedback-related approaches, and behavioral interventions by health professionals.

Environmental-level strategies are designed to change the campus and community environments in which student drinking occurs. Often, a major goal is to reduce the availability of alcohol, because research shows that reducing alcohol availability cuts consumption and harmful consequences on campuses as well as in the general population. *Note that by focusing on single, stand-alone environmental strategies, this tool does not include multi-component environmental programs, some of which have shown success.* Some strategies used in successful multi-component programs, such as party patrols, may not have had enough research to demonstrate their effectiveness when used in isolation. Even so, this strategy and others designed to reduce alcohol availability may add to the effectiveness of a comprehensive campus program.

A mix of strategies is best.

Your greatest chance for creating a safer campus will likely come from a combination of individual- and environmental-level interventions that work together to maximize positive effects. Individual-level strategies generally aim to assist students identified as problem, at-risk, or alcohol-dependent drinkers. It is important to engage these students as early as possible. Environmental strategies seek to affect the behavior of the overall student population by addressing the factors that accommodate or promote underage and high-risk drinking. Reducing the availability of alcohol in the broader campus and community environment, for example, can have wide-ranging positive effects for all students and the campus as a whole.

In short, as you develop your action plan, remember to include strategies that target individual students, the student body as a whole, and the broader college community.

Cut harmful consequences by reducing student drinking.

The strategies included in *CollegeAIM* focus primarily on reducing student drinking—and thereby reducing all possible harmful consequences—rather than on trying to prevent particular outcomes such as overdoses, sexual assaults, or alcohol-impaired driving. Three exceptions—amnesty policies, alcohol bystander interventions, and safe ride programs—are also included because a large number of campuses have instituted these programs. However, research has not yet established clear evidence of effectiveness for these strategies (see the matrix on page 12).



One consequence stands out in magnitude and may be a particular challenge for college AOD staff to address: alcohol-impaired driving. Alcohol-impaired driving accounts for the majority of alcohol-related deaths among college students nationwide. Your efforts to reduce student drinking will likely reduce the risk of alcohol-impaired driving as well; however, if you would like to take specific additional steps to help prevent your students from driving while impaired, please see the Frequently Asked Questions section of the *CollegeAIM* website (see URL below).

Campus and Community Partners Can Help

College AOD offices are often small in staff and budget, and some interventions may be beyond their purview. You can expand your reach and impact by enlisting people in other campus departments and in your community to help reduce alcohol-related harm among your students.

Who on your campus can help? A few possibilities:

- **Health and counseling centers** can conduct routine alcohol screening and brief interventions with your students.
- **Behavioral and social science departments**, both instructors and students, can plan and execute data collection and evaluate your interventions.
- **Campus security** can support onsite environmental interventions and share data on alcohol-related incidents.

Some of the most effective strategies are carried out in the communities and states surrounding the campuses, such as enforcing the minimum legal drinking age. Campus leaders can be influential in bringing about off-campus environmental changes that protect students.

To achieve success off campus, partner with leaders and advocates in your community and state. Building these partnerships takes time, so you may want to make it part of a long-term plan. For models of campus-community collaboration, see the Frequently Asked Questions section of the *CollegeAIM* website (see URL below).

How To Use *CollegeAIM*

Now that you have a basic understanding of *CollegeAIM* and how it can help you select evidence-based interventions, you're ready to start using it. This section offers instructions on how to work your way through the guide and make the best use of its features.

Before using *CollegeAIM*: Briefly assess the problems on your campus.

The first step for effective intervention programming is to understand the nature of alcohol-related problems on your campus and answer the question, "What do we need to focus on now?" Consider how alcohol problems manifest themselves at your school. What do they look like? For example, are there problems with your Greek system? In your first-year residence halls? In off-campus student housing? Are there issues related to retail establishments in your neighborhood? Are there fights and vandalism at your school's athletic events? Do most problems occur at certain times of day or on certain days of the week? In short, what are the times, places, and subgroups that give rise to alcohol-related harm?

To help zero in on your school's most pressing needs, you can consult with colleagues and key stakeholders who can provide data along with informal reports. A collaborative process to assess your campus needs will yield the best results. It's important to do some research to inform your decisions, *but do not get so bogged down that you lose momentum.*

For information about developing a manageable system for assessing and monitoring alcohol-related problems on your campus, please see the Supporting Resources on page 29 and the Frequently Asked Questions section of the *CollegeAIM* website (see URL below).

As you plan, it is also a good idea to be aware of the state and local alcohol laws and policies in your community. For details about alcohol-related policies at the state level, visit NIAAA's Alcohol Policy Information System at www.alcoholpolicy.niaaa.nih.gov.

Consult the matrices.

Once you have outlined your school's needs, *CollegeAIM* can help you:

- 1) *Inventory and rate your current strategies*: First, list basic information and notes about your current strategies on the *Strategy Planning Worksheet*, found on page 27 and downloadable from the *CollegeAIM* website. Next, check the matrices on pages 11 and 12, and then the summary tables on pages 13–24 to see how your current interventions fare in terms of effectiveness, costs (including staff time), and other criteria of interest to you. Add this information to the worksheet.
- 2) *Consider alternative strategies*: Next, compare your strategies to other interventions in the matrices to see if any new, effective approaches might replace some of your existing strategies or be added to your overall plan. Add key information about potential new strategies to the worksheet.

As you review your list of potential interventions, remember that no single strategy is likely to be sufficient to address college student drinking and the problems it causes. In general, using a combination of individual and environmental strategies has the best chance for success. Thus, the task is to put together a manageable mix of strategies from *CollegeAIM* that fits your school's priorities and your budget.



Make a plan and put it into action.

With information on your school's needs and current activities, and the results from *CollegeAIM* summarized on your *Strategy Planning Worksheet*, you can outline and execute plans to implement specific strategies on your campus, measure the results, and review and refine your practices.

For additional guidance and information on these steps, see the Supporting Resources section on page 29 and on the *CollegeAIM* website (see URL below), where you'll find links to help you implement many of the strategies rated as effective in *CollegeAIM*.

Although there is no simple solution to the problem of underage and harmful college drinking, choosing your interventions, with help from *CollegeAIM*, boosts your odds of success by ensuring that you are using credible, evidence-based information to guide your decisions.



The *CollegeAIM* Tool and Strategy Summary Tables

INDIVIDUAL-LEVEL STRATEGIES:

Estimated Relative Effectiveness, Costs, and Barriers; Public Health Reach; Research Amount; and Primary Modality¹

COSTS: Combined program and staff costs for adoption/implementation and maintenance				
		Lower costs \$	Mid-range costs \$\$	Higher costs \$\$\$
EFFECTIVENESS: Success in achieving targeted outcomes	Higher effectiveness ★★★	IND-3 Normative re-education: Electronic/mailed personalized normative feedback (PNF)—Generic/other ² [##, B, ●●, online/offsite] IND-10 Skills training, alcohol focus: Self-monitoring/self-assessment <i>alone</i> ³ [#, F, ●●, online/offsite] IND-21 Personalized feedback intervention (PFI): eCHECK UP TO GO (formerly, e-CHUG) ² [#, B, ●●●, online]	IND-9 Skills training, alcohol focus: Goal/intention-setting <i>alone</i> ³ [##, F, ●●, IPI] IND-12 Skills training, alcohol plus general life skills: Alcohol Skills Training Program (ASTP) ² [#, F, ●●●, IPG] IND-16 Brief motivational intervention (BMI): In-person—Individual (e.g., BASICS) [##, F, ●●●, IPI] IND-22 Personalized feedback intervention (PFI): Generic/other ² [##, B, ●●●, online]	IND-17 Multi-component education-focused program (MCEFP): AlcoholEdu [®] for College ² [#, B, ●●, online] Interventions Delivered by Health Care Professionals Strategies in which health care professionals identify and help students whose drinking patterns put them at risk for harm, or who are already experiencing alcohol-related problems: IND-23 Screening and behavioral treatments IND-24 Medications for alcohol use disorder These approaches can reduce harmful drinking, according to studies conducted mainly in general adult populations (ages 18–65). <i>The differences in research populations, along with wide variations in costs and barriers across campuses, precluded ratings relative to other strategies. See page 18 for more information.</i>
	Moderate effectiveness ★★		IND-8 Skills training, alcohol focus: Expectancy challenge interventions (ECI)—Experiential [##, F, ●●●, IPG] IND-13 Skills training, alcohol plus general life skills—Parent-based alcohol communication training [#, F, ●●, offsite] IND-14 Skills training, alcohol plus general life skills or general life skills only: Generic/other ² [#, F, ●●●●, IPG] IND-15 Brief motivational intervention (BMI): In-person—Group [##, F, ●●, IPG]	Legend Effectiveness rating, based on percentage of studies reporting any positive effect: ★★★ = 75% or more ★★ = 50% to 74% ★ = 25% to 49% X = Less than 25% Barriers: ### = Higher ## = Moderate # = Lower Public health reach: B = Broad F = Focused Research amount: ●●● = 11+ studies ●● = 7 to 10 studies ● = 4 to 6 studies ○ = 3 or fewer studies Primary modality: IPI = In-person individual IPG = In-person group Online Offsite
	Lower effectiveness ★	IND-2 Normative re-education: Electronic/mailed personalized normative feedback (PNF) Event-specific prevention (21st birthday cards) [#, B, ●●, online/offsite]	IND-4 Normative re-education: In-person norms clarification <i>alone</i> ³ [#, F, ●●, IPG]	
	Not effective X	IND-7 Skills training, alcohol focus: Expectancy challenge intervention (ECI)—By proxy/didactic/discussion <i>alone</i> ³ [#, F, ●●, IPG]	IND-1 Information/knowledge/education <i>alone</i> ³ [#, B, ●●●●, IPG] IND-5 Values clarification <i>alone</i> ³ [#, F, ●●, IPG]	
	Too few studies to rate effectiveness ?	IND-11 Skills training, alcohol plus general life skills: Alcohol 101 Plus™ ² [#, B, ●, online] IND-19 Personalized feedback intervention (PFI): CheckYourDrinking (beta 1.0 version) ² [#, B, ●, online] IND-20 Personalized feedback intervention (PFI): College Drinker's Check-up ² [#, B, ●, online]	IND-6 Skills training, alcohol focus: Blood alcohol concentration feedback <i>alone</i> ³ [#, F, ●, IPI] IND-18 Multi-component education-focused programs (MCEFP): Miscellaneous ² [#, B, ●, online]	

See brief descriptions and additional ratings for each individual-level strategy on the summary table beginning on page 13.

¹ **Effectiveness** ratings are based on the percentage of studies reporting any positive outcomes (see legend). Strategies with three or fewer studies were not rated for effectiveness due to the limited data on which to base a conclusion. **Cost** ratings are based on the relative program and staff costs for adoption, implementation, and maintenance of a strategy. Actual costs will vary by institution, depending on size, existing programs, and other campus and community factors. **Barriers** to implementing a strategy include cost and opposition, among other factors. **Public health reach** refers to the number of students that a strategy affects. Strategies with a broad reach affect all students or a large group of students (e.g., all underage students); strategies with a focused reach affect individuals or small groups of students (e.g., sanctioned students). **Research amount** refers to the number of randomized controlled trials (RCT) of a strategy (see legend).

² Strategies are listed by **brand name** (e.g., CheckYourDrinking) if they were evaluated by at least two RCTs; strategies labeled **generic/other** have similar components and were not identified by name in the research or were evaluated by only one RCT; strategies labeled **miscellaneous** have the same approach but very different components.

³ Although this approach is a component of larger, effective programs such as BASICS and ASTP, it is evaluated here as a stand-alone intervention.

ENVIRONMENTAL-LEVEL STRATEGIES:

Estimated Relative Effectiveness, Costs, and Barriers; Public Health Reach; and Research Amount/Quality¹

COSTS: Combined program and staff costs for adoption/implementation and maintenance				
		Lower costs \$	Mid-range costs \$\$	Higher costs \$\$\$
EFFECTIVENESS: Success in achieving targeted outcomes	Higher effectiveness ★★★	ENV-16 Restrict happy hours/price promotions [###, B, ●●] ENV-21 Retain ban on Sunday sales (where applicable) [##, B, ●●●] ENV-22 Retain age-21 drinking age [##, B, ●●●]	ENV-11 Enforce age-21 drinking age (e.g., compliance checks) [##, B, ●●●] ENV-23 Increase alcohol tax [###, B, ●●●]	
	Moderate effectiveness ★★	ENV-17 Retain or enact restrictions on hours of alcohol sales [##, B, ●●●] ENV-34 Enact social host provision laws [##, B, ●●]	ENV-3 Prohibit alcohol use/sales at campus sporting events [##, F, ●●●] ENV-25 Enact dram shop liability laws: Sales to intoxicated [##, B, ●●●] ENV-26 Enact dram shop liability laws: Sales to underage [##, B, ●●] ENV-30 Limit number/density of alcohol establishments [###, B, ●●●] ENV-35 Retain state-run alcohol retail stores (where applicable) [###, B, ●●●]	ENV-31 Enact responsible beverage service training laws [##, B, ●●]
	Lower effectiveness ★		ENV-1 Establish an alcohol-free campus [###, B, ●●] ENV-7 Conduct campus-wide social norms campaign ² [#, B, ●●●]	ENV-12 Restrict alcohol sponsorship and advertising [##, B, ●●] ENV-14 Implement beverage service training programs: Sales to intoxicated [C = #, S/L = ##, B, ●●] ENV-15 Implement beverage service training programs: Sales to underage [C = #, S/L = ##, B, ●●●] ENV-28 Enact keg registration laws [##, B, ●●]
	Too few robust studies to rate effectiveness —or mixed results [?]	ENV-4 Prohibit alcohol use/service at campus social events [##, B, 0] ENV-5 Establish amnesty policies ² [#, F, ●●] ENV-8 Require Friday morning classes ² [#, B, ●●] ENV-9 Establish standards for alcohol service at campus social events [#, B, ●●] ENV-10 Establish substance-free residence halls ² [#, F, ●●] ENV-13 Prohibit beer kegs [C = #, S/L = ###, B, ●●] ENV-18 Establish minimum age requirements to serve/sell alcohol [##, B, ●●●] ENV-19 Implement party patrols [##, B, ●●] ENV-24 Increase cost of alcohol license [##, B, 0] ENV-27 Prohibit home delivery of alcohol [##, B, ●●] ENV-29 Enact noisy assembly laws [##, B, 0]	ENV-6 Implement bystander interventions ² [#, F, 0]	ENV-2 Require alcohol-free programming ² [#, F, ●●] ENV-20 Implement safe-rides program ² [##, F, ●●] ENV-32 Conduct shoulder tap campaigns [##, B, ●●] ENV-33 Enact social host property laws [##, B, 0] ENV-36 Require unique design for state ID cards for age < 21 [##, B, 0]

Legend

Barriers:

- ### = Higher
- ## = Moderate
- # = Lower
- C = Barriers at college level
- S/L = Barriers at the state/local level

Research amount/quality:

- = 5 or more longitudinal studies
- = 5 or more cross-sectional studies or 1 to 4 longitudinal studies
- = 2 to 4 studies but no longitudinal studies
- = 1 study that is not longitudinal
- 0 = No studies

Public health reach:

- B = Broad
- F = Focused

See brief descriptions and additional ratings for each environmental-level strategy on the summary table beginning on page 19.

¹ **Effectiveness** ratings are based on estimated success in achieving targeted outcomes. **Cost** ratings are based on a consensus among research team members of the relative program and staff costs for adoption, implementation, and maintenance of a strategy. Actual costs will vary by institution, depending on size, existing programs, and other campus and community factors. **Barriers** to implementing a strategy include cost and opposition, among other factors. **Public health reach** refers to the number of students that a strategy affects. Strategies with a broad reach affect all students or a large group of students (e.g., all underage students); strategies with a focused reach affect individuals or small groups of students (e.g., sanctioned students). **Research amount/quality** refers to the number and design of studies (see legend).

² Strategy does not seek to reduce alcohol availability, one of the most effective ways to decrease alcohol use and its consequences.

INDIVIDUAL-LEVEL STRATEGIES SUMMARY TABLE

Individual-level strategies aim to produce changes in attitudes or behaviors related to alcohol use rather than the environments in which alcohol use occurs. Expected outcomes, in general, are that a strategy may decrease an individual's alcohol use (e.g., frequency, quantity, or blood alcohol concentration) and/or alcohol-related risk-taking behaviors, thereby reducing harmful consequences. All studies used college students as the research population except the behavioral interventions by health professionals, which used a general population. Potential resources to help you implement many strategies rated effective by *CollegeAIM* can be found online (see URL below).

Matrix number	Strategy	Description	Effective-ness	Cost	Barriers	Research amount
EDUCATION/AWARENESS PROGRAMS						
IND-1	Information/knowledge/education alone	Information/knowledge/education programs solely provide students with alcohol-related education (e.g., how alcohol is processed by the body, potential consequences of alcohol misuse), without any alcohol-specific skills training. <ul style="list-style-type: none"> • Staffing expertise needed: Coordinator • Target population: Individuals, specific groups, or all students • Primary modality: In-person group • Duration of effects: No short- or long-term effects 	X	\$\$	#	●●●●
IND-2	Normative re-education: Electronic/mailed personalized normative feedback (PNF)—Event-specific prevention (21 st birthday cards)	Under this event-specific prevention PNF strategy, students receive a birthday card on their 21 st birthday, warning them against excessive celebratory drinking. <ul style="list-style-type: none"> • Staffing expertise needed: Coordinator • Target population: Individuals, specific groups, or all students • Primary modality: Online/offsite • Duration of effects: Mixed short-term (< 6 months) effects; long-term (≥ 6 months) effects not assessed 	★	\$	#	●●
IND-3	Normative re-education: Electronic/mailed personalized normative feedback (PNF)—Generic/other See FAQs for more information on implementing a generic PNF strategy.	PNF programs provide all students with personalized information about their alcohol use in comparison with actual use by their peers. This information is represented graphically (with charts and text, showing personal behavior juxtaposed with normative information). Delivery of PNF interventions is done without the involvement of a facilitator, and students are allowed to consider this information on their own. <ul style="list-style-type: none"> • Staffing expertise needed: Coordinator • Target population: Individuals, specific groups, or all students • Primary modality: Online/offsite • Duration of effects: Short-term effects (up to 5 months); long-term (≥ 6 months) effects not assessed 	★★★	\$	##	●●●
IND-4	Normative re-education: In-person norms clarification alone	Globally, normative re-education programs are designed to provide students with accurate information about peer alcohol use and consequences and to modify their attitudes about the acceptability of their excessive alcohol consumption to their peers and parents. Normative re-education programs can be delivered in-person (typically in group format) or remotely via the web or by mail as personalized graphic feedback. <ul style="list-style-type: none"> • Staffing expertise needed: Coordinator • Target population: Individuals, specific groups, or all students • Primary modality: In-person group • Duration of effects: Mixed short-term (< 6 months) effects; most studies did not assess long-term (≥ 6 months) effects 	★	\$\$	#	●●

Legend

Effectiveness:

★★★ = Higher, ★★ = Moderate, ★ = Lower,
X = Not effective, [?] = Too few studies to rate effectiveness

Cost:

\$\$\$ = Higher, \$\$ = Mid-range, \$ = Lower

Barriers:

= Higher
= Moderate
= Lower
C = Barriers at college level

Research amount:

●●● = 11+ studies
●● = 7 to 10 studies
● = 4 to 6 studies
• = 3 or fewer studies

Staffing expertise:

Policy advocate = Advocacy or community organization; understanding of political strategy
Coordinator = Program development and management
Health professional = Specific expertise/training in delivering a health program

Matrix number	Strategy	Description	Effective-ness	Cost	Barriers	Research amount
EDUCATION/AWARENESS PROGRAMS (CONT.)						
IND-5	Values clarification <i>alone</i>	<p>Values clarification programs are designed to help students evaluate their values and goals and incorporate responsible decision-making about alcohol use into these values and goals.</p> <ul style="list-style-type: none"> • Staffing expertise needed: Coordinator • Target population: Individuals, specific groups, or all students • Primary modality: In-person group • Duration of effects: No short- or long-term effects 	X	\$\$	#	••
COGNITIVE-BEHAVIORAL SKILLS-BASED APPROACHES						
IND-6	Skills training, alcohol focus: Blood alcohol concentration (BAC) feedback <i>alone</i>	<p>BAC feedback programs involve presenting students with their actual BAC, usually based on breath samples, during or following an evening of drinking. These programs challenge students' perceptions of their level of intoxication based on an objective BAC measurement or provide an incentive for students to limit their alcohol consumption (e.g., remaining under a certain BAC at a social event).</p> <ul style="list-style-type: none"> • Staffing expertise needed: Coordinator • Target population: Individuals, specific groups • Primary modality: In-person individual • Duration of effects: Mixed short-term (< 6 months) effects; long-term (≥ 6 months) effects not assessed 	?	\$\$	#	•
IND-7	Skills training, alcohol focus: Expectancy challenge intervention (ECI)—By proxy/didactic/discussion <i>alone</i>	<p>ECIs target positive beliefs about the outcomes of alcohol use, highlighting through education or direct experience how many behaviors associated with alcohol use are driven by cognitions rather than pharmacology. Education on alcohol placebo effects is provided during in-person discussion or lecture or via video as a means of challenging students' positive beliefs about the outcomes of alcohol use.</p> <ul style="list-style-type: none"> • Staffing expertise needed: Coordinator • Target population: Individuals, underage, specific groups, or all students • Primary modality: In-person group • Duration of effects: No short- or long-term effects 	X	\$	#	••
IND-8	Skills training, alcohol focus: Expectancy challenge intervention (ECI)—Experiential	<p>Experiential ECIs assign students to receive alcohol or a placebo, facilitate interaction in a social environment, and then ask students to guess who has or has not imbibed alcohol as a means of challenging students' positive beliefs about the outcomes of alcohol use. Education on alcohol placebo effects is also provided.</p> <ul style="list-style-type: none"> • Staffing expertise needed: Coordinator • Target population: Individuals or specific groups • Primary modality: In-person group • Duration of effects: Short-term (< 6 months) and long-term (≥ 6 months) effects 	★★	\$\$	##	•••
IND-9	Skills training, alcohol focus: Goal/intention-setting <i>alone</i>	<p>Under this approach, students identified as having alcohol use problems set goals for limiting their alcohol use, based on their current drinking behaviors, other goals, and values.</p> <ul style="list-style-type: none"> • Staffing expertise needed: Health professional and coordinator • Target population: Individuals, specific groups • Primary modality: In-person individual • Duration of effects: Short-term (< 6 months) but not long-term (≥ 6 months) effects 	★★★	\$\$	##	••

Matrix number	Strategy	Description	Effective-ness	Cost	Barriers	Research amount
COGNITIVE-BEHAVIORAL SKILLS-BASED APPROACHES (CONT.)						
IND-10	Skills training, alcohol focus: Self-monitoring/self-assessment <i>alone</i>	Self-monitoring/self-assessment approaches involve repeated assessment (e.g., daily diary, multiple longitudinal assessment spread out over weeks, months, or years) without any other intervention. <ul style="list-style-type: none"> • Staffing expertise needed: Coordinator • Target population: Individuals, specific groups, or all students • Primary modality: Online/offsite • Duration of effects: Short-term (< 6 months) and long-term (≥ 6 months) effects 	★★★	\$	#	●●
IND-11	Skills training, alcohol plus general life skills: Alcohol 101 Plus™	Alcohol 101 Plus™ is a web-based modification of the earlier CD-ROM-based Alcohol 101 program. It provides alcohol education and skills training using a “virtual campus,” modeling potential drinking situations and discussing possible consequences and alternatives. Personalized blood alcohol concentration (BAC) calculations also are provided. The program is free to all students and educators. <ul style="list-style-type: none"> • Staffing expertise needed: Coordinator • Target population: Individuals, specific groups, or all students • Primary modality: Online • Duration of effects: Mixed short-term (up to 1 month) effects; no long-term (≥ 6 months) effects 	?	\$	#	●
IND-12	Skills training, alcohol plus general life skills: Alcohol Skills Training Program (ASTP)	ASTP is a multicomponent alcohol skills training program for students at risk of developing alcohol use problems. The program provides information about addiction and offers exercises and training to help students identify personal drinking cues, develop alcohol refusal skills, and manage stress. ASTP consists of eight 90-minute sessions; however, programs conducted in as few as two sessions have been evaluated. <ul style="list-style-type: none"> • Staffing expertise needed: Health professional and coordinator • Target population: Individuals or specific groups • Primary modality: In-person group • Duration of effects: Short-term (< 6 months) and long-term (up to 1 year) effects 	★★★	\$\$	#	●●●
IND-13	Skills training, alcohol plus general life skills: Parent-based alcohol communication training	Parent-based alcohol communication training is a campus-sponsored program for parents of students, particularly incoming freshmen, to train parents to effectively talk with their children about alcohol use, avoidance, and consequences. <ul style="list-style-type: none"> • Staffing expertise needed: Coordinator • Target population: Individuals, underage, specific groups, or all students • Primary modality: Offsite • Duration of effects: Short-term (< 6 months) and long-term (≥ 6 months) effects 	★★	\$\$	#	●●
IND-14	Skills training, alcohol plus general life skills or general life skills only: Generic/other	These programs combine training in skills aimed at reducing alcohol use (e.g., drink refusal and moderation of alcohol use) with training in general life skills (e.g., stress management, coping, and lifestyle balance), or they provide training only in general life skills as a means of reducing alcohol use. <ul style="list-style-type: none"> • Staffing expertise needed: Coordinator • Target population: Individuals, specific groups • Primary modality: In-person group • Duration of effects: Short-term (< 6 months) and long-term (up to 1 year) effects 	★★	\$\$	#	●●●●

Matrix number	Strategy	Description	Effective-ness	Cost	Barriers	Research amount
MOTIVATIONAL/FEEDBACK-BASED APPROACHES						
IND-15	Brief motivational intervention (BMI): In-person—Group	In-person group BMI combines a brief intervention with motivational interviewing in a group (rather than in a one-on-one setting). BMI emphasizes personal responsibility and self-efficacy of participants, offering them personalized feedback on their alcohol use, risks, expectancies, perceptions of social norms, and options for reducing problems and consequences. A trained facilitator guides the group discussion. Goals for behavioral change are set by participants. <ul style="list-style-type: none"> • Staffing expertise needed: Health professional and coordinator • Target population: Individuals or specific groups • Primary modality: In-person group • Duration of effects: Short-term (< 6 months) and long-term (≥ 6 months) effects 	★★	\$\$	##	••
IND-16	Brief motivational intervention (BMI): In-person—Individual	BMI combines a brief intervention with motivational interviewing. BMI emphasizes personal responsibility and self-efficacy of participants, offering them personalized feedback on their alcohol use, risks, expectancies, perceptions of social norms, and options for reducing problems and consequences. Discussions are guided by a trained facilitator. Goals for behavioral change are set by participants. <p>One such BMI, which is the model after which most BMIs are patterned, is the Brief Alcohol Screening and Intervention for College Students (BASICS). BASICS involves initial screening to identify high-risk drinkers, subsequent baseline assessment to generate personalized feedback, and then a one-on-one meeting with the trained facilitator to review the feedback. In the original studies of BASICS, baseline assessment was completed in-person; participants were asked to self-monitor drinking for 2 weeks, then return for a second session to review their personalized feedback. More recent research has eliminated the first in-person meeting, opting instead to complete baseline assessment via the web.</p> <ul style="list-style-type: none"> • Staffing expertise needed: Health professional and coordinator • Target population: Individuals or specific groups • Primary modality: In-person individual • Duration of effects: Short-term (< 6 months) and long-term (up to 4 years) effects 	★★★	\$\$	##	••••
IND-17	Multi-component education-focused program (MCEFP): AlcoholEdu® for College	AlcoholEdu® for College is a two-part, online program providing personalized feedback along with education around alcohol use. The first part of the program is typically completed in the summer before freshmen arrive on campus, with the second part being completed during the fall. Students must complete knowledge-based quizzes in order to complete the course. Cost of the program is based on first-year enrollment size. This program also may target individuals and all students. <ul style="list-style-type: none"> • Staffing expertise needed: Coordinator • Target population: Individuals, specific groups, or all students • Primary modality: Online • Duration of effects: Short-term (up to 3 months) effects; long-term (≥ 6 months) effects not assessed 	★★★	\$\$\$	#	••
IND-18	Multi-component education-focused programs (MCEFP): Miscellaneous	MCEFP approaches target alcohol misuse by teaching students an array of alcohol-related skills (e.g., drink refusal, monitoring alcohol use, spacing drinks, advanced planning) and providing associated education to support skill use. Programs in this category not identified by name are highly variable in content and have not been sufficiently studied to draw strong conclusions about any individual program. <ul style="list-style-type: none"> • Staffing expertise needed: Coordinator • Target population: Individual, specific groups, or all students • Primary modality: Online • Duration of effects: No short-term (< 6 months) effects; most programs not assessed for long-term (≥ 6 months) effects 	?	\$\$	#	•

Matrix number	Strategy	Description	Effective-ness	Cost	Barriers	Research amount
MOTIVATIONAL/FEEDBACK-BASED APPROACHES (CONT.)						
IND-19	Personalized feedback intervention (PFI): CheckYourDrinking (beta 1.0 version)	<p>CheckYourDrinking is a web-based 18-question survey on personal drinking habits that provides survey takers with individualized feedback on their risk of alcohol-related diseases. Users can email results to themselves or their health care professional. The program is free.</p> <ul style="list-style-type: none"> • Staffing expertise needed: Coordinator • Target population: Individuals, specific groups, or all students • Primary modality: Online • Duration of effects: Short-term (< 6 months) effects; long-term (≥ 6 months) effects not assessed 	?	\$	#	•
IND-20	Personalized feedback intervention (PFI): College Drinker's Check-up	<p>College Drinker's Check-up is a single-session, web-based program for students who drink heavily and is an adaptation of the well-established in-person Drinker's Check-Up, originally developed for heavy-drinking adults. Students receive personalized feedback on the quantity and frequency of their alcohol use in comparison with same-gender college peers. Students also receive blood alcohol content feedback. College Drinker's Check-up is a commercial product. Campuses pay a one-time cost based on size: \$2,500 for smaller institutions (<15,000 students) and \$4,500 for larger institutions.</p> <ul style="list-style-type: none"> • Staffing expertise needed: Coordinator • Target population: Individuals or specific groups • Primary modality: Online • Duration of effects: Short-term (< 6 months) and long-term (up to 1 year) effects 	?	\$	#	•
IND-21	Personalized feedback intervention (PFI): eCHECKUP TO GO (formerly, e-CHUG)	<p>Alcohol eCHECKUP TO GO is a web-based survey that provides students with personalized feedback about their drinking patterns and how their alcohol use might affect their health and personal goals. The program has a special focus on two high-risk groups: first-year students and athletes. eCHECKUP TO GO is a commercial program. Campuses pay an annual subscription fee of about \$1,000 for unlimited use of a customized program.</p> <ul style="list-style-type: none"> • Staffing expertise needed: Coordinator • Target population: Individuals or specific groups • Primary modality: Online • Duration of effects: Short-term (< 6 months) and long-term (up to 1 year) effects 	★★★	\$	#	•••
IND-22	Personalized feedback intervention (PFI): Generic/other See FAQs for more information on implementing a generic PFI strategy.	<p>PFI programs use a web-based assessment to generate graphic personalized feedback about students' alcohol use, risks, expectancies, perceptions of social norms, and drinking motives. Feedback is delivered electronically or by mail and is not discussed with a trained facilitator.</p> <ul style="list-style-type: none"> • Staffing expertise needed: Coordinator • Target population: Individuals, underage, specific groups, or all students • Primary modality: Online • Duration of effects: Short-term (< 6 months) and long-term (up to 1 year) effects 	★★★	\$\$	##	••••

INTERVENTIONS DELIVERED BY HEALTH CARE PROFESSIONALS

The approaches listed below, which are delivered by health care professionals, can reduce harmful drinking, according to studies conducted mainly in general adult populations (ages 18–65). These strategies are not rated relative to other individual-level strategies in *CollegeAIM* because of differences in research populations, along with wide variations in costs and barriers to providing these services across campuses.

These interventions are important for students whose drinking patterns put them at risk for harm, or who are already experiencing alcohol-related problems. Health care professionals in your campus health and counseling centers can help identify and assist these students, or residence hall or security staff members may bring students with alcohol-related conduct violations to your attention.

For resources to support you in providing these and other interventions, or referrals when needed, see the *CollegeAIM* URL below.

IND-23	Interventions delivered by health care professionals: Screening and behavioral treatments	<p>Screening and brief intervention: The U.S. Preventive Services Task Force (USPSTF) recommends that primary care clinicians (1) conduct alcohol screening in adults ages 18 years or older and (2) provide brief behavioral counseling interventions for the full range of unhealthy drinking behaviors, from risky drinking to alcohol dependence. The USPSTF concludes that brief behavioral counseling interventions reduce heavy drinking episodes and increase adherence to recommended drinking limits.</p> <p>Additional behavioral treatments: For some students, brief counseling sessions may not be sufficient for resolving drinking problems. In these cases, more intensive behavioral treatments can be beneficial, including cognitive-behavioral therapy and motivational enhancement therapy. Ultimately, choosing to get treatment may be more important than the approach used, provided it avoids heavy confrontation and incorporates empathy, motivational support, and a focus on changing drinking behavior.</p>
IND-24	Interventions delivered by health care professionals: Medications for alcohol use disorder	<p>Medications for alcohol use disorder: Three medications have been approved by the Food and Drug Administration to help people cut back or stop drinking and avoid relapse: naltrexone (in two forms, oral and extended-release injection), acamprosate, and disulfiram. They are not addictive, and can be used alone, but often are used in combination with counseling.</p>

ENVIRONMENTAL-LEVEL STRATEGIES SUMMARY TABLE

Environmental-level strategies aim to change the alcohol use environment in the campus, community, or both, and thus can affect the student body as a whole or in large subgroups such as those under age 21. Most of the environmental-level strategies in this guide seek to reduce alcohol availability, one of the most effective ways to decrease alcohol use and related problems. A few strategies listed below try to reduce alcohol-related harm directly without restricting availability, and are included because colleges commonly use them. This guide isolated these strategies for assessment, and some may not be effective if used alone. Still, they may be useful parts of a multi-strategy effort. Potential resources to help you implement many strategies rated effective by *CollegeAIM* can be found online (see URL below).

Matrix number	Strategy	Description	Effective-ness	Cost	Barriers	Research amount/quality
CAMPUS ONLY						
ENV-1	Establish an alcohol-free campus	Under this strategy, a campus bans the sale, distribution, or consumption of alcohol on campus property. <ul style="list-style-type: none"> • Staffing expertise required: Policy advocate • Target population: All students • Research population: College 	★	\$\$	###	●●●
ENV-2	Require alcohol-free programming	Under this strategy, a campus hosts alcohol-free events to provide students with social alternatives to parties and bars where alcohol is being served. <ul style="list-style-type: none"> • Staffing expertise required: Coordinator • Target population: All students • Research population: College 	[?]	\$\$\$	#	●●
ENV-3	Prohibit alcohol use/sales at campus sporting events	Under this strategy, a campus bans the sale and consumption of alcohol at sporting events. <ul style="list-style-type: none"> • Staffing expertise required: Policy advocate • Target population: All students • Research population: College 	★★	\$\$	##	●●●●
ENV-4	Prohibit alcohol use/service at campus social events	Under this strategy, a campus bans the sale and consumption of alcoholic beverages at social events held on campus property. <ul style="list-style-type: none"> • Staffing expertise required: Policy advocate • Target population: All students • Research population: Not assessed 	[?]	\$	##	0
ENV-5	Establish amnesty policies	Under an amnesty policy, a campus does not impose sanctions on a student who seeks help for another student in danger of serious harm or death from alcohol use, even if the help seeker has been drinking underage or has provided the alcohol to an underage peer. Amnesty policies also may be known as medical amnesty or Good Samaritan policies, and some exist at the state level. <ul style="list-style-type: none"> • Staffing expertise required: Policy advocate • Target population: All students • Research population: College 	[?]	\$	#	●●●

Legend	Effectiveness: ★★★ = Higher, ★★ = Moderate, ★ = Lower, [?] = Too few robust studies to rate effectiveness —or mixed results	Barriers: ### = Higher ## = Moderate # = Lower C = Barriers at college level S/L = Barriers at state/local level	Research amount/quality: ●●● = 5 or more longitudinal studies ●● = 5 or more cross-sectional studies or 1 to 4 longitudinal studies ● = 2 to 4 studies but no longitudinal studies • = 1 study that is not longitudinal 0 = No studies	Staffing expertise: Policy advocate = Advocacy or community organizing; understanding of political strategy Coordinator = Program development and management Health professional = Specific expertise/training in delivering a health program
	Cost: \$\$\$ = Higher \$\$ = Mid-range \$ = Lower			

Matrix number	Strategy	Description	Effective-ness	Cost	Barriers	Research amount/quality
CAMPUS ONLY (CONT.)						
ENV-6	Implement bystander interventions	In this context, bystander intervention programs offered by campuses are designed to increase a student's capacity and willingness to intervene when another student may be in danger of harming him/herself or another person due to alcohol use. Bystander intervention programs also are used to reduce consequences of drug use, sexual assault, and other problems. <ul style="list-style-type: none"> • Staffing expertise required: Coordinator • Target population: All students • Research population: Not assessed 	?	\$\$	#	0
ENV-7	Conduct campus-wide social norms campaign	Under this strategy, a campus conducts a campus-wide awareness campaign that informs students about actual quantity and frequency of alcohol use among their fellow students, with the intent of changing their perception of what is normal or acceptable. <ul style="list-style-type: none"> • Staffing expertise required: Coordinator • Target population: All students • Research population: College 	★	\$\$	#	●●●●
ENV-8	Require Friday morning classes	Under this strategy, a campus requires classes on Friday mornings to discourage excessive alcohol use by students on Thursday evenings. <ul style="list-style-type: none"> • Staffing expertise required: Coordinator • Target population: All students • Research population: College 	?	\$	#	●●
ENV-9	Establish standards for alcohol service at campus social events	Under this strategy, a campus establishes policies that set certain constraints on alcohol sales, such as a limited number of alcoholic beverages per person, availability of food and non-alcoholic beverages, no self-service, and required beverage service training. <ul style="list-style-type: none"> • Staffing expertise required: Policy advocate • Target population: All students • Research population: College 	?	\$	#	●●●
ENV-10	Establish substance-free residence halls	Under this strategy, a campus bans the possession and consumption of all substances within its residence halls. <ul style="list-style-type: none"> • Staffing expertise required: Policy advocate • Target population: All students • Research population: College 	?	\$	#	●●
CAMPUS OR COMMUNITY-BASED						
ENV-11	Enforce age-21 drinking age (e.g., compliance checks)	Under this strategy, campuses and local and state government support and implement strong enforcement of the existing age-21 minimum legal drinking age. (Compliance checks are an approach regulated at the local or state level whereby undercover youth, supervised by law enforcement or licensing authorities, attempt to purchase alcohol. When a violation occurs, a penalty is applied to the server and/or the license holder, depending on local or state law.) <ul style="list-style-type: none"> • Staffing expertise required: Policy advocate • Target population: Underage • Research population: General 	★★★	\$\$	##	●●●●
ENV-12	Restrict alcohol sponsorship and advertising	Under this strategy, a campus or local or state government establishes policies that restrict or prohibit alcohol sponsorship and/or advertising of alcoholic beverages, particularly where such sponsorship or advertising exposes young people to alcohol messages, such as on college campuses, at rock concerts, or at athletic events. <ul style="list-style-type: none"> • Staffing expertise required: Policy advocate • Target population: All students • Research population: General 	★	\$\$\$	##	●●●

Matrix number	Strategy	Description	Effectiveness	Cost	Barriers	Research amount/quality
CAMPUS OR COMMUNITY-BASED (CONT.)						
ENV-13	Prohibit beer kegs	A ban on beer kegs is an approach taken by a campus or local or state government in an effort to decrease the amount of alcohol at parties. Campus bans may apply to specific settings, such as athletic events or tailgate parties. <ul style="list-style-type: none"> • Staffing expertise required: Policy advocate • Target population: All students • Research population: College 	?	\$	C = #, S/L = ###	●●●
ENV-14	Implement beverage service training programs: Sales to intoxicated	This type of program can be implemented at the campus, community, or state level to require training of those who sell or serve alcohol to recognize signs of intoxication, slow the service of alcohol, and cut off individuals who are obviously intoxicated. Note: Rating based on studies of programs in a few establishments. <ul style="list-style-type: none"> • Staffing expertise required: Coordinator • Target population: All students • Research population: General 	★	\$\$\$	C = #, S/L = ##	●●●
ENV-15	Implement beverage service training programs: Sales to underage	This type of program can be implemented at the campus, community, or state level to require training of those who sell or serve alcohol to verify the age of young customers, recognize false identification documents, and refuse sales to those under the legal drinking age. Note: Rating based on studies of programs in a few establishments. <ul style="list-style-type: none"> • Staffing expertise required: Coordinator • Target population: Underage students • Research population: General 	★	\$\$\$	C = #, S/L = ##	●●●●
ENV-16	Restrict happy hours/price promotions	Under this strategy, a campus or local or state government prohibits or restricts drink specials, such as the sale of two alcoholic beverages for the price of one, that encourage customers to drink more than they might otherwise. <ul style="list-style-type: none"> • Staffing expertise required: Policy advocate • Target population: All students • Research population: College, general 	★★★	\$	###	●●●
ENV-17	Retain or enact restrictions on hours of alcohol sales	Under this strategy, campuses or local and state governments retain or enact policies limiting the hours during which alcohol may be sold legally. <ul style="list-style-type: none"> • Staffing expertise required: Policy advocate • Target population: All students • Research population: General 	★★	\$	##	●●●●
ENV-18	Establish minimum age requirements to serve/sell alcohol	Under this strategy, a campus or local or state government establishes requirements specifying how old someone must be to serve or sell alcohol. Requirements may differ by type of alcohol establishment (e.g., off- vs. on-premise establishments and type of alcohol—beer, wine, or spirits) and may include exceptions under certain circumstances. <ul style="list-style-type: none"> • Staffing expertise required: Policy advocate • Target population: All students • Research population: General 	?	\$	##	●●●●
ENV-19	Implement party patrols	Party patrols are a community-based approach in which campus or local teams, made up of police and sometimes volunteers, visit locations where there have been reports and complaints about noisy party activity or visit addresses associated with keg registrations to determine whether underage drinking is taking place. If illegal activity is occurring, the police cite any adults who appear to have facilitated underage drinking and cite those drinking underage. <ul style="list-style-type: none"> • Staffing expertise required: Policy advocate • Target population: Underage students • Research population: College 	?	\$	##	●●●

Matrix number	Strategy	Description	Effective-ness	Cost	Barriers	Research amount/ quality
CAMPUS OR COMMUNITY-BASED (CONT.)						
ENV-20	Implement safe-rides program	Safe-rides programs are conducted by a campus or the local community to provide free or low-cost transportation, such as taxis or van shuttles, from popular drinking venues or events to residences or other safe destinations. <ul style="list-style-type: none"> • Staffing expertise required: Coordinator • Target population: All students • Research population: General 	?	\$\$\$	##	●●
ENV-21	Retain ban on Sunday sales (where applicable)	Under this strategy, campuses and local and state governments support existing bans on Sunday sales of alcohol for offsite consumption. (No state bans such sales for onsite consumption.) <ul style="list-style-type: none"> • Staffing expertise required: Policy advocate • Target population: All students • Research population: General 	★★★	\$	##	●●●●
COMMUNITY-BASED ONLY						
ENV-22	Retain age-21 drinking age	All states, the District of Columbia, and Guam currently prohibit anyone under age 21 from possessing alcoholic beverages; most states also prohibit those under age 21 from purchasing and consuming alcoholic beverages. Under this strategy, campuses and local and state governments support continuation of the age-21 minimum legal drinking age due to its effectiveness in reducing underage drinking consequences. <ul style="list-style-type: none"> • Staffing expertise required: Policy advocate • Target population: Underage students • Research population: General 	★★★	\$	##	●●●●
ENV-23	Increase alcohol tax	Under this strategy, a state or local government increases the tax on the sale of alcohol, thereby raising the cost of alcohol consumption and the affordability of excessive drinking. <ul style="list-style-type: none"> • Staffing expertise required: Policy advocate • Target population: All students • Research population: College, general 	★★★	\$\$	###	●●●●
ENV-24	Increase cost of alcohol license	Under this strategy, a state or local government increases the cost of an alcohol license, thereby increasing the cost of operating an alcohol establishment and potentially increasing the price of alcohol and reducing the density of alcohol establishments in a given area. <ul style="list-style-type: none"> • Staffing expertise required: Policy advocate • Target population: All students • Research population: Not assessed 	?	\$	##	0
ENV-25	Enact dram shop liability laws: Sales to intoxicated	This type of dram shop liability law is enacted at the state level to hold the owner or server(s) at a bar, restaurant, or other location responsible for damages caused by an intoxicated person who was overserved alcohol at that location. Liability can be established by case law or statute. <ul style="list-style-type: none"> • Staffing expertise required: Policy advocate • Target population: All students • Research population: General 	★★	\$\$	##	●●●●
ENV-26	Enact dram shop liability laws: Sales to underage	This type of dram shop liability law is enacted at the state level to hold the owner or server(s) at a bar, restaurant, or other location responsible for damages caused by an underage drinker who was sold alcohol at that location. <ul style="list-style-type: none"> • Staffing expertise required: Policy advocate • Target population: Underage students • Research population: General 	★★	\$\$	##	●●●

Matrix number	Strategy	Description	Effective-ness	Cost	Barriers	Research amount/ quality
COMMUNITY-BASED ONLY (CONT.)						
ENV-27	Prohibit home delivery of alcohol	Under this strategy, local or state governments prohibit home delivery of alcohol, either by local establishments or over the Internet, with the intent of preventing underage alcohol sales. <ul style="list-style-type: none"> • Staffing expertise required: Policy advocate • Target population: Underage • Research population: Not available 	?	\$	##	●●
ENV-28	Enact keg registration laws	Keg registration laws, enacted at the local or state level, require alcohol retailers to place a unique identifier on a keg and record the purchaser's name and address at the time of sale. Keg registration enables law enforcement agents to identify and hold responsible the adult who provided the alcohol, should underage drinking occur. <ul style="list-style-type: none"> • Staffing expertise required: Policy advocate • Target population: Underage • Research population: General 	★	\$\$\$	##	●●●
ENV-29	Enact noisy assembly laws	Noisy assembly laws, enacted at the local or state level, give law enforcement legal cause to enter a private residence if a gathering of more than one person in a residential area or building produces noise that unreasonably disturbs the peace, quiet, or repose of another. Such laws also enable law enforcement to enter residences where they have reason to suspect underage drinking is occurring. <ul style="list-style-type: none"> • Staffing expertise required: Policy advocate • Target population: All students • Research population: Not assessed 	?	\$	##	0
ENV-30	Limit number/density of alcohol establishments	Under this strategy, local or state governments enact regulations that reduce the number of alcohol establishments or limit the number that may be established in a community or area, often through licensing or zoning laws. <ul style="list-style-type: none"> • Staffing expertise required: Policy advocate • Target population: All students • Research population: College, general 	★★	\$\$	###	●●●●
ENV-31	Enact responsible beverage service training laws	Responsible beverage service training laws, enacted at the local or state level, mandate that all or some servers, managers, and/or license holders at alcohol establishments receive formal training on how to responsibly serve alcohol. Training includes ways to recognize signs of intoxication, methods for checking age identification, and intervention techniques. Note: Rating based on research on the effect of a statewide law. <ul style="list-style-type: none"> • Staffing expertise required: Policy advocate • Target population: All students • Research population: General 	★★	\$\$\$	##	●●●
ENV-32	Conduct shoulder tap campaigns	Shoulder tap campaigns are a method used to enforce minimum legal drinking age laws whereby undercover youth, supervised by local law enforcement, approach adults outside alcohol establishments and ask them to purchase alcohol on their behalf. When a violation occurs, law enforcement issues warnings or citations to the adult. <ul style="list-style-type: none"> • Staffing expertise required: Policy advocate • Target population: Underage students • Research population: College, general 	?	\$\$\$	##	●●

Matrix number	Strategy	Description	Effective-ness	Cost	Barriers	Research amount/ quality
COMMUNITY-BASED ONLY (CONT.)						
ENV-33	Enact social host property laws	<p>Social host property laws are enacted by local or state governments to hold accountable adults who permit underage drinking to occur on property they control. The primary purpose of social host property laws is to deter underage drinking parties.</p> <ul style="list-style-type: none"> • Staffing expertise required: Policy advocate • Target population: Underage students • Research population: Not assessed 	?	\$\$\$	##	0
ENV-34	Enact social host provision laws	<p>Social host provision laws are enacted by local or state governments to hold accountable adults who supply alcohol to those under age 21.</p> <ul style="list-style-type: none"> • Staffing expertise required: Policy advocate • Target population: Underage students • Research population: College, general 	★★	\$	##	●●●
ENV-35	Retain state-run alcohol retail stores (where applicable)	<p>Under this strategy, campuses and local and state governments support existing state control systems for wholesale and off-premises retail distribution whereby a state sets the prices of alcohol and gains profit/revenue directly rather than solely from taxation. Retention of the state system may reduce alcohol outlet density and pricing competition among commercial distributors.</p> <ul style="list-style-type: none"> • Staffing expertise required: Policy advocate • Target population: All students • Research population: General 	★★	\$\$	###	●●●●
ENV-36	Require unique design for state ID cards for age < 21	<p>Under this strategy, states adopt a unique design for identification cards (e.g., vertical instead of horizontal state driver licenses) for those under age 21 so that age of the card holder is easier to identify.</p> <ul style="list-style-type: none"> • Staffing expertise required: Policy advocate • Target population: Underage students • Research population: Not assessed 	?	\$\$\$	##	0



Appendix A: Strategy Planning Worksheet

STRATEGY PLANNING WORKSHEET

Use this worksheet or download a copy to capture your thoughts about your current strategies and new ones you'd like to explore. Keep in mind:

Priorities: Which alcohol-related issues are of most concern to your campus? Make sure your school's needs and goals are well defined, and keep them front and center as you fill in the worksheet.

Effectiveness: Does research show that your current strategies are effective in addressing your priority issues? Might others be *more* effective?

Balance: Realistically assess what you can do with your available resources. Strike a balance, if possible, between individual- and environmental-level strategies, and between strategies that will face few barriers and can be put in place quickly and others that may take longer to implement. Consider the financial cost relative to the program's expected effectiveness and the approximate percentage of the student body that the strategy will reach.

CURRENT STRATEGIES

Strategy Name (and the IND or ENV identifier from <i>CollegeAIM</i> , if applicable)	Individual or Environmental?		CollegeAIM Ratings				Notes and Next Steps: Keep as is? Modify to boost effectiveness? Add complementary strategies? Shift to more effective options?
	✓ IND	✓ ENV	Effectiveness	Cost	Barriers	Reach: Broad or Focused (% of students)	

POSSIBLE NEW STRATEGIES

Strategy Name (and the IND or ENV identifier from <i>CollegeAIM</i>)	Individual or Environmental?		CollegeAIM Ratings				Notes and Next Steps: Staff training or hiring needed? Other resources? Does the strategy require a plan for conducting an outcome evaluation?
	✓ IND	✓ ENV	Effectiveness	Cost	Barriers	Reach: Broad or Focused (% of students)	

Appendix B: Frequently Asked Questions

Visit the *CollegeAIM* website (see URL below) for answers to these questions.

About monitoring campus alcohol problems

- How do you recommend monitoring the extent of campus alcohol problems and the effects of our intervention efforts?

About selecting and implementing strategies

General questions about selecting strategies

- Why does *CollegeAIM* recommend both individual-level and environmental-level strategies?
- At times, we hear about campuses trying out interesting strategies that *CollegeAIM* doesn't identify, or that have too few studies to rate effectiveness. Should we follow suit?

About specific individual-level strategies

- How do we choose strategies to target specific subgroups such as first-year students, student athletes, members of Greek organizations, and mandated students?
- Many of our incoming freshmen students arrive on campus with established drinking habits. How can we address this issue?
- How can we assess the potential effectiveness of commercial products *before* we invest our limited resources in them?
- Personalized feedback interventions (PFIs) and personalized normative feedback (PNF) are among the more effective individual-level strategies in *CollegeAIM*. What are PFI and PNF? Some of these are listed as “generic” strategies—what does “generic” mean? Where can we learn to implement a generic strategy?
- We are planning to conduct routine alcohol screenings and interventions through our health and counseling centers. Which screening tools should we use? Where can we find resources to train staff to deliver screenings and interventions with fidelity?

About specific environmental-level strategies

- Where can we find models of campus-community collaboration that have been effective in reducing student alcohol use and related consequences?
- Most alcohol-related deaths among college students nationwide result from driving under the influence. What can alcohol and other drug program staff, working with campus leadership, do about this?

About responding to potential objections or challenges

- How do I respond to people who say “College drinking has been around forever and students are always going to drink, so why bother?”
- Some people continue to wonder if campus officials could better manage student drinking if the minimum legal drinking age were reduced to age 18. What does the research say?
- How do I respond to comments that efforts to reduce alcohol-related problems on our campus may just shift them to off-campus locations?
- Campus revenue is declining. How can we build a case for investing in prevention?
- What can we accomplish with a limited budget?
- We've tried prevention strategies in the past and were not successful—how can we stay motivated?

About *CollegeAIM* and ongoing research

- How did the research teams arrive at ratings for the various strategies?
- What are some ways to keep up with the research literature on college alcohol interventions?

Appendix C: Supporting Resources

Federal Websites and Resources Supporting the Prevention of Underage and High-Risk Drinking by College Students

National Institute on Alcohol Abuse and Alcoholism (NIAAA) (www.niaaa.nih.gov)

College Drinking: Changing the Culture is a central location for information related to alcohol use by college students. Resources on this site include:

- College Alcohol Policies, by Campus
- Supporting Research

Alcohol Policy Information System provides detailed information on alcohol-related policies in the United States at both state and federal levels. Detailed state-by-state information is available for more than 30 policies.

Safer Campuses and Communities website is based on an NIAAA-funded study that examined a variety of environmental-level strategies that could be implemented on campuses and in their surrounding communities. A free toolkit for implementing the collaborative model is available online.

Substance Abuse and Mental Health Services Administration (www.samhsa.gov)

National Registry of Evidence-based Programs and Practices provides analyses, costs, and contact information for several individual- and environmental-level strategies to reduce alcohol use by college students.

Center for the Application of Prevention Technologies is a national substance abuse prevention training and technical assistance site. Resources on the site include:

- Evaluation tools and resources from federal and nonfederal sources
- Strategic Prevention Framework, a five-step planning process that guides the selection, implementation, and evaluation of evidence-based, culturally appropriate, sustainable prevention activities

Report to Congress on the Prevention and Reduction of Underage Drinking (2013) includes policy summaries and state summaries

identifying current legislative and other ongoing efforts. This report is compiled by the Interagency Coordinating Committee on the Prevention of Underage Drinking and is available through www.StopAlcoholAbuse.gov and the SAMHSA Store.

Centers for Disease Control and Prevention (CDC) (www.cdc.gov)

The Guide to Community Preventive Services is a resource for evidence-based recommendations from the Community Preventive Services Task Force about what works to improve public health.

U.S. Department of Education (www.ed.gov)

National Center on Safe Supportive Learning Environments offers training, technical assistance activities, and resources to support assessment, capacity building, strategic planning, implementation, and evaluation. Resources on this site include:

- Using a Public Health and Quality Improvement Approach to Address High-Risk Drinking with 32 Colleges and Universities (2014)
- College Alcohol Risk Assessment Guide: Environmental Approaches to Prevention (2009)
- Methods for Assessing College Student Use of Alcohol and Other Drugs (2008)

U.S. Department of Justice (www.justice.gov)

Underage Drinking Enforcement Training Center provides federal and non-federal resources, such as:

- College e-kit web section
- Preventing Binge Drinking on College Campuses: A Guide to Best Practices (2012)
- Promising Practices: Campus Alcohol Strategies (includes an Alcohol Task Force Action Planner)
- Party Patrols: Best Practice Guidelines for College Communities (2010)

Appendix D: Acknowledgments

NIAAA wishes to thank the many contributors to *CollegeAIM* for their analyses, insights, and diligence, which helped craft a wealth of data and wisdom about college alcohol interventions into the first edition of this user-friendly tool.

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Notes

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- Resources to help you implement strategies rated by *CollegeAIM*
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