



81 PERCENT

OF MSU STUDENTS CHOOSE TO USE A DESIGNATED DRIVER

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An Outbreak of Health? Getting Out the Truth About Social Norms on College Campuses

America's colleges and universities are populated with intelligent, motivated students who generally make healthy lifestyle choices. It is a challenge to highlight these healthy normative behaviors among college students in light of the rare but highly publicized tragic incidents related to the misuse of alcohol and drugs. Social norms marketing is one approach that successfully markets healthy normative behaviors. This approach focuses on the positive choices students make and corrects misperceptions which may in fact enable negative behaviors.

During the spring of 2007 there was prominent press coverage of a new report on college student substance abuse from the National Center on Addiction and Substance Abuse (CASA) at Columbia University¹. It caught many working on America's college campuses by surprise and thrust us in a defensive position. The report included indictments directed toward students and administrators, including reports on the explosive growth of drug and alcohol use and how higher education officials were unable to stem the tide.

Our paper is a response to the CASA report and not intended to minimize these important public health problems. It provides a more accurate portrayal of substance use and misuse on campuses and then proposes a multi-step plan to inform higher education officials and the general public about alcohol and drug use on America's campuses.

There are several steps necessary when responding to high profile reports such as CASA's. In our analysis, we read the original document, identified and reviewed the principle references, and checked the data for accuracy. In doing so, multiple concerns emerged.

For example, the following four assertions were made in CASA's press release including that almost one quarter of college students meet medical criteria for substance abuse or addiction (alcohol is the primary drug of choice), frequent bingeing is up between 1993 and 2001, there is a dramatic increase in drug abuse from 1993-2005, and college administrators were accepting the status quo.

When carefully analyzed, a different picture of college substance abuse emerged. We propose a different set of conclusions regarding substance use and abuse on campuses:

- Addiction to alcohol is lower among college students than the general population and age matched non-college cohorts.
- Frequent binge drinking among college students, has leveled off and remained steady since 2002.
- Illicit and prescription drug use, which remains at relatively low rates, have increased among all cohorts of young people. The lowest rates of increase are among college students, whose usage is 50-75% lower than non-college cohorts.
- College administrators, trustees, and parents are engaged and committed to dealing with these important issues.

We believe that CASA used unreliable data that exaggerated clinically relevant alcohol abuse among students, failed to acknowledge that rates of alcohol addiction and the abuse of most other substances by college students are in fact lower than among non-college peers, did not recognize that campuses



Most MSU Students Play Hard

Celebrate Safely

• 72% avoid drinking games

• 91% don't get into fights due to drinking

• 79% of those who drink keep track of how many drinks they're having

Choices we got the facts from you

are taking these problems seriously, and overlooked data that demonstrate college substance use has improved in recent years.

The first inaccurate assertion is that nearly one quarter of college students meets the medical criteria for substance abuse or addiction.

CASA is citing research that uses the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* criteria for estimating the prevalence of alcohol related disorders on anonymous surveys. We have serious concerns about using DSM-IV criteria for a survey instrument because it was developed as a clinical tool to be used for interviews with individuals. Affirmative answers are explored during an interview by a clinician to determine the context of the behavior. This cannot be accomplished with surveys. The DSM-IV criteria for alcohol abuse in particular are susceptible to over reporting on an anonymous survey.

CASA fails to recognize these limitations and reports significantly exaggerated estimates of clinically relevant alcohol abuse among college students. Alcohol is frequently misused by students, and

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therefore alcohol misuse is a much more accurate term to describe a wide array of behaviors. These behaviors can lead to serious consequences; but they are not driven by addiction. Because students may be inexperienced drinkers, they have not learned how to establish safe drinking limits. It may take a few massive hangovers before they realize that alcohol is interfering with their lives, resulting in conscious choices to modify their behaviors. If we can keep students safe during these short periods of alcohol misuse, most will go on in life as productive citizens with no long term problems of dependence.

A primary reference used by CASA to assert the degree to which alcohol disorders are problematic on campuses was published by Knight, et. al.² in the *Journal of Studies on Alcohol* in 2002. Knight found that alcohol addiction is lower among college students than non-college peers. CASA does not mention these lower rates anywhere in their report. This finding alone raises serious concerns about the frequency of clinically relevant alcohol abuse among students.

The second false statement is that frequent bingeing is up. The

principle reference cited by CASA is the 2001 Wechsler College Alcohol Study (CAS) published in the *Journal of American College Health*³. Though the proportion of students who drink at all or who binge drink in the preceding two weeks had not changed in the previous eight years, students who binge drink multiple times in a two week period had increased by about 16% between 1993 and 2001. This was a troubling trend; however, CASA does not address the time period from 2001 forward. The CAS has not been published since 2001; nonetheless, national data are available from other sources, such as the 2006 Substance Abuse and Mental Health Services Administration (SAMSHA) National Survey on Drug Use and Health (The NSDUH Report), which was used a number of times in other sections of the report. Yet, no mention was made that this study showed no change in frequent binge drinking (“Heavy Alcohol Use” defined as bingeing five or more days in the prior month) from 2002 to 2005⁴. Similarly, the National College Health Assessment,⁵ published annually by the American College Health Association and referenced in other sections of the CASA report, has demonstrated no

change in frequent binge use between 2003 and 2006. Selective reporting of six year old data serves to dramatize the problem and create a perception of a worsening situation on campuses, when in fact, subsequent national studies suggest the opposite.

Thirdly, the CASA report wrongly claims that between 1993-2005 drug abuse has increased significantly.

An excerpt from the press release reads: “Abuse of controlled prescription drugs in the past month (e.g. use by an individual in the preceding month) has skyrocketed.” The principle reference for these data comes from the University of Michigan longitudinal study entitled Monitoring the Future (MTF)⁶. This is a comprehensive, well respected national study conducted since 1975.

Our review of the MTF data demonstrates that use of these drugs among college students is substantially lower than age-matched non-college cohorts and the rate of increase of use is lower as well. Virtually every set of data that CASA cites from MTF shows the same thing. Unfortunately, drug use is actually increasing across all cohorts of young people, but at lower rates among college students compared to non-college persons of the same age. While these trends are certainly worrisome, they should be a concern for the population at large; moreover, the data demonstrate that there must be something about either the college environment or student characteristics that actually prevent the use of drugs.

Finally, the CASA report makes the assertion that administrators in higher education have an “acceptance of a status quo of rampant alcohol and other drug abuse”(page iii).” Higher education takes the use and abuse of alcohol and drugs very seriously. For over 15 years, professional meetings of American College Health Association (ACHA), The National Association of Student Personnel Administrators

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HOO
knew ?

SOBER
is walking a friend home.

88% of UVA students make sure if their friends have been drinking, they are not left alone with a stranger.

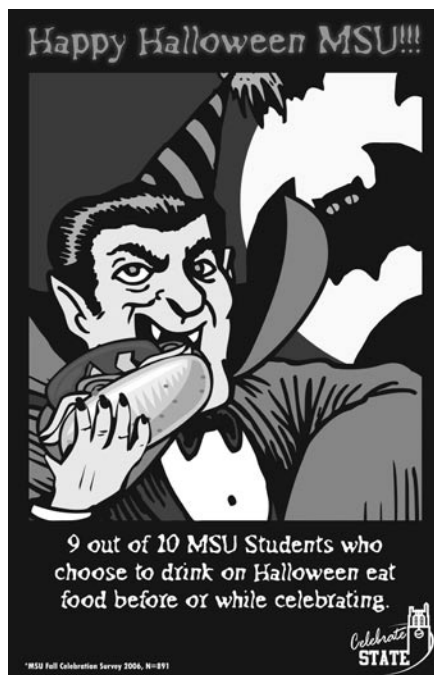
Image is from the 2007 Health Promotion Survey with a random sample of 234 UVA students. www.vpi.edu/studentlife/hp/survey/index.html
Designed by Tom Florkowski. Date of 10/02
www.vpi.edu/studentlife/hp/survey/index.html

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(NASPA), and others have included an educational agenda about alcohol and drugs. Countless programs have been implemented across the country, and millions of grant dollars have been funneled to our campuses to provide education, enforcement, and policy development. National commissions (most notably the National Institute on Alcohol Abuse and Alcoholism⁷) have promulgated guidelines on dealing with these issues. It would seem CASA made little effort to investigate the degree to which higher education has invested in programs to decrease substance use and abuse.

The consequences of the CASA report are that press and media bombard the public with negative images of college students creating more misperceptions. According to social norms theory, these misperceptions lead to overestimations of the degree to which students engage in unhealthy behaviors; students holding these misperceptions are more likely to engage in dangerous behaviors. CASA's report serves to perpetuate these myths and may reinforce the negative behaviors. CASA's strategies are counterproductive and could lead typical college students, who do not abuse alcohol, to believe they are exceptions.

Tremendous interest is generated by these reports. Unless journalists scrutinize the methodology and conclusions, the press reports these findings verbatim without questioning their credibility. There has not been a concerted effort in higher education to provide more accurate information on substance use and abuse on college campuses. The result is that there is no counterbalanced message when highly negative reports such as the one generated by CASA receive attention. It is in the best interest of the higher education community to disseminate more accurate information to provide a balanced assessment of America's campuses.



A way to distribute these messages is through a behavioral change model called social norms marketing. This theory posits sharing the facts and telling the truth to correct misperceptions. By utilizing this method, it is possible to bring about real change on our campuses.

This can be done through presentations at professional meetings or through webcasts or white papers. It is necessary to provide communication tools for higher education and college health services that get accurate information into the hands of student newspapers and local media outlets. Encouragement is needed for more research. Coordinated communication plans must be developed, and results from successful campaigns need to be publicized.

It is critical that the higher education community becomes sophisticated at working with media and other communication vehicles to get more accurate messages regarding substance use and abuse into the public domain.

We believe that higher education has made great strides in understanding the prevention and treatment of student

use and misuse of substances. Our field needs to become more creative in promoting these successes.

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