

## Law Enforcement WORKS



A study of alcohol enforcement practices at 343 U.S. colleges via surveys of directors of campus law enforcement found 615 of colleges indicating proactive enforcement of alcohol policies, especially at intercollegiate sporting events. Least frequent enforcement was at fraternity/sorority events. Half of campus law enforcement departments worked closely with local law enforcement but desired more cooperation. Half reported no barriers to alcohol enforcement on campus. Large colleges and public colleges reported greater enforcement levels.<sup>7</sup>

Those students who attend colleges in states that have more restrictions on underage drinking, high volume consumption, and sales of alcoholic beverages, and devote more resources to enforcing drunk driving laws, report less drinking and driving.<sup>8</sup>

Analysis of Fatality Analysis Reporting System data from 1982-2004 demonstrated that enforcement of the minimum legal drinking age was independently associated with a 16% decline in the ratio of drinking to nondrinking drivers in fatal crashes under the age of 21. Use/lose laws and zero tolerance laws targeting drivers under age 21 also led to reductions. Laws targeting drivers of all ages (i.e. BAC limits, seatbelt laws and administrative license revocation) reduced involvement in fatal crashes among drinking drivers under 21.<sup>9</sup>

Certainty of punishment is a significant deterrent to DUI. When presented several scenarios, college students and graduate students indicated that intensified enforcement, harsh jail penalty (versus fines penalty), and immediate long license suspension (versus delayed punishment) would be the strongest deterrents to drinking and driving. Alternative ways to get home were also important in reducing people's willingness to drive. For the personal characteristics, college seniors and those who had previously driven after drinking were more likely to choose to drink and *cont'd on p. 3*



## The Evidence of Effectiveness: High Risk Drinking and DUI Prevention and Intervention

*“To have an alcohol-crash impact on target populations, public information and education approaches alone are insufficient...initiatives aimed at reducing the availability of alcoholic beverages, and/or at deterring driving after drinking, may be necessary.”<sup>10</sup>*

The Community Preventive Services Taskforce, US Department of Health and Health Services, has reviewed and summarized the existing evidence from the numerous alcohol prevention and intervention studies as follows:

<u>Preventing Excessive Alcohol Consumption</u>	Community Preventive Services Task Force Finding	Date
<b>Interventions Directed to the General Population</b>		
<u>Dram Shop Liability</u>	Recommended	March 2010
<u>Electronic Screening and Brief Intervention (e-SBI)</u>	Recommended	August 2012
<u>Increasing Alcohol Taxes</u>	Recommended	June 2007
<u>Maintaining Limits on Days of Sale</u>	Recommended	June 2008
<u>Maintaining Limits on Hours of Sale</u>	Recommended	February 2009
<u>Overservice Law Enhancement Initiatives</u>	Insufficient Evidence	March 2010
<u>Privatization of Retail Alcohol Sales</u>	Recommended Against	April 2011
<u>Regulation of Alcohol Outlet Density</u>	Recommended	February 2007
<u>Responsible Beverage Service Training</u>	Insufficient Evidence	October 2010
<b>Interventions Directed to Underage Drinkers</b>		
<u>Enhanced Enforcement of Laws Prohibiting Sales to Minors</u>	Recommended	February 2006
<b>Reducing Alcohol-Impaired Driving</b>		
<u>0.08% Blood Alcohol Concentration (BAC) Laws</u>	Recommended	August 2000
<u>Lower BAC Laws for Young or Inexperienced Drivers</u>	Recommended	June 2000
<u>Maintaining Current Minimum Legal Drinking Age (MLDA) Laws</u>	Recommended	August 2000
<u>Publicized Sobriety Checkpoint Programs</u>	Recommended	August 2012
<u>Mass Media Campaigns</u>	Recommended	June 2002
<u>Multicomponent Interventions with Community Mobilization</u>	Recommended	June 2005
<u>Ignition Interlocks</u>	Recommended	April 2006
<b>School-Based Programs</b>		
Instructional Programs	Recommended	October 2003
Peer Organizing Interventions	Insufficient Evidence	October 2003
Social Norming Campaigns	Insufficient Evidence	October 2003
<b>Designated driver promotion programs</b>		
Incentive Programs	Insufficient Evidence	October 2003
Population-Based Campaigns	Insufficient Evidence	October 2003

<http://www.thecommunityguide.org/about/conclusionreport.html>

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drive, whereas those who expect a jail penalty for a DUI offense were less likely to drive.<sup>11</sup>

Legal age college students reported frequent alcohol provision to underage students yet were likely to deny moral responsibility for any negative consequences that recipients might suffer. Only small numbers of participants would decrease alcohol provision after education on the sexual risks to underage females. More legal age college students reported that they would decrease provision in response to consistent law enforcement, severe legal and disciplinary penalties for social hosts, and education on severe penalties.<sup>12</sup>

A San Diego State University prevention campaign – a combination of enforcement and media campaign to publicize the enforcement - resulted in a reduction of DUIs 27% in one semester.<sup>13</sup>

San Jose State University Police Department is working to address campus drinking and driving through enforcement, campus crash displays and simulations, and holiday anti-DUI media campaigns involving 13 police departments.<sup>14</sup>

### Alcohol policy enforcement and changes in student drinking rates in a statewide public college system: a follow-up study

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Study findings suggest that stronger enforcement of a stricter alcohol policy may be associated with reductions in student heavy drinking rates over time. An aggressive enforcement stance by deans may be an important element of an effective college alcohol policy.<sup>15</sup>

## The Evidence of Effectiveness: High Risk Drinking and DUI Prevention and Intervention, *cont'd from p. 2*

In a March 2014 White Paper, *The National College Health Improvement Program* provided the following summary tables of research based recommendations from the National Institute of Alcohol Abuse and Alcoholism (NIAAA, 2002), the US Surgeon General (2007).<sup>16</sup>

**Table 1. NIAAA Recommended Strategies**

TIER	EVIDENCE OF EFFECTIVENESS	INTERVENTIONS/STRATEGIES
1	College Student Population	<ul style="list-style-type: none"> <li>Brief motivational interventions (BMI)</li> <li>Cognitive-behavioral skills training with norms clarification and BMI</li> <li>Interventions challenging alcohol expectancies</li> </ul>
2	General Population	<ul style="list-style-type: none"> <li>Restrict availability of alcohol or create an environment supportive of such restrictions</li> <li>Examples: <i>enforce minimal drinking age laws; restrict alcohol outlet density; increase prices and excise taxes on alcoholic beverages; form campus and community coalitions to implement strategies; etc.</i></li> </ul>
3	Logical and Theoretical Promise, requiring more comprehensive research	<ul style="list-style-type: none"> <li>Examples: <i>social norms marketing or normative education; consistent enforcement of campus alcohol policies; provision of safe rides for intoxicated students; regulation of happy hour promotions; information for new students and parents about alcohol use and campus policies; Friday classes; alcohol-free social events; etc.</i></li> </ul>
4	Ineffective, if used alone	<ul style="list-style-type: none"> <li>Simple educational and awareness programs</li> </ul>

**Table 2. Surgeon General's Call to Action—Recommended Strategies**

STRATEGIES TO CHANGE COLLEGE UNDERAGE DRINKING CULTURE
<ul style="list-style-type: none"> <li>Establish, review, and enforce rules against underage alcohol use with consequences that are developmentally appropriate and sufficient to ensure compliance.</li> <li>Eliminate alcohol sponsorship of athletic events and other campus social activities.</li> </ul>
<ul style="list-style-type: none"> <li>Restrict the sale of alcoholic beverages on campus or at campus facilities, such as football stadiums and concert halls.</li> <li>Implement responsible beverage service policies at campus facilities, such as sports arenas, concert halls, and campus pubs.</li> </ul>
<ul style="list-style-type: none"> <li>Hold all student groups on campus, including fraternities, sororities, athletics teams, and student clubs and organizations, strictly accountable for underage alcohol use at their facilities and during functions that they sponsor.</li> <li>Eliminate alcohol advertising in college publications.</li> </ul>
<ul style="list-style-type: none"> <li>Educate parents, instructors, and administrators about the consequences of underage drinking on college campuses, including secondhand effects that range from interference with studying to being the victim of an alcohol-related assault or date rape, and enlist their assistance in changing any culture that currently supports alcohol use by underage students.</li> <li>Partner with community stakeholders to address underage drinking as a community problem as well as a college problem and to forge collaborative efforts that can achieve a solution.</li> <li>Expand opportunities for students to make spontaneous social choices that do not include alcohol (e.g., by providing frequent alcohol-free late-night events, extending the hours of student centers and athletics facilities, and increasing public service opportunities).</li> </ul>

#### College-Community Partnerships

- Two notable initiatives emerged on college-community partnerships (a Tier 2 NIAAA strategy)—the Safer California Universities study (Safer CA) and the Study to Prevent Alcohol-Related Consequences (SPARC).

Safer CA involved 14 large public universities of which half were randomly assigned to environmental interventions that included nuisance party enforcement, increased enforcement of laws related to selling alcohol to minors, checkpoints to detect driving under the influence, and implementation of social host ordinances. Significant reductions both in the number of students drinking to intoxication and in the number of incidents related to intoxication were observed with the intervention sites.

SPARC involved 10 universities in North Carolina, randomizing half to a community organizing and coalition intervention to implement strategies aimed at reducing the availability of alcohol, addressing alcohol pricing and marketing, influencing norms related to HRD, and reducing harms associated with HRD. The study reported significant decreases in alcohol-related consequences due to the students' own drinking and in alcohol-related injuries caused to others.

**The Evidence of Effectiveness,**  
*Cont'd from p.3*

Most of the progress in the reduction of impaired driving crashes during the last two decades is a result of strengthening laws against impaired driving and vigorous enforcement efforts aimed at deterring impaired driving. Many useful strategies can also be applied that focus on the control of alcohol availability, use, and promotion. Alcohol policies include controls on the price of alcohol, the location, density, and opening hours of sales outlets, controls on the social availability of alcohol, and the promotion and advertising of alcohol. Enforcement of these policies is critical to their effectiveness.<sup>17</sup>

Sample of Additional Findings from National Literature, Websites, and Studies

Target incoming freshmen prior to arrival on campus—many students have experience blackouts, hangovers, and other drinking consequences during the summer before they arrive on campus. Incoming freshmen may benefit from skill building among college students to avoid and intervene into others' drinking and to examine resident advisor roles as both engenderers of trust and cooperation as well as enforcers of alcohol rules.<sup>18</sup>

Involving parents can be of value. A parent-based intervention resulted in freshmen students being less likely to transition from non-drinker to drinker and to have less growth in drinking during freshmen year.<sup>19</sup>

Target fraternities and sports groups. More heavy drinking is associated with these groups- 97% are drinkers, 86% binge drinkers, 64% frequent binge drinkers.<sup>20</sup>

BAC level after attending campus parties was significantly higher than at all college locations (e.g. bars).<sup>21</sup>

Attend to the 21st Birthday – A Night to Remember: A Harm Reduction Birthday Card Intervention involving a personal note from each student's resident assistant reduced drinking during 21st Birthday Celebrations.<sup>22</sup>

Motivational feedback works. Mail, Internet, and face-to-face motivational interviews to college students changed normative perceptions of drinking and may be more effective among students who drink for social reasons.<sup>23</sup>

Technology aids prevention. 54,000 students were given a computerized, standardized assessment of alcohol use, and then a brief intervention based on their information. The intervention targeted students who were at highest risk for developing unsafe alcohol behaviors and/or increasing prior alcohol consumption in their first year of college. Since the launch of the program binge drinking dropped 27% on campus, frequent binge drinking dropped 44%, and the number of liquor law violations to 18- to 20-year-olds decreased from 542 in 2004 to approximately 158 in 2007.<sup>24</sup>

Web/computer feedback, individual face-face feedback and group face-face feedback has been found to reduce drinking, binge drinking, and alcohol related problems more than mailed feedback (no effect) and social norms marketing (mixed results).<sup>25</sup>

Norms matter. Those with high perceptions of peer drinking norms are more likely to party heavily than those with low perceptions.<sup>26</sup>

Alcohol marketing seems to be the most formidable risk factor for underage drinking, followed by perceived drinking norms, and then lax policy enforcement so have to counter the powerful influence of alcohol marketing and promotions.<sup>27</sup>

Advertising bans appear to have the greatest potential for premature mortality reduction – even more so than

tax increases. Alcohol advertising and promotion (including branded materials) increases the likelihood that adolescents will start to use alcohol, and to drink more if they are already using alcohol.<sup>28</sup>

SAMHSA recommends that colleges and universities provide appealing, alcohol free places for students to gather; establish and enforce rules against underage alcohol use; restrict the sale of alcoholic beverages on campus and at campus event; educate parents, students, and faculty about the consequences of underage drinking on college campuses, including secondhand effects (e.g., receiving poor grades, becoming a victim of an alcohol related assault or accident).<sup>29</sup>

“There is little evidence that other policies are capable of working on the same broad level as the Minimum Legal Drinking Age of 21, despite concerns about encouraging drinking to be clandestine and extreme.”<sup>30</sup>

Event specific (e.g. football game) environmental management may decrease drinking on the day of events but increase drinking before events.<sup>31</sup>

Emotional interventions (e.g. MADD Victim Impact Panels) may not work more than informational campaigns.<sup>32</sup>

Be clear to make sure your programming is meeting your strategic goals. Designated driver programs may increase drinking among non-drivers; and while within legal BAC limits, designated drivers may still be impaired.<sup>33</sup>

**Selected Virginia Campus Prevention Resources**

- Virginia Department of Alcoholic Beverage Control [www.abc.virginia.gov/education.html](http://www.abc.virginia.gov/education.html)
- Virginia Alcohol Safety Action Program [www.vasap.state.va.gov](http://www.vasap.state.va.gov)
- Understanding Teen Drinking Cultures <http://teenalcoholcultures.gmu.edu>
- Virginia College Alcohol Safety Council [www.vacalc.gmu.edu](http://www.vacalc.gmu.edu)
- Virginia Department of Education [www.doe.virginia.gov](http://www.doe.virginia.gov)
- Virginia Department of Motor Vehicles [www.dmvnow.com](http://www.dmvnow.com)
- Virginia Department of Behavioral Health and Development Services [www.dbhds.virginia.gov](http://www.dbhds.virginia.gov)