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# ALCOHOL AND THE AMERICAN COLLEGE CAMPUS

*A Report From the Harvard School of Public Health*

BY HENRY WECHSLER



It is hardly surprising that college presidents rank alcohol abuse as the No. 1 problem on campus. Widely used despite its illegality for most undergraduates, alcohol contributes to almost half of all motor vehicle fatalities—the leading cause of death among young Americans—and is associated with unintentional injuries as well as unsafe sex, a growing threat with the spread of AIDS and other sexually transmitted diseases.

Results from a recent Harvard School of Public Health College Alcohol Study provide the first national picture in almost 50 years of just how widespread and harmful heavy episodic or “binge” drinking has become, not only for those students who abuse alcohol, but also for others in their immediate environment. The picture that emerges from this survey of over 17,000 students on 140 campuses nationwide is not a pretty one:

- Fully 84 percent of all students surveyed reported drinking during the school year with nearly half—44 percent—of all students qualifying as binge drinkers and 19 percent as frequent binge drinkers.

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- One-third of the schools surveyed qualified as high-binge campuses, which meant more than half of the responding students were binge drinkers.

- The strongest predictor for binge drinking was found to be fraternity or sorority residence or membership—an astonishing 80 percent of those who live in sorority houses and 86 percent of fraternity house residents qualify as binge drinkers.

Since *Drinking in College*, the 1949 national study by Straus and Bacon, numerous surveys have documented the growth of problem drinking on the nation's campuses, but the studies did not provide a national representative sample of college drinking for a number of reasons: some were conducted on a single campus, or were administered to colleges in only one state, or to only those participating in a federal program, or did not use random samplings of students.

By surveying a representative sample of students at a representative group of colleges, the Harvard study sought answers to three core questions:

- How extensive is the problem of binge drinking among college students?
- Who is affected by binge drinking?
- What can be done about this problem?

Findings concerning various aspects of this study have been published in medical, public health, and specialized alcohol, educational, and economics journals. This article summarizes the findings and discusses implications for action.

## THE STUDY

We selected a national representative sample of colleges from the American Council on Education's list of four-year colleges and universities accredited by the six regional bodies

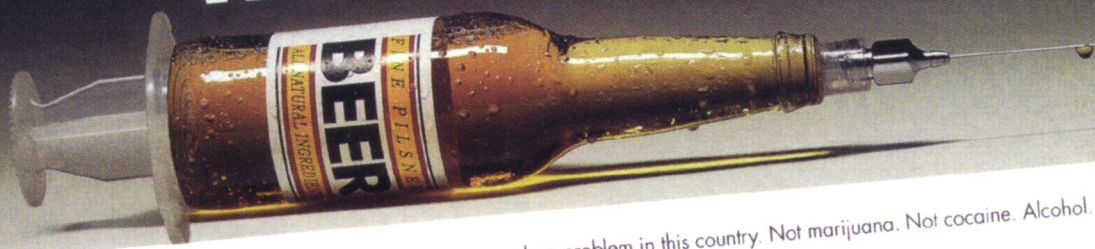


## ARE YOU MAKING FRIENDS OR DRINKING BUDDIES?



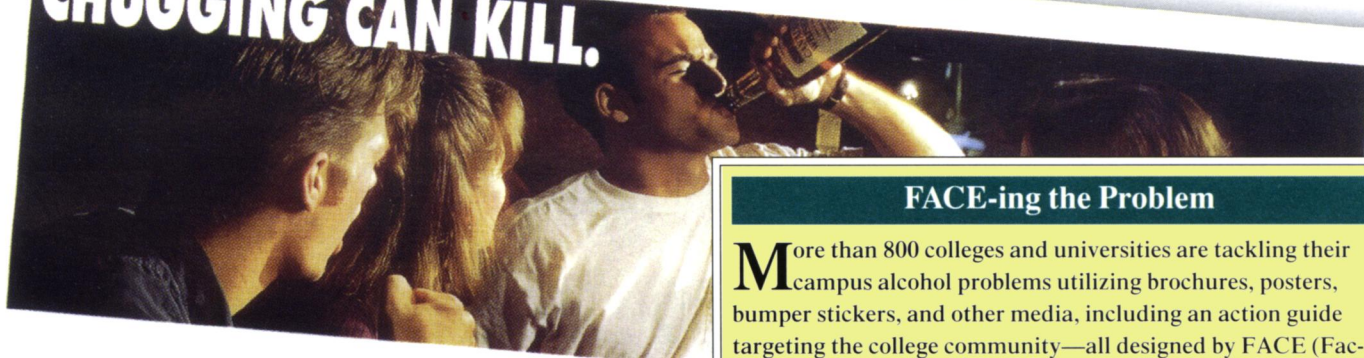
If your friends can't have a good time without drinking, maybe you need some friends who can.  
*Make the choice to make a change.*

## IT'S ONLY BEER.



Beer contains alcohol. Alcohol is a drug. Alcohol is the number one drug problem in this country. Not marijuana. Not cocaine. Alcohol. Get the point?  
*Make the choice to make a change.*

## CHUGGING CAN KILL.



Anyone who drinks too much alcohol too fast can...  
*Make the choice to make a change.*

### FACE-ing the Problem

More than 800 colleges and universities are tackling their campus alcohol problems utilizing brochures, posters, bumper stickers, and other media, including an action guide targeting the college community—all designed by FACE (Facing Alcohol Concerns through Education). According to Director Penny Norton, the 6-year-old privately funded media project on alcohol issues produces “honest, progressive, high-quality media in print, film, slides, television commercials, and community action guides for the reduction of alcohol-related problems.” FACE “does not advocate prohibition as a solution to alcohol problems,” Norton explains, “but looks at ways alcohol consumption can have a negative impact on specific target populations.” Over the next two years, FACE expects its materials to be used on 3,000 campuses. A Web site is planned for September.

A free product catalog is available by calling (517) 386-2315 or faxing (517) 386-3532.



covering the United States. One hundred forty accredited four-year colleges—72 percent of those asked—participated in the study. Located in 40 states and the District of Columbia, these institutions represent a cross-section of American higher education: two-thirds are public, and one-third are private; approximately two-thirds are located in suburban/urban settings, and one-third in small towns/rural settings; 4 percent are women-only colleges, and 4 percent are historically black institutions.

Our 20-page survey asked students a variety of questions about their drinking behavior and explored problems they experienced as a result of their own and other students' drinking. Most of the questions and measures had been previously standardized in other national or large-scale studies. Four separate mailings were sent to students at each college. Responses were voluntary and anonymous.

A sample of 25,627 students received questionnaires, and 17,592 students responded—an overall response rate of 69 percent. We compared early and late responders and surveyed a sample of non-responders to the regular questionnaire to rule out possible bias. Only statistically significant comparisons are presented in this report.

### WHAT IS BINGE DRINKING?

In this study, binge drinking is defined as five or more drinks in a row one or more times during a two-week period for men, and four or more drinks in a row one or more times during a two-week period for women—a gender-specific modification to a national standard measure. Our research documents that it takes four drinks for women to run the same risk of various alcohol-related health and behavior problems as men do with five drinks. These problems include getting into arguments, getting injured, forgetting where they were or what they did, and engaging in unplanned or unprotected sex. A drink is defined as a 12-ounce can or bottle of beer, a four-ounce glass of wine, a 12-ounce bottle or can of wine cooler, or a shot of liquor taken straight or in a mixed drink.

While some students may say four or five drinks isn't much, this study demonstrates that, for many students, this benchmark is indicative of a heavy drinking lifestyle. The data show that students who drink in these or greater amounts differ from other students by the frequency and severity of their alcohol-related problems. In reality, many students in this study report drinking far more than this, often with the specific intention of getting drunk.

### PREVALENCE OF BINGE DRINKING

Fully 84 percent of all students reported drinking during the school year. Nearly half (44 percent) of all students were binge drinkers, and 19 percent were frequent binge drinkers (had binged three or more times in the previous two weeks). Even these averages, however, conceal the extent of heavy drinking on high-binge campuses.

Binging rates varied dramatically from campus to campus. At colleges with the lowest binge drinking reported, the rate was 1 percent of the student population. At the highest, it was a staggering 70 percent. At nearly one-third of the schools, more than half of the responding students were binge drinkers. We classified these schools as high-binge colleges.

Binge drinkers put themselves at high risk for many alco-

hol-related problems. The numbers in Table 1 illustrate the strong positive relationship between the frequency of drinking and a variety of alcohol-related health, social, and academic problems. Nearly half of frequent binge drinkers (47 percent) had experienced five or more different problems since the beginning of their school year as a result of their own drinking. In contrast, 14 percent of binge drinkers and only 3 percent of students who drink but do not binge experienced five or more different drinking-related problems.

### WHO IS BINGE DRINKING ON AMERICAN CAMPUSES?

A number of student characteristics are associated with binge drinking: men, students under 24, fraternity and sorority residents, whites, students involved in athletics, and students who socialize more are most likely to binge drink. The highest binge rate was among white males (54 percent); the lowest was among African-American females (12 percent). Women attending women's colleges were less likely to binge than women at coeducational institutions (29 percent versus 39 percent, respectively). Students who engaged in high-risk behaviors such as illicit drug use, unsafe sexual activity, and cigarette smoking were more likely to be binge drinkers. Students who were involved in such activities as community service, the arts, or studying were less likely to be binge drinkers. Table 2 breaks down binge drinkers according to several demographic characteristics.

Relatively few binge drinkers considered themselves to be heavy or problem drinkers. Whether they attended a high-binge school or a low-binge school, most binge drinkers compared their drinking to that of their friends and the people with whom they partied. Women who compared their drinking to men's drinking were especially likely to underestimate their own drinking. Our study found that 91 percent of the women and 78 percent of the men who were frequent binge drinkers considered themselves to be *moderate* or *light* drinkers. Thus, even the heaviest drinkers on low-binge campuses perceived their drinking to be within acceptable limits, seriously compromising outreach efforts targeted at this population.

### BINGING AND FRATERNITIES AND SORORITIES

The single strongest predictor of binge drinking was found to be fraternity or sorority residence or membership. Sorority members were nearly twice as likely to be binge drinkers as other college women (62 percent versus 35 percent, respectively). Among women who lived in sorority houses, an astonishing 80 percent were binge drinkers. Similarly, fraternity members binged more than other male students (75 percent versus 45 percent, respectively), and 86 percent of fraternity house residents binged.

This raises the question of whether Greek societies attract or create binge drinkers. Our data indicate that both dynamics are at work. Sixty percent of those who lived in fraternity houses had been binge drinkers in high school, and over three-fourths of fraternity residents who had not binged in high school became binge drinkers in college. Conversely, sororities do not seem so much to attract prior binge drinkers; one in three women who lived in sororities had binged in high school—only slightly higher than the proportion among other students. But three out of every four women who had not

**TABLE 1**  
**PERCENTAGE OF COLLEGE DRINKERS REPORTING ALCOHOL-RELATED PROBLEMS**

Problem Experienced in Connection With Alcohol Use	Non-binge Drinkers(%)	Bingers(%)	Frequent Bingers(%)
Had a hangover	30	75	90
Did something they regretted later	14	37	63
Missed a class	8	30	61
Forgot where they were or what they did	8	26	54
Got behind in school work	6	21	46
Argued with friends	8	22	42
Engaged in unplanned sexual activity	8	20	41
Had unprotected sex	4	10	22
Got hurt or injured	2	9	23
Damaged property	2	8	22
Got into trouble with campus/local police	1	4	11
Required treatment for alcohol overdose	<1	<1	1

binged in high school became binge drinkers while living in sorority houses.

### CHANGE IN BINGING TRENDS FROM HIGH SCHOOL TO COLLEGE

On the subject of high school drinking behavior, half of the binge drinkers from the colleges in this study were already binge drinkers when they were seniors in high school. We found that campus binging rates also influenced the drinking behavior of students once they arrived at college.

At high-binge colleges—where more than half of students are binge drinkers—almost half of those who did not binge in high school reported binging as college students, and 80 percent of high school bingers continued binging in college. In contrast, at low-binge colleges nearly half of students who were binge drinkers in high school gave up this behavior as college students, and only 17 percent of high school non-bingers took up binging. Colleges with high binge rates were much more likely to attract students who were binge drinkers in high school (38 percent), compared to low-binge colleges (24 percent).

### OTHER DRUG USE AND DANGEROUS BEHAVIOR

Shifts in societal attitudes have played a tremendous role in reducing the use of illegal drugs and tobacco products by college students. Often fueled by new information on the impact of substance abuse on others, changing attitudes have led to more effective intervention strategies, such as smoke-free workplace policies, taxes that price cigarettes beyond the means of most teenagers, and stiffer illegal drug and drunk-driving laws. Table 3 compares college students' use of alcohol to their use of numerous other substances.

Conversely, despite the investment of advertising and public education dollars in these messages, "Don't drink and drive" and "Friends don't let friends drive drunk," they have yet to become meaningful slogans among college binge drinkers. In its 1993 report entitled *Substance Abuse: The Nation's Number One Health Problem*, the Robert Wood Johnson Foundation documented that alcohol abuse contributes to nearly half of motor vehicle fatalities. Our study confirms that col-

lege students remain at high risk: 40 percent of the men who were frequent binge drinkers in this study reported that they had driven a car after having consumed five or more drinks.

### SECONDHAND BINGE EFFECTS

The most troubling findings of this study reveal the impact of binge drinking on students who do not binge—the "second-hand" binge effects. It is no longer possible to view binging as solely the bingers' problem: non-binging students are paying too steep a price. Table 4 illustrates the secondhand problems at low- and high-binge campuses.

Comparing the prevalence of problems experienced by students at low-binge to those at high-binge schools brings the issue into sharp focus. On campuses where more than half the students are binge drinkers, the vast majority of students (87 percent) who live on campus have experienced one or more problems as a result of others' binge drinking. Even at schools where binge drinking rates are below 35 percent of the student population, 62 percent of students who live on campus have been victims of secondhand binge effects.

### WOMEN AND SECONDHAND BINGE EFFECTS

In 1949, *Drinking in College* viewed drinking by women to be such a minor problem that the researchers defined five different levels of quantity and frequency for men but only two for women. Today, while women are still less likely to be binge drinkers than men, the gender gap has closed, and the risks to women are even more pronounced.

When women abuse alcohol, they increase their risk of being victimized by unwanted or unprotected sex. Female students are also especially at risk for serious secondhand binge effects. At high-binge colleges, 26 percent of women reported an unwanted sexual advance in connection with others' alcohol use, compared to 15 percent of women at low-binge campuses.

### A NEW APPROACH TO AN OLD PROBLEM

All colleges are unique; each has its own culture and traditions, resources and priorities, and relationship with the local community. But every college with a substantial proportion of

TABLE 2  
PERCENTAGE OF BINGE DRINKERS WITHIN SELECTED CATEGORIES

Gender (%)		Race (%)	
Male	50	White	48
Female	39	Hispanic	38
		"Other"	34
Age (%)		Native American/Native Alaskan	34
Under 21	45	Asian/Pacific Islander	21
21-23	48	Black/African American	16
24+	28		
College Residence (%)		Religion (%)	
Fraternity or sorority	84	Considers religion to be very important	21
Coed dorm	52	Does not consider religion to be very important	48
Off-campus housing	40		
Single-sex dorm	38		

binge drinkers must begin with the question "Can we accomplish our mission and fulfill our students' goals if we tolerate behavior that compromises the quality of students' educational and social lives, as well as their health and safety?" If that question leads to a commitment to act vigorously and systematically against campus alcohol abuse, multiple approaches tailored to conditions on each campus will certainly be needed. The following "Twelve-Step Program" provides a model that colleges can adapt to their own needs.

### A "TWELVE-STEP" PROGRAM

**1. Assess the ways in which alcohol is affecting your college.** Everyone, from the college president down, is susceptible to denial about the extent of a college's alcohol abuse problem and its impact on the life of the campus. To begin to assess the problem, consider a weekend tour, beginning on a Thursday night. Take a drive around the campus with the security guards. Observe the clubs on the campus's outskirts. Drop in on the health service office. On Friday, see how many classes are offered and how many students attend. Observe the fraternity houses and dorms late at night. Station yourself outside the residence halls and sorority houses Sunday morning and witness the "walk of shame," a phrase students use to describe women returning from a night of unplanned, and often unprotected, sex; it is important to recognize that this is not merely the problem of "troubled" individuals. When the faces change but the numbers do not, something much more powerful and institutional is happening.

**2. Admit that your college has an alcohol problem.** Over the years, many administrations have opted to keep a low profile on their prevention efforts. Denial, a sense of futility, and lack of resources may be at play, but there are other reasons as well. Some administrators fear that a more visible, university-wide stance might create the appearance that alcohol abuse is unusually severe at their school, ignoring the possibility that the college might instead be viewed as mounting a realistic, systematic response to a common problem other colleges prefer to sweep under the rug. Some institutions' legal counsels may advise doing as little as possible that might suggest knowledge of an alcohol problem or acceptance of any responsibility for the environment that encourages it. But the prevalence of binge drinking on campus is no secret, and it is

difficult to see how a college administrator could successfully claim not to know it exists.

**3. A systematic effort begins with the president.** Commitment and leadership at the top are vital to assure that consistent, long-term prevention and intervention strategies are reflected not just in speeches but in budgets. To be sure, on some campuses officials are making great efforts to reduce alcohol abuse. At others, however, they seem oblivious to the magnitude and effects of the abuse. They seem to believe that this deep-seated American problem can be changed by an able and dedicated staffer working part-time in a basement office at the student health service, who has the authority to match the office.

**4. Plan for a long-term effort.** Binge drinking has been present on the American college campus since colonial days and will not disappear overnight. At least one four-year cycle is needed at any college before changes can occur. Frequently, excessive drinking is entrenched in the culture of the campus. A local sheriff still leads Harvard University's graduation procession, a tradition that began in colonial days, not for ceremonial purposes but to control drunk and rowdy celebrants. Generations of college alumni wistfully recall the boozy high jinks of their student days, filtering out memories of illness, insane risk, unwanted consequences, and friends who never made it out of the hole they had dug for themselves.

Don't expect change to be easy or quick. Opponents of significant change will cite long-standing traditions, the need not to scare students away in a highly competitive marketplace, the potential damage to the institution's image caused by publicly acknowledging an alcohol problem, the real or imagined vulnerability of the institution to legal action, the displeasure of local merchants whose livelihood depends on student drinking, and opposition from campus newspapers that depend on advertisements from those businesses.

**5. Involve everyone in the solution.** Every sector of the college community should be involved in developing a response to the alcohol problem. This includes those groups such as health services, security, and administration that usually take part, as well as those that seldom do—athletic departments and faculty members. Colleges and universities offer our most formidable aggregations of specialists in human and organizational behavior, including psychologists, sociologists and anthropologists, linguists and lawyers, teachers and marketing strategists, experts



TABLE 3  
COLLEGE STUDENTS' USE OF ALCOHOL, TOBACCO, AND ILLEGAL DRUGS

	Annual Use (%)	Use in the Last 30 Days (%)
Alcohol	84	70
Cigarettes	32	22
Marijuana	24	13
Chewing Tobacco	8	5
PCP	4	1
LSD	4	1
Amphetamines	3	1
Other Opiates	3	1
Cocaine	2	< 1
Tranquilizers	2	< 1
Barbiturates	1	< 1
Crack	< 1	0
Heroin	< 1	0
Steroids	< 1	0

in health and addictions, policy analysts and security specialists, community organizers, family therapists, and systems analysts. Yet it is the rare institution that convenes a working group of appropriately diverse problem-solvers to address the alcohol abuse in its midst. These faculty members can be asked to play a limited but meaningful role in planning and assessment, supporting students and administrators in a campuswide effort.

Athletic directors and coaches can have enormous influence on the drinking culture of a campus, but they are rarely pressed to use it. The very visible example set by athletes, the drinking policy at games, the money showered on campus by the beer industry—all can make some student affairs directors feel they are bailing water with a spoon.

Resident advisors (RAs) and academic and retention counselors have been underutilized. They could enhance both prevention and early intervention efforts, but they each need clear roles. RAs cannot be expected to be both monitors and confidants. They need much better, sustained training and supervision than they typically receive and better support, including the sure protection of explicit policy.

Security officers could also benefit from dedicated training and regular consultation around alcohol-related issues and infractions. It's easy for security staff to lapse into feeling as though they are hurting rather than helping students whose abusive drinking they report to the authorities. Students themselves must carry much of the responsibility for campus change. Student government leaders, peer educators, and campus media can all agree that students are in favor of good times but not in favor of drunkenness.

**6. Involve the local community in your efforts.** Local merchants often supply alcohol to underage students and use marketing strategies offering large volumes of alcohol for cut-rate prices. In turn, student drunkenness often disrupts and damages the local community. Work together with local officials: "Control your alcohol providers and we'll control our students." State and local officials must enforce underage drinking laws and strengthen other laws that help limit supply.

An even more important target are the bars and clubs that

encourage drunkenness by promoting discount drinks and contests. These clubs often form the nucleus of the advertising in campus newspapers. Colleges will have to exert the power they have to influence the way these clubs operate and are regulated; our institutions are far from helpless or ignorant in these matters. If colleges want to target heavy drinking, drunkenness, and their resulting antisocial behaviors, campus security and town police should be on the same team, working together. In return, colleges can help local law enforcement agencies by providing more consistent disciplinary policies for students whose drunken behavior violates the law.

**7. Establish the rights of non-binging students.** Protect non-bingers from the secondhand effects of binge drinking. These students have the right to enjoy a quality of life free from the annoyance and physical harm that stem from the alcohol abuse of others. Encourage the non-bingers by spending as much money and effort on their activities as you spend on cleaning up after the binge drinkers.

Most of all, empower students to take the lead. A successful and sustainable campuswide effort depends on the extent to which students are seen as the leaders of their own self-generated code of respectful community behavior—or the targets of it. Process is not just important, but crucial. It requires patience, persistence, and humility to enable students to take the lead in making drunkenness an unacceptable excuse for violent and disruptive behavior that violates other students' rights. But a set of policies and exhortations from above simply will not suffice. Students bothered by secondhand binge effects gradually will feel empowered to speak up without feeling humiliated themselves. It will be the students standing at their side and the administrators standing behind them who most contribute to that feeling of empowerment.

We once thought drunk drivers were part of life and smokers had to be tolerated. Today, people feel comfortable speaking out against drunk driving and smoking because we now know the harm those behaviors cause others is not an acceptable price to pay. These same lessons can help students who

(Continued on page 60)

TABLE 4

## PERCENTAGE OF STUDENTS AT LOW-BINGE AND HIGH-BINGE INSTITUTIONS REPORTING SECONDHAND ALCOHOL-RELATED PROBLEMS

Problem Due to Others' Drinking	Campus	
	Low-Binge	High-Binge
Was insulted or humiliated	21	34
Experienced unwanted sexual advances (based on women's responses only)	15	26
Had a serious argument or quarrel	13	20
Was pushed, hit, or assaulted	7	13
Studying or sleep was interrupted	42	68
Had to "baby-sit" a drunken student	31	54
Personal property was damaged	6	15
Suffered sexual assault or "date rape"	2	2

suffer the secondhand effects of other students' drinking to speak up in protest.

**8. Target disruptive behavior for disciplinary action.** Develop a code of conduct in concert with non-binging students. Enforce the code strictly. Drunkenness should not be viewed as a mitigating circumstance for antisocial behavior. The key to this nation's intervention efforts may lie in recognizing secondhand binge effects on college campuses. In any system with alcohol abuse, whether a family or a campus, the least effective intervention point is the abuser. By focusing on those who suffer from the secondhand effects of binge drinking, colleges could mobilize millions of students nationwide to assert their right to live free from injury and harm created by the binge drinking of their peers.

Whatever alcohol policies are developed by and for students must be brief and comprehensible enough to be publicized effectively and must be vigorously enforced. It's better to have a few well-specified rules, with teeth, than many intricate rules that students do not read and know will not be enforced.

**9. Address problem drinking at fraternities and sororities.** As pointed out earlier, the single strongest indicator of binge drinking is fraternity or sorority membership. A college that is seriously committed to remedying the situation must confront alcohol abuse in fraternities and sororities and gain alumni support in this effort.

Many fraternities and sororities are functional saloons. Fully 86 percent of men and 80 percent of women who live in fraternities and sororities are binge drinkers. The rare president or dean who tells the Greeks to "shape up or ship out," and then keeps his or her word, earns the respect of many. The national organizations must be held accountable for serving underage students in their houses and providing an environment where binge drinking is the norm.

**10. Provide a full-time education for a full-time tuition.** Hold class on Fridays and require attendance. Schedule Friday exams. A college should not become an enabler for students who binge drink from Thursday to Sunday.

**11. Encourage problem drinkers to seek help or treatment.** Make referral and treatment resources readily available. Train RAs and peers to recognize alcohol problems and to

urge problem drinkers to seek help.

**12. Freshman orientation should start long before students arrive on campus.** Many colleges have a "party school" image. Send the message loud and clear: "We do not offer a major in binge drinking." Use the admissions office, high school guidance counselors, the college catalog, and alumni to get this message out.

Change expectations of incoming freshmen before they arrive on campus, since half of college bingers began bingeing in high school or earlier. Colleges also need to examine the expectations they are planting, or failing to plant, in applicants and entering students. Their promotional material should reflect not just the school's educational and athletic achievements, but the quality of student life—including the measures they are willing to take to safeguard it. Recruiters can be trained to describe an institution as a place where there are a great many ways to have a good time, but where drunken behavior is decidedly unwelcome. By taking these active steps to change its image, the institution can be expected eventually to improve its drinking culture, probably upgrade its academic standing, and save some of the costs associated with alcohol abuse.

At some campuses, freshman orientation is something between a lost opportunity and a week-long drunk. When they first arrive on campus—usually before other students—many freshmen will respond positively to initiatives they would later spurn, particularly if the initiatives represent an opportunity to meet their classmates under relatively natural conditions.

First-year women students need special attention. Many have had little experience with alcohol abuse in high school and need to understand that because of the differences in metabolism women cannot drink equally with men. It only takes four drinks for a woman to begin having the same alcohol-related problems as a man who has five drinks. And women's risk of sexual assault, unwanted pregnancy, and exposure to HIV and other sexually transmitted diseases is dramatically increased by the alcohol abuse of their companions, as well as by their own drinking.

Remember, there are no easy solutions or magic bullets for alcohol abuse. Only a comprehensive, concerted, multifaceted, and wide-sweeping effort utilizing all parts of the college community can be expected to have an effect on this long-standing and deeply entrenched problem. □