



UGA Alcohol Sanction Evaluation

Fall 2005

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High Risk Alcohol Use on College Campuses

The pervasiveness of heavy episodic alcohol use on college campuses resulted in national recognition of binge drinking as the number one public health problem affecting college students in the 1990s.^{1,2} The prevalence of binge drinking in university populations since then has remained consistently high.³ In 2005, 48.5% of college students nationwide reported binge drinking, which is defined as consumption of at least four drinks in a row for women, or at least five drinks in a row for men, on one occasion during the past two weeks.⁴

Students who engage in binge drinking experience more negative outcomes than students who do not binge drink.⁵ These outcomes include memory loss, arguing with friends, engaging in unplanned sexual activity, failing to use protection when having sex, getting hurt or injured, damaging property, getting into trouble with campus or local police, requiring



medical treatment for alcohol overdose, driving after drinking alcohol, and impaired academic performance. Moreover, students who binge drink frequently—three or more times in a one month period—may be as much as 21 times more likely to experience these problems than other students.⁶

The problems associated with binge drinking affect not only those students who binge drink but also other students, faculty, staff, the institution, and the greater campus community.⁷ For example, alcohol is a factor in almost one-third of the cases of first-year students who drop out each year.⁸ Secondary effects of binge drinking include

500,000 unintentional injuries, 97,000 sexual assaults, and 696,000 physical assaults annually among students between the ages of 18 and 24 years.⁹ Excessive drinking affects the university community on several levels: the physical campus environment may be altered through vandalism and property damage, financial burdens may be incurred, and “town-gown” relations damaged.¹⁰ Unfortunately, virtually no college campus is immune to these consequences.¹¹

The consistently high prevalence of excessive alcohol consumption, coupled with the health and quality of life issues that detrimentally affect academic outcomes, personal development and individual and community health, confirm the critical need for effective strategies to reduce binge drinking on college campuses.

Alcohol Use at The University of Georgia

Students at the University of Georgia consume more alcohol and experience more negative outcomes than college students nationwide, per the Core Alcohol and Other Drug Survey.

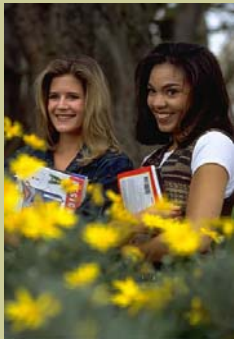
In 2005, 81% of students at UGA, versus 72% of college students nationwide, reported consuming alcohol within the past 30 days. In 2001 and 2005, 89% of UGA students reported consuming alcohol within the past year, and students who

drank consumed an average of 7.9 drinks per week. While the numbers for alcohol use within the past year remained consistent from 2001 to 2005, the binge drinking rate at UGA increased significantly, from 56.7% to 60.6%. Nationwide, 48.5% of college students binge drink.

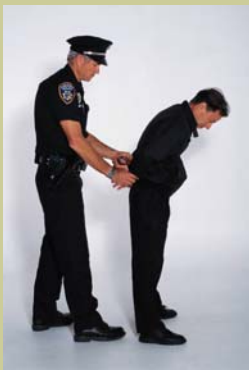
More information on consumption patterns and the negative outcomes of high-risk drinking, including memory



loss, hangovers, injuries, driving a car under the influence, being arrested, and performing poorly on a test or project, can be found on the University Health Center's webpage at: www.uhs.uga.edu/atod.



Do current alcohol education sanctions impact problems associated with drinking?



Alcohol Prevention & Intervention at UGA

The University Health Center has provided alcohol prevention and intervention programs, as well as group and individual counseling, for twenty years. Two full-time health educators, housed in the Health Promotion Department, provide these services.

A cornerstone of the comprehensive ATOD program is the prevention/intervention course Prime for Life: Campus. Developed by the Prevention Research Institute in Lexington, Kentucky, Prime for Life was tested at UGA in 1986 and implemented thereafter. During four, 2.5 hour classes,

students learn about low-risk drinking choices, individual responses to alcohol, and inherited biological risk factors. After completing the program, students are required to attend an individual follow-up session with a health educator. In this session, the student discusses his or her individual plan to reduce alcohol-related risks.

In addition to the Prime for Life: Campus program, the Health Promotion Department offers several educational sessions each semester, which serve as sanctions for less severe alcohol violations. Students who have attended

these programs but have incurred further violations attend ATOD Advanced, a counseling-based program offered through the Health Promotion Department.

The programs above focus on empowering individuals to make low-risk choices. This individual approach is incorporated into environmental change strategies including policy development, enforcement, and campus-wide programming. These strategies are being supported by the entire university community.

Alcohol Evaluation Overview and Description

Students in the university community are given sanctions when found in violation of campus policy or local/state laws. The University may give students one or multiple sanctions, which may include a verbal/written warning, probation, community service, suspension from UGA, suspension from Housing, alcohol education, or parental notification. Students violating the law may also be faced with fines, jail time, probation, alcohol education, and other sanctions handed down by the local courts.

The purpose of this evaluation was to examine the impact of sanctions for such violations on attitudes, knowledge and behavior regarding alcohol use. This research is being done to evaluate the effectiveness of alcohol sanctions offered by the University of Georgia. This process was initiated to answer the following questions:

- Do current alcohol education sanctions impact student drinking behaviors?
- Do current alcohol education sanctions impact problems associated with drinking?
- What sanctions are most/least effective in changing student drinking behaviors?

This evaluation will also provide the university with information on where students are drinking, changes in students' perceptions of risk, and the quantity and frequency of alcohol use.

METHODS

Any student sanctioned for an alcohol violation May 2003 through November 2004 was given an initial survey. This survey was given by the hearing officer if the sanction did not include the Prime for Life: Campus (PFLC) course. If it did

include this course, students were given the initial survey prior to the commencement of instruction on the first day of the course. Upon completion of the course or the other sanctions, students were given a post-test. If they did not attend the PFLC course, the students were sent an e-mail requesting the completion of survey II through an internet based questionnaire. If the students attended PFLC, they were given survey II in the classroom at the end of the course. All participants were solicited to complete the second post-test, an online questionnaire, through an e-mail request.

Students who completed all three surveys were placed in a drawing each month for a \$40 or \$50 gift certificate to the University Bookstore.

Results: Demographics, Costs of Sanctions, & Drinking Locations

Four-hundred ninety participants completed the first survey. Eighty-seven percent of participants were between the ages of 18 and 20. With regard to ethnicity, 91 percent identified as White, 2.5 percent as Asian/Pacific Islander, 2.3 percent as Black, 1.6 percent as Hispanic/Latino, 0.6 percent as American Indian, and 2.0 percent as Other.

Sixty-six percent of the participants were male, and 33 percent were female. Interestingly, among all undergraduate students at UGA, approximately 56 percent are female, and

approximately 42 percent are male.¹²

The chart below depicts participants' grade point averages during the semester prior to their sanction. Most students, 66 percent, reported earning between a 3.0 and 4.0 GPA prior to their sanction. Moreover, statistical analyses indicated no significant correlations between GPA and the number of days on which students reported consuming alcohol, nor was there an association between GPA and the number of drinks consumed during the two

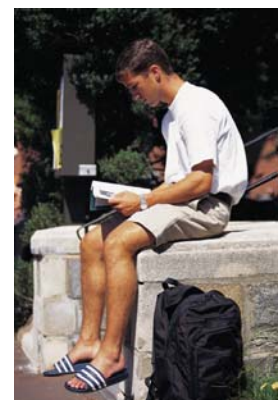
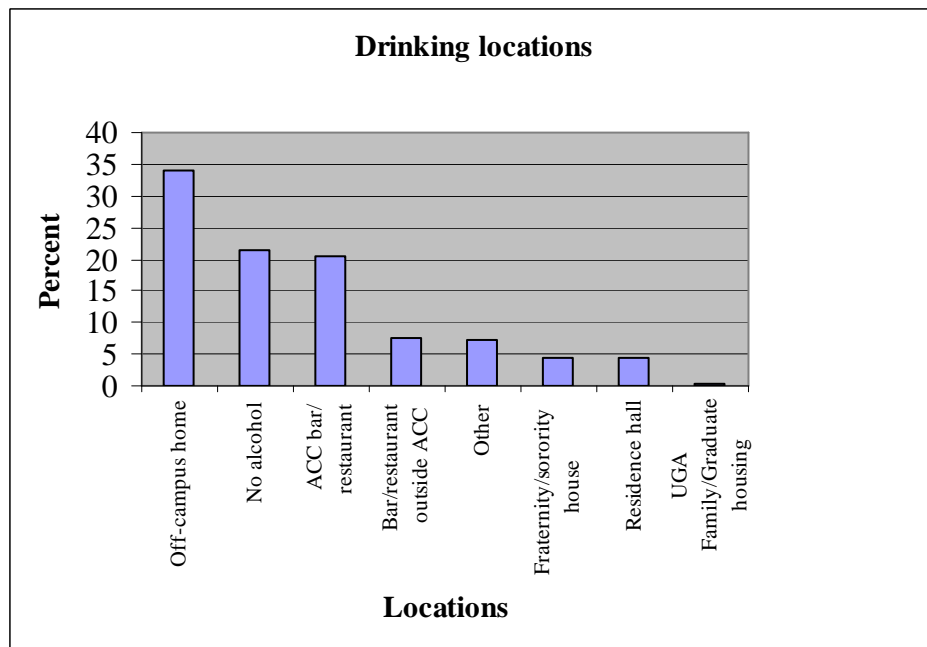
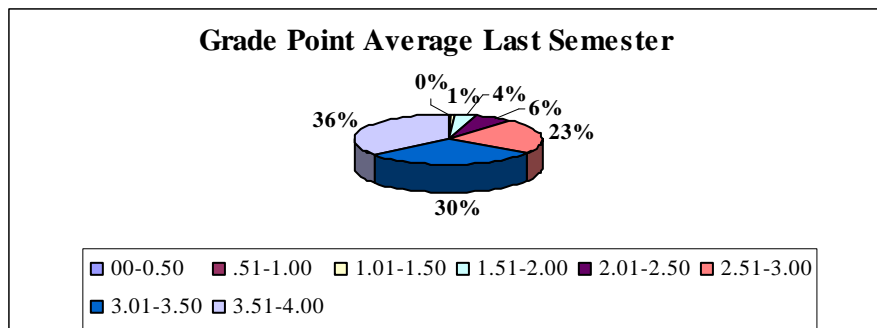
weeks prior to completing survey one.

Participants reported a wide range of costs for their sanction, from \$0.00 to \$8,000. Most participants, 74% (363 participants), incurred costs between \$0 and \$700.

The chart at the bottom of the page depicts where students reported drinking most frequently in the two weeks prior to completing survey one.



Statistical analyses indicated no significant correlations between GPA and drinking frequency or quantity.



Results: Changes in Behavior

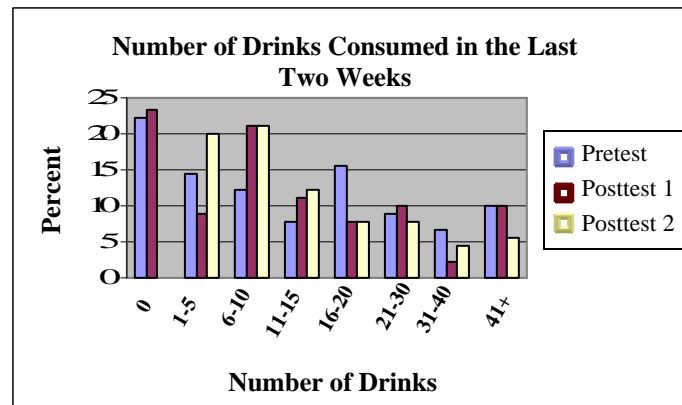
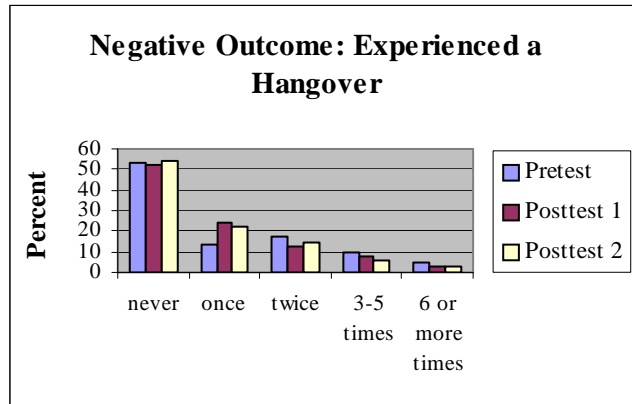
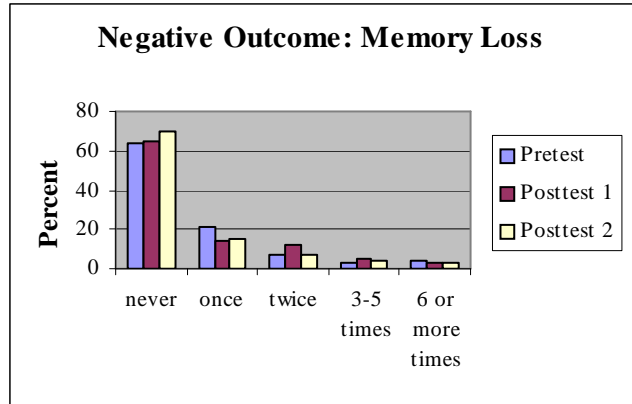


The study examined behavior change in terms of the number drinks consumed and the negative outcomes experienced. Negative outcomes include memory loss, hangovers, missing class, being nauseated/vomiting, driving under the influence of alcohol, being hurt/injured, and performing poorly on a test or project. Students were asked if they experienced these outcomes because of their alcohol or drug use and if they had occurred in the previous two weeks.

Negative Outcomes In the Last Two Weeks Include:

- Memory Loss
- Hangovers
- Missing Class
- Being Nauseated/Vomiting
- Driving Under the Influence
- Being Hurt/Injured
- Poor Academic Performance

The results of the study show that there were no significant changes in negative outcomes from the pretest to the first posttest and no changes from the pretest to the second posttest. These results were consistent when the negative outcomes were tested individually and when they were collapsed into one negative outcome variable. In addition, no significant changes were seen when examining only those individuals who completed all three surveys.



These results were also consistent when drinking behaviors were tested. There was no significant change in the quantity or frequency of alcohol use from the pretest to the first posttest and from the pretest to the second posttest. Again, these results were consistent when testing the entire sample and only those completing all three surveys.

Results: Perceptions of Risks

In addition to drinking behaviors, this study examined perceived susceptibility to alcohol-related problems based on quantity and frequency of alcohol use. The survey contained the following items to assess perception of risk:

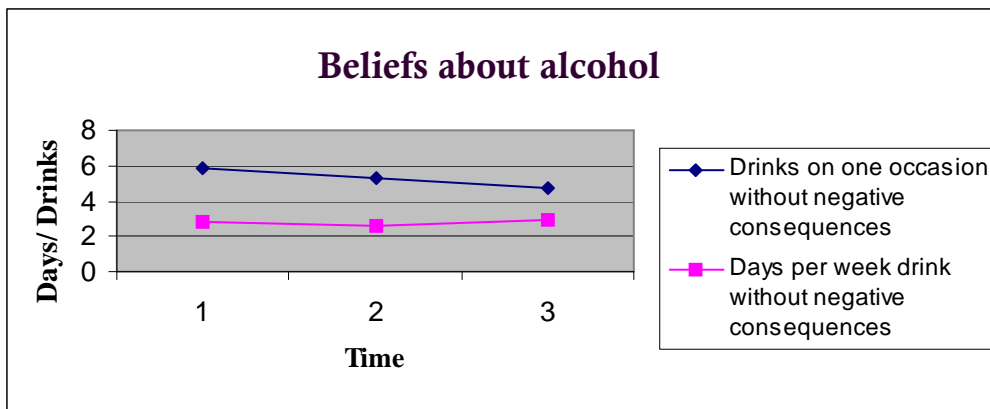
- “How many drinks can you consume on one occasion without experiencing negative consequences?”
- “How many days per week can you drink without experiencing negative

consequences?” and

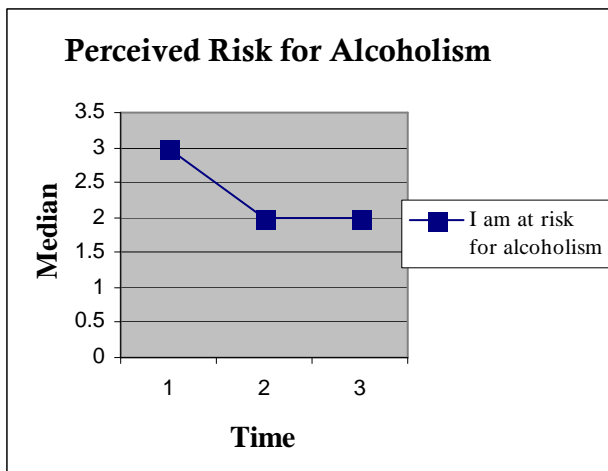
- “I am at risk for alcoholism.”

Repeated Measures Analysis of Variance showed a significant difference from time one to time three in the number of drinks that participants indicated they could consume on one occasion without experiencing negative consequences (F 6.310, p=.002). Repeated Measures ANOVA showed no significant difference in the number of days per week

on which participants indicated they could drink without experiencing negative consequences. Repeated measures ANOVA showed a significant difference between time one and time three for the belief that “I am at risk for alcoholism.” This analysis indicates that participants received the take-home message from the alcohol sanctions, that everyone has some level of risk for developing alcohol-related problems.



Students' perceived susceptibility for experiencing alcohol problems increased significantly from baseline to follow-up.



RISK FOR ALCOHOLISM

Participants' perceived risk for developing alcoholism was measured with a likert scale, from 1 (strongly agree) to 5 (strongly disagree). The median response to the statement “I am at risk for alcoholism” shifted from “neutral” at time one to “agree” at times two and three.



**Project
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Sara.eoswalt@utsa.edu**Recommendations**

The results of this study show that students did not experience significant changes in behaviors or negative outcomes after any of the intervention programs offered. There were, however, changes in perceptions of risk. This is a critical step in changing behavior.

The recommendations to follow consider the fact that Prime for Life: Campus has been an important intervention program at the University of Georgia since 1986. This being said, in this time, the intervention has never been evaluated using UGA students. This was an important step in to ensure the university is utilizing the best intervention program available.

- Create a committee made up of judicial hearing officers and health educators to determine specific outcomes for intervention programs on campus
- Examine other intervention programs that address those specific outcomes
- Examine programs in terms of the specific outcomes and resources necessary for the program
- Implement a new intervention program and evaluate it along side of Prime for Life: Campus in the fall of 2006 to determine the most effective program
- Implement changes in intervention program based on the results of this further evaluation.

Special Thanks

This evaluation could not have been completed without the help and support of all the sponsoring departments and offices at the University of Georgia. In addition, it is important to thank those involved in the

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References

1. Wechsler, H., Lee, J. E., Kuo, M., Seibring, M., Nelson, T. F., & Lee, H. (2002). Trends in college binge drinking during a period of increased prevention efforts. *Journal of American College Health, 50*(5), 203-217.
2. Wechsler, H., Lee, J. E., Kuo, M., & Lee, H. (2000). College binge drinking in the 1990s: A continuing problem. *Journal of American College Health, 48*(5), 199-210.
3. Same as 1.
4. Core Institute. (2005). *Alcohol and Other Drug Survey Results*. Retrieved August 8, 2005 from http://www.siu.edu/departments/coreinst/public_html/.
5. Hingson, R., Heeren, T., Zakocs, R., Kopstein, A., & Wechsler, H. (2002). Magnitude of alcohol-related mortality and morbidity among U.S. college students ages 18-24. *Journal of Studies on Alcohol, 63*(2), 136-144.
6. Same
7. Wechsler, H., Lee, J. E., Hall, J., Wagenaar, A. C., & Lee, H. (2002). Secondhand effects of student alcohol use reported by neighbors of colleges: the role of alcohol outlets. *Social Sciences & Medicine, 55*, 425-435.
8. Jennison, K. M. (2004). The short-term effects and unintended long-term consequences of binge drinking in college: A 10-year follow-up study. *The American Journal of Drug and Alcohol Abuse, 30*(3), 659-684.
9. Hingson, R., Heeren, T., Winter, M., & Wechsler, H. (2005). Magnitude of alcohol-related mortality and morbidity among U.S. college students ages 18-24: Changes from 1998-2001. *Annual Review of Public Health, 26*, 259-279.
10. Same.
11. Same.
12. Allen, M. R. (Ed.). (2004). *The University of Georgia Fact Book 2004* (36th ed.). Athens, GA: University of Georgia, Office of Institutional Research.