Evaluation of a College Policy Mandating Treatment for Students With Substantiated Drinking Problems

John J. Colby, George A. Raymond, Suzanne M. Colby

Responding to 2 surveys, 215 students reacted to a policy mandating treatment for students receiving emergency room care due to alcohol abuse. Respondents identified many drinking problems that prompt student-to-student help. They predicted that the policy would discourage helping but not reduce drinking. We propose that college officials take a harm reduction approach to drinking.

1. Most college students drink alcohol, and many drink to excess (Wechsler, Davenport, Dowdall, Moeykens, & Castillo, 1994). Leibsohn (1994) has observed that many college students arrive on campus as seasoned drinkers. Others, she notes, become binge drinkers soon after their arrival. With the combining of seasoned and new drinkers, binge drinking by male and female students is common (Wechsler et al., 1994; Wechsler, Dowdall, Davenport, & Rimm, 1995; Wechsler & Isaac, 1992).

2. Although the overall rate of binge drinking by college students has decreased, frequent binge drinking, supported by biased perceptions of drinking norms (Baer & Carney, 1993; Baer, Stacy & Larimer, 1991) appears to be on the increase (Wechsler, Dowdall, Maenner, Gledhill-Hoyt, & Lee, 1998). This fact raises concerns about binge-drinking students who more often than their peers engage in unplanned sex, drive after drinking, and exhibit a myriad of adjustment problems that include academic failure, relationship problems, and antisocial behavior (Berkowitz & Perkins, 1986; Engs & Hanson, 1985; Lang, Goeckner, Adesso, & Marlatt, 1975).

3. Recognizing the extent and persistence of the problem, investigators have sought to identify factors associated with binge drinking. These efforts point to the importance of alcohol expectancies (Brown, 1985; Brown, Goldman, Inn, & Anderson, 1980), the social facilitating effect of alcohol, social influence including peer pressure (Collins & Marlatt, 1981), the campus culture (binge drinking is highest on campuses that have a Greek system [Larimer & Marlatt, 1991]), and the use of alcohol to attenuate negative emotions including anger and anxiety (Marlatt, Kosturn, & Lang, 1975).

4. In this context, college officials naturally express concern about the negative consequences of binge drinking not only for the drinkers (O’Hare, 1990; Presley, Meilman, & Lyerla, 1993; Wechsler et al., 1998), but also for those students on campus who do not binge drink (Wechsler et al., 1994; Wechsler, Moeykens, Davenport, Castillo, & Hansen, 1995).

5. College officials, recognizing the consequences of binge drinking for their campuses, adopt measures and strategies that they hope will reduce the extent of the problem. Traditional campus-based approaches have most commonly included policy initiatives, including alcohol prohibition, and education, including peer education. Notwithstanding these efforts, college officials have been stymied by the seemingly intractable problem of heavy episodic drinking among students. In light of these facts, a credible case can be made to look to new approaches to reduce problematic drinking on college campuses.

1. John J. Colby is Professor of Psychology at Providence College. George A. Raymond is Associate Professor of Psychology at Providence College. Suzanne M. Colby is Assistant Professor of Research (Psychiatry) at the Center for Alcohol and Addiction Studies, Brown University.
6. Baer (1993) has described a harm reduction approach to the college drinking problem. Harm reduction has as its goal the elimination of the negative consequences of substance use (MacCoun, 1998). Harm reduction strategies may or may not target use per se. Several investigators have reviewed the putative advantages of the harm reduction approach as a strategy to address alcohol and other drug abuse problems, including college student binge drinking (Heather, Wodak, Nadelmann, & O’Hare, 1993; Marlatt, 1998). In light of the relative success of these harm reduction trials and the failure of policy initiatives and education to impact on the prevalence of college student drinking, additional tests of harm reduction approaches seem appropriate.

7. The current investigation reported here measured the reaction of students to a new college policy that mandated treatment for any student who was brought to a hospital emergency room (ER) intoxicated. Another purpose was to assess the policy’s likely impact within the framework of total harm reduction (MacCoun, 1998). That framework suggests that efforts to reduce drug use can have unanticipated negative consequences even while the anticipated positive consequences are being achieved. MacCoun has attempted to explain this possible outcome using the concept of Total Harm. By his analysis, Total Harm = Average Harm per Use X Total Use. Applying this formula, a policy that mandates an expensive treatment program for students who are brought to a hospital ER because of heavy drinking has the potential to attenuate total use in the student body. That would be an intended, good consequence. At the same time, however, the policy could raise average harm per use if a student chose not to seek help for a seriously intoxicated peer because of the cost that would be incurred by that peer attendant to a visit to the ER. That would be a negative, though unintended consequence, which could lead to ultimate harm-the death of the intoxicated student. Although ultimate harm would be rare, it is ultimate, and therefore should be a significant concern for campus health officials.

8. If students do not support a policy that mandates treatment for problematic drinkers they may not intervene to get a seriously intoxicated student to the ER. That scenario could cause more harm per use as MacCoun (1998) uses that phrase and, in the worst case, ultimate harm.

9. The policy being analyzed herein was adopted by college officials at a small, co-educational, Roman Catholic-affiliated, liberal arts college in the Northeast United States. The The (sic) student body, 93% white and approximately 58% female, numbered about 3,700. It was adopted with the recommendation of treatment providers from a local mental health center and was described in a letter from the vice president for student services sent to students in late October 1998. A copy of the letter was also mailed to the parents of each student. The policy stated that the college would mandate referral, evaluation, and treatment for any student that was brought to the area’s trauma hospital ER due to an alcohol-related event (ARE). No student would be permitted to return to the college until he or she had been evaluated by the staff of the local mental health center. The costs of the mandatory components of the policy, that include transportation to a detoxification unit, evaluation, and treatment, was $995.00. The letter concluded by saying that the program’s costs would be borne by the student who had received the mandated services.

10. Prompted by anecdotal reactions to the new policy, we surveyed students to more fully assess their reaction to the policy. In addition, we sought to describe AREs caused by heavy drinking, the extent to which students assist peers during AREs, the form and determinants of that assistance, and whether the referral and treatment policy would likely reduce drinking or deter ARE-assistance by students in the future. Finally, we sought to determine if students were amenable to any college-initiated intervention to reduce drinking and drinking-related consequences affecting students.
11. We hypothesized that the students would express a negative attitude toward the policy and a negative expectation of its likely effects. Our expectations were based on our experience that suggested that students would reject any mandate derived from a top-down model of decision making. We hypothesized as well that students would view the cost of the mandated services as excessive and, with that cost in mind, express a reluctance to seek off-campus medical assistance for an intoxicated peer.

METHOD

Participants

12. The 215 respondents were all full-time, undergraduate students. They ranged in age from 18 to 22. Table 1 illustrates the demographics of the two samples ($N_1=115, N_2=100$), and the student body as a whole for comparison purposes.

Instruments

13. Survey 1 was administered in November 1998 to 115 students. Items on Survey 1 assessed whether respondents had helped a student during an ARE in the previous 2 weeks, in the current semester or at any time while enrolled at the college. Respondents were queried about the nature of the ARE and whether the help was facilitated by any other person or persons. Factors that the helpers considered that influenced their willingness to help were also recorded.

14. Next, respondents were asked how much they knew about the new referral and treatment policy, whether they had discussed the policy with a parent, and whether they or their parent supported the policy. The respondents were asked if they thought that the policy would reduce the incidence of drinking on campus. In addition, respondents were asked if, with the referral and treatment policy in place, they believed that students would be more or less likely to help peers who were having an ARE. Finally, characteristics of the respondents, including alcohol use indicators were obtained. In total, the survey was comprised of 47 items and required about 10 minutes to complete.

<table>
<thead>
<tr>
<th>College</th>
<th>Survey 1</th>
<th>Survey 2</th>
<th>Demographics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Students</td>
<td>115</td>
<td>100</td>
<td>3,656</td>
</tr>
<tr>
<td>% Female</td>
<td>57</td>
<td>64</td>
<td>58</td>
</tr>
<tr>
<td>Years of Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>19.7</td>
<td>19.5</td>
<td></td>
</tr>
<tr>
<td>SD</td>
<td>1.2</td>
<td>1.2</td>
<td></td>
</tr>
<tr>
<td>Class Year (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Freshman</td>
<td>23</td>
<td>33</td>
<td>27</td>
</tr>
<tr>
<td>Sophomore</td>
<td>32</td>
<td>27</td>
<td>23</td>
</tr>
<tr>
<td>Junior</td>
<td>20</td>
<td>22</td>
<td>25</td>
</tr>
<tr>
<td>Senior</td>
<td>25</td>
<td>18</td>
<td>25</td>
</tr>
</tbody>
</table>

Note. Average age of student body was unavailable.
15. Survey 2 was administered in January 1999 to 100 students. Survey 2 was designed to more fully understand the reaction of students to the referral and treatment policy and to gauge their willingness to accept any form of intervention related to alcohol use and abuse. Items on Survey 2 assessed the respondents’ familiarity with the referral and treatment policy. The respondents’ perceptions of the college’s motivation for implementing the referral/treatment policy and the policy’s predicted impact on drinking and helping in the future were also measured. Three additional items assessed the respondents’ reactions to hypothetical college sponsored programs to reduce drinking, drunkenness, or alcohol-related life crises. Also, respondents were asked to rate their acceptance of four hypothetical alcohol policy-making groups at the college. Finally, characteristics of the respondents, including alcohol use indicators were obtained. In total, Survey 2 was comprised of 25 items and took less than 10 minutes to complete.

<table>
<thead>
<tr>
<th>Table 2. Percentage of Respondents Endorsing Each Drinking Pattern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey 1 (N = 115)</td>
</tr>
<tr>
<td>Don’t Drink</td>
</tr>
<tr>
<td>Usually drink in moderation/ no buzz</td>
</tr>
<tr>
<td>Usually drink for buzz</td>
</tr>
<tr>
<td>Sometimes drink for buzz, sometimes to get drunk</td>
</tr>
<tr>
<td>Usually drink to get drunk</td>
</tr>
</tbody>
</table>

Note. Leibsohn (1994) has shown that for college students, the perception of having been drunk and the incidence of having more than five drinks in a single period, the common definition of binge drinking, are strongly related.

Procedure

16. The two surveys were distributed by undergraduate research assistants using a non-probability sampling technique. The survey samples and sampling periods were mutually exclusive. Most students were surveyed in their on-campus residences and in dining facilities. Additional students were surveyed in their off-campus apartments. The surveys, which were self-administered, comprised a combination of open-ended and Likert-type response formats. Participation in the surveys was explained to be voluntary, confidential and anonymous. This information was conveyed verbally by a research assistant and in writing in a cover letter attached to the survey. No incentives were provided to the respondents. Completed surveys were returned to the research assistants in sealed envelopes. Survey data were entered into a database and were analyzed using SPSS (Kinnear & Gray, 1997).

RESULTS

Alcohol Use Among Participants

17. Only 7% of the 215 respondents identified themselves as nondrinkers. Another 7% said that they usually drank in moderation. Overall, 40% of students said they sometimes or usually drank to get drunk. Table 2 shows the percentage of students endorsing each of the five categories of drinking in Sample 1, Sample 2, and the two samples combined.
18. Respondents to Survey 2 were also asked to estimate how many times in the school year to date (i.e., from September to January) they had had more than five drinks in a row. Of those 93 students who drank at all, 55% said that they had consumed more than five drinks on 15 or more occasions (the highest category). Another 14% percent said that they had drunk at this level on 6 to 15 occasions, and 20% drank at this level 1 to 5 times. Only 12% of drinkers said that they had not consumed five drinks in a row at any time during the semester. [begin page 399]

AREs

19. Survey 1 respondents noted the types of AREs that had precipitated their helping behavior in the past. AREs were characterized using a checklist on which students marked situation types they had encountered for which they had rendered assistance. Survey 1 results showed: 89% of respondents assisted students who were vomiting due to heavy alcohol use, 85% helped students who were unable to walk without assistance, and 83% helped students who were disoriented due to their alcohol use. About half (49%) of the students intervened when peers were involved in an alcohol-related fight, 39% assisted when alcohol-related injuries had been incurred, and 24% intervened to prevent a peer from driving while intoxicated. More than one quarter (28%) of the respondents had helped one or more peers who were unconscious due to alcohol intoxication.

Helping Behavior

20. Peer-to-peer assistance in response to AREs was found to be frequent and widespread. Ninety-eight percent of the Survey I respondents said that they had provided help to another student during the time that they had been enrolled at the college; 82% had helped someone in the current semester. In the most recent 2-week period, 46% had helped another student. Table 3 shows the frequency distribution of helping in the three periods of interest.

<table>
<thead>
<tr>
<th>Frequency of Having Helped</th>
<th>% of Respondents Who Helped</th>
<th>Last 2 Weeks</th>
<th>Semester</th>
<th>While Enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>57</td>
<td>15</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>34</td>
<td>25</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>5</td>
<td>17</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>2</td>
<td>13</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>2</td>
<td>15</td>
<td>13</td>
<td></td>
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<tr>
<td>6 to 10</td>
<td>00</td>
<td>12</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>10+</td>
<td>00</td>
<td>3</td>
<td>23</td>
<td></td>
</tr>
</tbody>
</table>

Note. Each column sums to 100%.

21. Survey 1 respondents reported a total of 458 separate occasions when they had helped an intoxicated peer. On 88% of those occasions, they did so without seeking additional assistance. Seven percent of the time a student helper recruited another student to assist the peer. On five occasions (1.1%) off-campus police or emergency medical personnel were called to provide assistance. On 10 occasions (2.2%) respondents said that they had personally transported a peer to an ER. Respondents said that
they had sought assistance from on-campus officials, including resident assistants, on only 10 (2.2%) occasions.

Considerations for Helping
22. Survey 1 respondents said that they had considered a number of factors when they had provided assistance. Of little concern was the reaction of the helped student after the ARE or the helper’s family’s reaction. Personal inconvenience was an important consideration for 46% of the respondents. More than half of the students said that concerns about becoming involved with college officials (56%) or law officials (57%) influenced their decision to help a peer.

Response to the Policy
23. The Survey 1 respondents indicated a range of knowledge about the referral and treatment policy 1 month after the policy had been promulgated: 20% said that they knew nothing about the policy, 68% knew a little, and 11% knew a lot. Most of the respondents (63%) had not discussed the policy with a parent. Thirty-two percent had had a little discussion with a parent, and only 5% reported having had a lot of discussion. Of the 37% (43 students) who had had any discussion with a parent, 20% stated that their parents supported the policy and 10% said their parent(s) opposed the policy. Seventy [begin page 400] percent said that they did not know their parents’ position on the policy.

24. Two months later, 12% of the Survey 2 respondents indicated that they knew nothing about the referral and treatment policy. Sixty-nine percent were either somewhat familiar with the policy or at least knew that a policy existed. Nineteen percent reported that they were very familiar with the policy.

25. Survey 2 respondents were asked two questions about the college’s motivation for establishing the referral and treatment policy. Forty-one percent of the respondents agreed at some level that the college administrators were motivated to assure comprehensive care for intoxicated students. A slightly larger percent (45%) expressed a range of disagreement that this was the college’s primary consideration. A large majority of the respondents (69%) said that the college’s primary consideration was to discourage students from getting drunk. Only 16% disagreed at any level with this proposition.

26. Twenty-four percent of the Survey 1 respondents indicated support for the referral and treatment policy; 47% were opposed, and 30% were unsure of their response to the policy.

Responses to Policy-Making Options
27. The Survey 2 respondents were asked whether the college should have programs to address any drinking, drunkenness, and life-management problems caused by alcohol use. Their response varied depending on the seriousness of the alcohol-related problem. Only 23% agreed at any level that the college should establish programs to reduce drinking per se. Fifty-eight percent agreed with the concept of a program targeting drunkenness. Agreement rose to 94% for a program that would address a student’s inability to manage life’s events because of alcohol use. The complete distribution of responses to the three questions related to programs for drinking, drunkenness, and alcohol-related life management problems is reported in Table 4.

28. Survey 2 respondents were asked to indicate who should develop programs to address alcohol-related problems on campus. Seventy-one percent said that students, health experts and college officials, working together, should develop programs. Another 26% said the matter should not involve
college officials and should be left to students and health experts. Only 2% and 1% respectively proposed that the program development should be left to students alone or to college officials alone. In response to a proposition that college officials working alone could be successful in reducing heavy drinking by students, 85% of the Survey 2 respondents disagreed. Ten percent of the respondents were neutral on this matter. Only 5% mildly agreed with the proposition.

Table 4. Reaction of Respondents to Prospective College-Based Programs Targeting Drinking, Drunkenness, or Alcohol Related Life-Management (L-M) Problems

<table>
<thead>
<tr>
<th>Response Categories</th>
<th>Drinking</th>
<th>Drunkenness</th>
<th>L-M Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly disagree</td>
<td>11</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Mostly disagree</td>
<td>13</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Mildly disagree</td>
<td>28</td>
<td>17</td>
<td>0</td>
</tr>
<tr>
<td>Neutral</td>
<td>25</td>
<td>17</td>
<td>4</td>
</tr>
<tr>
<td>Mildly agree</td>
<td>20</td>
<td>31</td>
<td>15</td>
</tr>
<tr>
<td>Mostly agree</td>
<td>3</td>
<td>22</td>
<td>29</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>0</td>
<td>5</td>
<td>50</td>
</tr>
</tbody>
</table>

Note. Each column sums to 100%.

Predicted Impact of Policy

29. Respondents to Survey 1 were asked if they thought the cost of the referral and treatment program would result in less drinking by students. Eighty-five percent said that it would not reduce drinking. Only 10% said that the program’s cost would reduce drinking. Five percent had no opinion. In Survey 2, respondents were asked if the program’s cost would reduce students’ drinking to get drunk. Most (60%) said [begin page 401] it would not reduce drinking to get drunk; 34% said that it could, and 6% had no opinion.

30. Survey 1 respondents were asked whether the policy would reduce their willingness to provide various kinds of help to a peer in the future. Overall, a large majority (69%) said that they would be less willing to seek medical or police assistance for a peer in the future. Of those, 45% said they were much less likely to provide this kind of help in the future because of the policy. Thirty percent and 25% respectively said that they were moderately or mildly disinclined to call for off-campus assistance in the future.

31. In Survey 2, the respondents were asked about the policy’s impact on any student’s willingness to help a peer. With the question posed this way, 89% said that the policy would likely discourage students from seeking police or medical help in the future. Five percent said the policy could encourage helping. Six percent expressed uncertainty about the policy’s effect on students’ willingness to help.

DISCUSSION
32. Frequent binge drinking is increasingly common on college campuses and warrants a response. This study was designed to evaluate students’ reactions to and the implications of a college policy that required referral, evaluation and treatment for any student who was brought to a hospital ER intoxicated. A central feature of the policy was its costly price tag for students, who would be required to pay nearly $1,000 for these mandatory services.

33. College administrators expected that the high cost of the mandated program would get both students’ and parents’ attention. With parents’ concerns about the fee aroused, administrators assumed that a meaningful discussion would take place between students and their parents, that students would be admonished not to drink, and drinking would decline. For those students who persisted in heavy drinking and consequently had an ARE, the mandatory treatment would address the problem. The logic underlying the administrators’ expectations was sound as far as it went. That is, the policy’s implementation had a possibility of reducing total use (quantity reduction) of alcohol.

34. Data from two surveys indicated that nearly all of the respondents are drinkers, and most are heavy drinkers. Their pattern of alcohol use mirrors the pattern of the total population at this college (Colby, Colby, & Bellotti, 1994) and at many other American colleges (Wechsler et al., 1998).

35. Heavy drinking has negative consequences for the students surveyed in this study. Those consequences have been reported in previous work on this campus (Colby et al., 1994) and at other institutions (Meilman, Yanofsky, Gaylor, & Turco, 1989). Heavy drinking is associated with fighting, injury, illness, loss of consciousness, and risky behavior. In response to the AREs that cause these problems, students help one another. Virtually every student has provided some help to another person while enrolled at the college. When helping involves others, students more often call the police and seek off-campus medical help than they use on-campus resources, despite the latter’s proximity.

36. Based on Survey 2 data, it is evident that many students disagree with college officials’ public assertion that the referral and treatment policy was established to assure that intoxicated students received comprehensive treatment. Most students said that the program’s real purpose is to discourage students from getting drunk. This skepticism may underlie students’ avoidance of college officials when drinking causes problems. Indeed, becoming involved with college officials was one of the two most salient factors that students said they considered when they made their decision to help or not to help a peer who had been drinking.

37. Their reluctance to be involved with college officials, even to the point of not accessing their proximal help in a crisis, may be explained as well by the students’ rejection of top-down policy making. In addition, they seemed to believe they were entitled to drink. With this perspective, we were not surprised that the respondents had such a low expectation for the success of the referral and treatment program to reduce drinking or drunkenness. And, with the failure of the letter to parents to stimulate discussion that might [begin page 402] ultimately reduce heavy drinking, the students’ prediction is probably correct.

38. Marlatt, Baer, and Larimer (1995) have proposed that the problem of college student drinking should be addressed with the limited goal of reducing the harm of drinking. Their perspective reflects the fact that drinking is normative for college students (Schuckit, 1990). It is also based on the knowledge that most college students transition away from heavy drinking when they graduate (Chen & Kandel, 1995; Schulenberg, O’Malley, Backman, Wadsworth, & Johnson, 1996). In this context, the most reasoned approach to dealing with college-based drinking may be to adopt strategies that decrease risky drinking and when that fails, reduce the potential for harm (Marlatt, 1998).

39. Although students may reject the legitimacy of the college’s involvement in reducing risky drinking
and may question college officials’ motives, we know that genuine concern about the well being of students was central to the motivation to establish the referral and treatment policy. Thus, it is ironic that our findings suggest that the referral and treatment policy may increase harm to students. Several factors point to this conclusion. First, of course, is the finding that the policy, arguably, will not reduce drinking. Second, and more to the point of its negative effect, the policy’s associated cost, imposed on an intoxicated student, appears to have decreased students’ willingness to seek medical help for their intoxicated peers. Given the seriousness of the problems associated with heavy drinking and students’ reluctance to use on-campus resources, any indication that the policy may reduce the natural support system of student-to-student help should be a cause for concern.

40. Happily, the results of this study point to some factors that may help college-based policy makers to be more effective. Although most students expressed opposition to programs that would target drinking per se, more than 90% indicated that they would support college-based programs that assist students whose use of alcohol causes life-management problems. Nearly 60% said that they would support programs that target drunkenness. These facts suggest that college officials can build on the students’ harm reduction orientation and their willingness to work collaboratively to reduce drunkenness and life-management problems. The members of the collaborative could then identify prospective approaches to reduce harmful drinking and its consequences.

41. Several comprehensive descriptions of innovative alcohol reduction programs are available to campus health planners. Morritz and her associates have described a student-initiated approach to developing an alcohol education program (Morritz, Seehafer, & Maatz-Majestic, 1993). Their report is of particular interest because it drew upon the competitive spirit of students to create programs. Morritz et al. were successful in their effort to involve students as evidenced by the fact that seven university departments and 1,200 students participated in the project. In addition, Anderson and Milgram (1998) have described alcohol programs created on scores of college campuses. Their compendium includes a contact person on each campus and a brief description of each program assessment procedure where they exist.

42. Peer assistance is common on other campuses, as it is here (Meilman, 1992). Thus, a first approach to reduce drinking on any campus might be to create an instructional program that educates students about the consequences of alcohol poisoning and factors that contribute to binge drinking, including mistaken norms and expectations (Brown, 1985; Brown et al., 1980). Another program goal might be to establish guidelines for students who intervene to help another student who is drunk. An important ancillary step would be to examine in more detail the factors, including policy initiatives, that dissuade students from using on-campus resources. Such an examination might help to avoid policy mistakes that, like this one, have the potential to increase risk for the most problematic drinkers who, while few in number, may incur ultimate harm if they are not assisted by another student.

43. These survey findings, although useful to policy makers, have two limitations. First, respondents were part of a non-probability sample. Concern about this sampling procedure is tempered by the fact that the resulting sample is largely representative of the student body in both demographics and alcohol use (cf. Colby et al., 1994).

44. More important is the limitation attendant to asking students about their intentions. The students were fairly consistent in their responses; however one cannot be certain that their stated intentions are perfectly predictive of their future behavior. Most of the students said that, as a result of the policy, they would be less likely to help an alcohol-troubled peer in an acute situation. Although this does not necessarily mean that an intoxicated student will now be left without essential medical care during an ARE, we have to assume that, at least in some cases, such a scenario will result.
EPILOGUE

45. We have recently learned that the policy evaluated in this paper, although not officially rescinded, is no longer being implemented in practice. Counter to the college policy, ER personnel stopped referring students to the treatment program. According to a college official, 11 students were treated at an ER in the Fall 1999 semester. None of them were referred to the nominally mandatory program. We were unable to determine why ER personnel stopped making referrals, but they have no contractual agreement with the college to make referrals, and their failure to do so has not been challenged.

46. This new situation is even more dangerous than the policy as it was originally implemented, inasmuch as treatment and referral are no longer taking place, so total use will not decline due to treatment. Moreover, students are unaware that the program is no longer being implemented, so the prospect for reduced student-to-student help will continue. That means that the prospect for ultimate harm, based on MacCoun’s model of total harm, remains elevated.

47. The current situation underscores the need to create viable health programs to address problem drinking. To maximize the efficacy of these programs, administrators should prioritize those that (a) originate on campus through a collaborative process, (b) are broadly supported by students and (c) are guided by scientific principles. MacCoun’s harm reduction model provides a sound framework within which programmatic goals and effects (intended and unintended) can be evaluated. Most importantly, the concept of harm reduction has wide empirical support and seems to fit with the student perspective on how problematic alcohol use should be addressed on campus.

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REFERENCES


