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What are we doing for Alcohol Harm Reduction?



Two strategic plans:

- 1. UI Alcohol Harm Reduction Plan (AHRC)
 - Campus Environment
- 2. Partnership for Alcohol Safety (PAS)
 - Community Environment
- Plans are evidence-based, comprehensive and mutually reinforcing.





Aren't we doing this already?

Consistent with "safe and legal"

The difference with delay drinking messages:

Directly and <u>clearly</u> states we don't want students to drink underage.

Being clear and consistent in our messages about drinking is an important part of changing

Is a delay drinking message consistent with



a harm reduction approach?

- Encouraging students to delay drinking enhances, rather than contradicts, our efforts to reduce harmful consequences from high risk drinking (AHRC & PAS).
 - In fact, delaying alcohol use until they are older (if they choose to drink at all) is the <u>surest</u> way for students to reduce risk and harm from alcohol.
- We cannot reduce harm from alcohol effectively without addressing use.
 - Age is a biological risk factor for problems with alcohol
 - Designated driver programs example
- Thousands of our students already choose not to drink so the choice to delay drinking is not unrealistic.
 - 60% (over 2,700) of incoming 1st year students described their



What is the message?

Delay drinking message is <u>not</u>: "alcohol is evil" or "you should never drink."

But rather: "Simply wait until you are older....if you choose to drink at all"

Examples:

"We expect students to wait until the legal age to drink alcohol, if they choose to drink at all, because we know <u>for a fact</u> that is in their best interest to simply wait."

"If you choose to drink alcohol at some point in your life that's perfectly fine, but we know you will be better off in may ways if you simply wait until you are older. So that is want we want you to do."

"We know for a fact that you will have better outcomes related to health, safety, academic success and future opportunities if you simply wait until you are older to drink, if you choose to drink at all. It is our top priority to create an environment that promotes that kind of success for you."



Messages to avoid....

Often with good intentions we say things that inadvertently normalize high risk drinking by students.

When we say things like: "I know you're going to drink, just be smart...safe...responsible...."

The message we're REALLY communicating is: "Students are expected to drink"

Intention: To sound realistic and reduce resistance

Reality: Reinforcing unhealthy beliefs about drinking being an expected part of college life.

- If underage students drink alcohol, it is a high likelihood they will drink it in a high risk way--regardless of our best efforts to teach them to "drink responsibly".
- Remember that many students choose not to drink (thousands of them) so when we say things that suggest we think all students drink, we risk alienating non-drinking students.

Why send direct & consistent messages to delay drinking?



- Matches our written policies (avoiding mixed messages)
- 2) Grounded in research
- 3) Is <u>sure</u> to reduce risk for problems (direct & secondhand effects, short & long-term)
- 4) Supports student success (short & long-term)
- 5) It's important to validate the choice to <u>not to drink</u> as legitimate and normal
 - And celebrate it as a mature and responsible choice that will benefit students greatly in the future.



Why delaying drinking is matters

- The risk for developing alcoholism decreases by 15% with each year a person waits before drinking (NIAAA).
 - faster path to dependency for younger drinkers
- The risk for experiencing problems from <u>alcohol abuse</u> also decreases with each year a person waits to drink.

 College students who first become intoxicated prior to age 19 are significantly more likely to be alcohol dependent and frequent heavy drinkers than those who wait until 21 (NIAAA).

Developmental reasons to delay drinking:



Brains Under Construction= Legally an adult but developmentally in late adolescence

- Prefrontal Cortex not fully developed until about age 25.
 - Decision making, impulse control, judgment and evaluating risks.
 - Alcohol use <u>further</u> suppresses these functions.
 - Does not mean an absence of good judgment or less intelligence.
 - Judgment in structured challenges well-developed by age 18
 - Judgment involving resisting impulses and delaying gratification, especially in emotion-laden situations, is still under construction through early adulthood.
- Developing brains are more vulnerable to the damaging effects of alcohol
 - Heavy drinking with a brain still under construction can lead to permanent damage to <u>learning and memory</u> (NIAAA).
- Adolescent brain has stronger drive for sensation seeking and lower ability to delay gratification.
 - All gas no breaks.
- Brain development helps explain the higher rates of dangerous drinking behaviors by young adults.
 - The proportion of current drinkers who binge is highest in the 18- to 20-year-old group (51%) (CDC).
 - About 90% of the alcohol consumed by under 21 drinkers is in the form of binge drinking (CDC).





Reduced Health & Safety Risks (direct & secondhand effects)

Annual High-Risk College Drinking Consequences (2010)

Source: NIAAA www.collegedrinkingprevention.gov)

- **Death:** 1,825 college students between the ages of 18 and 24 die from alcohol-related unintentional injuries, including motor vehicle crashes.
- **Injury:** 599,000 students between the ages of 18 and 24 are unintentionally injured under the influence of alcohol.
- **Assault:** 696,000 students between the ages of 18 and 24 are assaulted by another student who has been drinking.
- **Sexual Assault: 97,000 students** between the ages of 18 and 24 are victims of alcohol-related sexual assault or date rape.
- Unsafe Sex: 400,000 students between the ages of 18 and 24 had unprotected sex and more than 100,000 students between the ages of 18 and 24 report having been too intoxicated to know if they consented to having sex.
- Academic Problems: About 25% of college students report academic consequences of their drinking including missing class, falling behind, doing poorly on exams or papers, and receiving lower grades overall.



Health & Safety Consequences (cont.)

Annual High-Risk College Drinking Consequences (cont.)

- Health Problems/Suicide Attempts: More than 150,000 students develop an alcohol-related health problem, and between 1.2 and 1.5 % of students indicate that they tried to commit suicide within the past year due to drinking or drug use.
- **Drunk Driving: 3,360,000 students** between the ages of 18 and 24 drive under the influence of alcohol.
- Property Damage: More than 25% of administrators from schools with relatively low drinking levels and over 50% from schools with high drinking levels say their campuses have a "moderate" or "major" problem with alcohol-related property damage.
- **Police Involvement:** About 5% of 4-year college students are involved with the police or campus security as a result of their drinking, and 110,000 students between the ages of 18 and 24 are arrested for an alcohol-related violation such as public drunkenness or driving under the influence.
- Alcohol Abuse and Dependence: 31% of college students met criteria for a diagnosis of alcohol abuse and 6 percent for a diagnosis of alcohol dependence in the past 12 months, according to questionnaire-based self-reports about their drinking.

Benefits of delaying drinking: Improved Academic Performance



Research Finding #1:

High-risk drinking negatively impacts class attendance

Research Finding #2:

High-risk drinking negatively impacts time spent studying

Research Finding #3:

- Inverse relationship between high-risk drinking and grade point average
- ✓ Students with B averages consume 1.1 more drinks per week than A students.
- ✓ Students with C averages consume 2.7 more drinks per week than A students.
- Students with **D** and **F** averages consume 6.4 more drinks per week than A students.

(Source: Higher Education Center)

Benefits of delaying drinking: Reduced Economic costs



Costs of Underage Drinking by Problem 2010

(Source: Underage Drinking Enforcement Training Center: http://www.udetc.org/UnderageDrinkingCosts.asp)

Total Costs in Millions	Iowa	US
Youth Violence	\$295.90	\$35,094.50
Youth Traffic Crashes	\$92.20	\$9,955.90
High-Risk Sex, Ages 14-20	\$45.10	\$5,184.00
Youth Property Crime	\$37.60	\$5,138.50
Youth Injury	\$12.50	\$2,133.30
Poisonings and Psychoses	\$7.00	\$657.00
FAS Among Mothers Age 15-20	\$13.50	\$1,307.20
Youth Alcohol Treatment	\$76.30	\$2,574.90
Total Costs	\$580.10	\$62,045.20

Excessive drinking by all ages cost U.S. \$223.6 Billion in 2006*

^{\$94.2} billion (42%) was paid by government* (Tax payers)

^{*}Source: Alcohol-Related Disease Impact (ARDI); available at: www.cdc.gov/alcohol

Summary Benefits of delaying drinking



- 1. Fewer students will experience <u>health</u> & <u>safety</u> consequences as a result of their own or someone else's drinking.
- 2. Fewer students will have their <u>academic success</u> negatively impacted by their own or other people's drinking.
- 3. Tremendous <u>financial savings</u> related to crime, health care, property damage, substance abuse treatment, and lost productivity.
- 4. Fewer students will experience consequences that have a negative impact on their **future opportunities**.
- 5. Creation of an environment that is more conducive to success for all students.
- 6. The longer people wait before they start drinking, the less likely they are to have problems with alcohol (and other drugs) now <u>and</u> in the future =
 - Reduction of costs & consequences in under 21 population
 - Reduction of costs & consequences in over 21 population



Common Myths Impacting our Progress

Nothing Works Myth:

College students are going to drink no matter what. There is nothing we can do to change that.

European Myth:

In Europe they have fewer restrictions on alcohol and fewer alcohol-related problems. We need fewer restrictions, not more.

Forbidden Fruit Myth:

If you tell young people not to drink, it becomes a "forbidden fruit" which only makes them just want to drink more. It would be more effective to introduce them to alcohol at younger ages under supervision so we can teach them to drink responsibly (like they do in Europe).

It's time to move past these myths & do what works



Nothing Works Myth: Now we know better

Over the last 20 years there has been a surge of research helping us better understand:

- 1) The scope of alcohol use & misuse by youth and young adults
- 2) Why it's a problem
- 3) What strategies work (and don't) to reduce the consequences.

The result of this increase in knowledge has been:

 Increase in <u>evidence-based</u> prevention strategies being implemented across the country and the world.

And with that

 Historic decreases in drinking rates by high school youth and beginning to see decreases in high risk drinking among college students.

We are seeing positive changes but much more needs to be done ...and we need to stop doing what we know doesn't work.

Nothing Works Myth: Reductions in Alcohol Harm Reduction Metrics



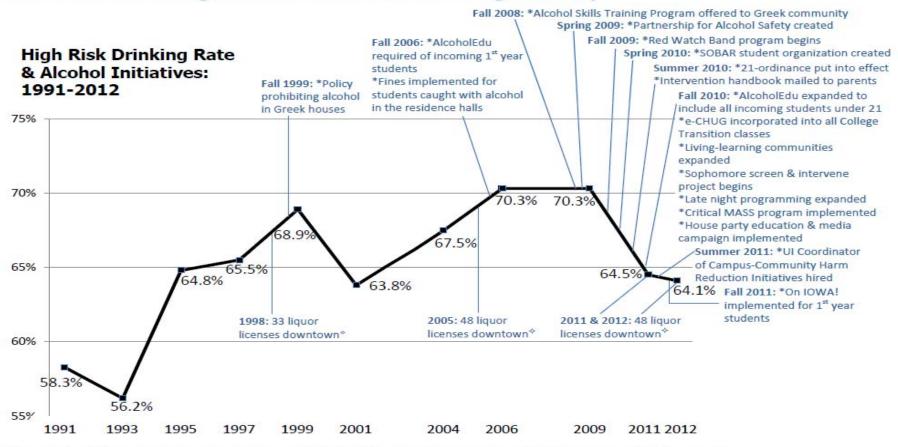
National College Health Assessment Data (NCHA)-UI undergraduates	% Decline 2009-2012
Percent of students engaging in high-risk drinking past two weeks	-9%
Average number of drinks per occasion	-16%
Percent of students drinking 10 or more days per month	-12%
Percent of students experiencing negative consequences as a result of drinking	-10%

Nothing Works Myth:



High Risk Drinking dropped for first time in 10 years in 2011 and is down 9% between 2009 - 2012

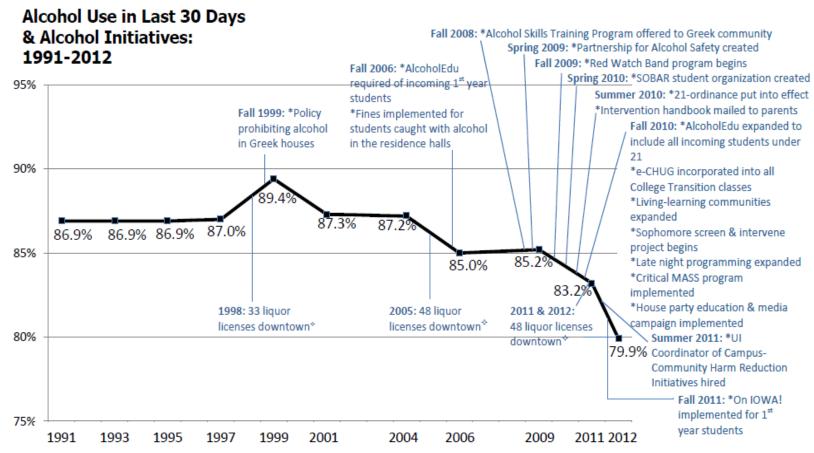
2012 National College Health Assessment: Drinking Summary



^{*}Commercial establishments for on premises consumption; on or within borders of Clinton St. to West, Iowa Ave. to North, Gilbert St. to East and Capitol St. to South

Nothing Works Myth: Alcohol use at lowest rate in 20 years





Commercial establishments for on premises consumption; on or within borders of Clinton St. to West, Iowa Ave. to North, Gilbert St. to East and Capitol St. to South



The European Myth

European youth have fewer problems with alcohol than youth in the U.S. because their rules are more relaxed, they learn to drink in a family context, and therefore no forbidden fruit issues.

It's a myth.

Truth:

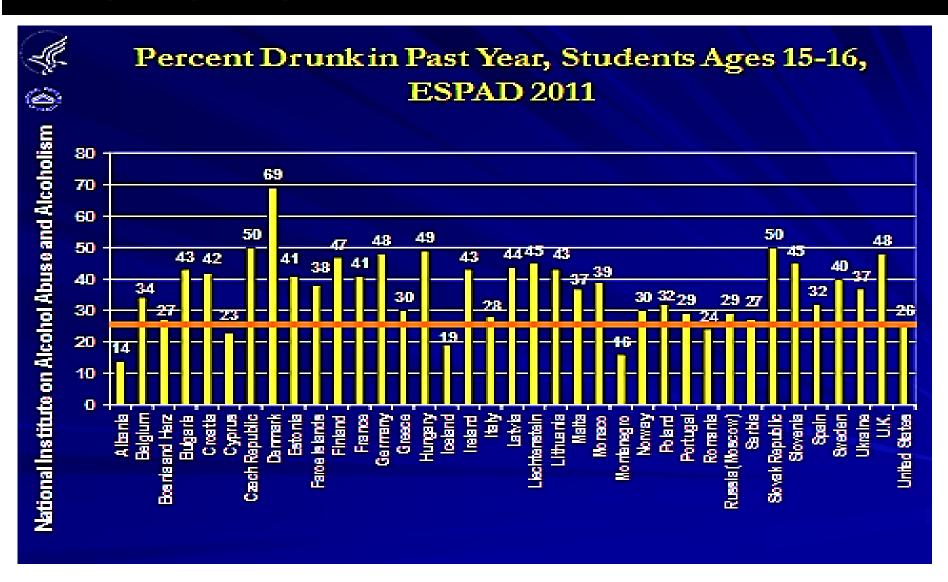
European youth drink more, get drunk more often, and at earlier ages than U.S. youth.

(Friese B., Grube JW. Youth Drinking Rates and Problems: A Comparison of European Countries and the United States. Prevention Research Center Pacific Institute. http://www.udetc.org/documents/YouthDrinkingRatesandProblems.pdf.)

European Myth:



Youth from European countries are not drinking more "responsibly" than youth in the U.S.



European Myth:



European drinking problems by all ages are significant

In comparison with young people in the U.S.:

- A greater percentage of European youth drink to intoxication.
- A greater percentage of European youth report being intoxicated before the age of 13. (Friese B., Grube JW. Youth Drinking Rates and Problems: A Comparison of European Countries and the United States. Prevention Research Center Pacific Institute. http://www.udetc.org/documents/YouthDrinkingRatesandProblems.pdf.)

Europe has the highest:

- Per capita alcohol consumption:
 - 11.9 liters pure alcohol vs. 6.2 liters worldwide
- Percent of deaths that are attributable to alcohol:
 - 6.5% vs. 3.2% worldwide
- Alcohol-attributable burden of disease (measured in disability-adjusted life years (DALYs)):
 - 11.6% vs. 4% worldwide
- Past year prevalence of alcohol use disorders:
 - 5.5% Western Europe
 - 10.9% Eastern Europe
 - 3.6% worldwide

Forbidden Fruit Myth

Many believe that if we have laws and policies that restrict access to alcohol for youth and young adults, it will increase alcohol's appeal; leading them to drink more and possibly in more dangerous situations.

There is no evidence this is true.

In fact, a growing body of evidence shows the opposite is true.

Research shows:

More lenient policies about underage drinking =
<a href="https://doi.org/l

Clearly stated & strong, consistently enforced rules against underage drinking =

lower risk drinking & fewer problems.

Forbidden Fruit Myth

The body of evidence against the forbidden fruit myth is growing:

- Countries with a lower drinking age than the U.S. have more problems with drinking, and by younger people, than in the U.S.
- 2. Raising the drinking age in the U.S. has been associated with less drinking and fewer alcohol-related traffic fatalities by youth under 21. This is happening despite inconsistent enforcement of the law.
- 3. Research has found that reducing access and availability of alcohol, along with the strong and consistent enforcement, is one of the most effective ways to decrease underage drinking and problems related to over-consumption.
- 4. There is a growing body of research showing that parent-supervised drinking (with intentions to teach "responsible drinking") has the unintended effect of <u>increasing</u> drinking by teens in unsupervised settings.
- 5. Our local data shows us that when multiple campus and community policies were implemented to decrease underage access and increase enforcement, we began to see decreases in drinking behaviors and related problems without a shift to other areas.



What works and what doesn't?

Reports summarizing best available evidence:

NIAAA Report: A Call to Action Changing the Culture of Drinking at U.S. Colleges

- Taskforce on College Drinking Recommendations2002 comprehensive review of existing research on college drinking with updates in 2007 and 2010.
- Available at: www.collegedrinkingprevention.gov

CDC The Community Guide: Interventions Aimed at Preventing Excessive Alcohol Consumption

- The Task Force on Community Preventive Services (Task Force); an independent, nonfederal, volunteer body of experts in public health and prevention research, practice, and policy. Evidence-based recommendations using the systematic review of research.
- Available at: www.thecommunityguide.org/alcohol/index.

WHO: Global Strategy to Reduce Harmful Alcohol Use

Available at: http://www.who.int/substance-abuse/msbalcstragegy.pdf



What works and what doesn't?

<u>**Problem:**</u> Strategies with the least evidence of effectiveness=highest public support & strategies with most evidence=lowest public support (require change).

Strategies that are ineffective or that may even INCREASE risky drinking include:

- > Public awareness campaigns (ineffective when not connected to policy or enforcement)
- Education about risks & consequences (ineffective when used alone)
- > Teaching "responsible" drinking (ineffective, definitions of responsible too vague)
- Lenient rules around underage drinking to prevent "forbidden fruit" effect (increases risk)
- Parental supervision of drinking to teach responsible drinking (increases risk)
- Early drinking to "learn how to handle alcohol" & "get it out of your system" (increases risk)

<u>Strategies with greatest evidence of effectiveness include:</u>

- > Those that decrease access and availability of alcohol, especially to those under the legal age:
 - ✓ Increasing alcohol prices & excise taxes
 - ✓ Strong, consistent, & well-publicized enforcement of alcohol laws, rules, & policies
 - Restrictions on density of alcohol retail outlets
- Brief motivational enhancement interventions with personalized normative feedback (BASICS, e-Checkup to Go, SBI).



What works: Environmental Strategies

Guiding Principles in Environmental Strategies:

- Our decisions about alcohol are not <u>only</u> shaped by our individual characteristics (knowledge, intelligence, personality traits, family history).
- 2) Our decisions are influenced in large part by messages we receive from our social, physical, economic, and legal environmental telling us what's normal, expected, encouraged, necessary or tolerated. Not just an issue of personal responsibility.
- 3) To achieve wide-spread change on public health issues, its much more effective to alter the conditions in the environment that influence our personal health decisions:
 - Easy access (low prices, abundance of over 21 providers)
 - High density of alcohol outlets (especially near a college campus)
 - Low or inconsistent enforcement of alcohol laws/ordinances/policies
 - Marketing & promotions that encourage/promote/normalize high risk drinking
 - Low availability of alcohol-free options
 - Campus or community norms & traditions that encourage/promote/normalize high risk drinking



What does all of this mean to you?

We influence student behavior and campus culture through our formal and everyday interactions with students.

- Our influence can be positive or negative.
- It can happen at every point in the student experience
 - From researching & visiting schools to graduation.

We can't educate our way out of this problem.

- We have to change the environmental conditions that influences students' decisions about alcohol.
- We are all a part of that environment and so are our verbal and nonverbal messages.

We need to redefine the college experience for students.

Too often the social experience of college life receives a greater focus than academic achievement and developing the skills & experiences needed to be successful in a competitive job market upon graduation.

We all have an important role in sending clear & consistent messages that support healthy norms.

By doing so, we will be supporting student success

Conclusion



Overwhelming evidence says it is in our students' best interest to delay drinking until they are 21, if they choose to drink at all.

And...

That they'll drink less and experience fewer consequences if we are clear and consist about that expectation.

So...

Why would we hesitate to state that expectation unequivocally and as often as possible?





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