Student Organizations and High-Risk Alcohol Use: Addressing Group Risk-Taking through Focused Strategy

Tom Workman & Linda Major

NASPA AODV Conference
January 19, 2018
Today’s Mini-Institute

• Understanding Alcohol Use in Small Group Settings
• Understanding Edgework Theory
• Approaches to High Risk Groups
• The Failsafe Toolkit & Initial Pilot
• Polishing the Stone: Adapting and Improving the Intervention
Alcohol Consumption in Groups

• The majority of alcohol consumption occurs in group settings

• Alcohol is associated with:
  – Social interaction
  – Celebration
  – Entertainment

The challenge: Most high-risk drinking among college students ALSO occurs in group settings.

The question is WHY.
College High-Risk Drinking: A Group Activity
Fraternity members who party hard are unlikely to change their boozy behavior any time soon, even with proven methods of reducing alcohol abuse, a new study suggests.

Tried and true interventions have little impact on frat brothers, says the study published Thursday in Health Psychology. The findings were also unexpected according to the study's lead author.

"It was unexpected," Lori Scott-Sheldon, University Medical School News, "We thought that..."em...

Interventions designed to reduce alcohol use among fraternity members are no more effective than no intervention at all, according to an analysis of 25 years of research involving more than 6,000 university students.

"Current intervention methods appear to have limited effectiveness in reducing alcohol consumption and alcohol-related problems among fraternity and possibly sorority members," said lead researcher Lori Scott-Sheldon, Ph.D., of the Miriam Hospital and Brown University.

"Stronger interventions may need to be developed for student members of Greek letter organizations."
INDIVIDUAL-LEVEL STRATEGIES:
Estimated Relative Effectiveness, Costs, and Barriers; Public Health Reach; Research Amount; and Primary Modality

COSTS: Combined program and staff costs for adoption/implementation and maintenance

<table>
<thead>
<tr>
<th>Lower costs $</th>
<th>Mid-range costs $S</th>
<th>Higher costs $$$</th>
</tr>
</thead>
<tbody>
<tr>
<td>IND-21</td>
<td>Personalized feedback intervention (PFI): eCHECK UP TO GO (formerly, e-CHUG)^[^1] [##, B, ***, online]</td>
<td></td>
</tr>
<tr>
<td>IND-9</td>
<td>Skills training, alcohol focus: Goal/intention-setting alone[^3] [##, F, ***, IPG]</td>
<td></td>
</tr>
<tr>
<td>IND-12</td>
<td>Skills training, alcohol plus general life skills: Alcohol Skills Training Program (ASTP)^[^3] [##, F, ***, IPG]</td>
<td></td>
</tr>
<tr>
<td>IND-16</td>
<td>Brief motivational intervention (BMI): In-person—Individual (e.g., BASICS) [##, F, ***, IPG]</td>
<td></td>
</tr>
</tbody>
</table>

Interventions Delivered by Health Care Professionals

Strategies in which health care professionals identify and help students whose drinking patterns put them at risk for harm, or who are already experiencing alcohol-related problems:

IND-23 | Screening and behavioral treatments |
IND-24 | Medications for alcohol use disorder |

These approaches can reduce harmful drinking, according to studies conducted mainly in general adult populations (ages 18–65).

The differences in research populations, along with wide variations in costs and barriers across campuses, precluded ratings relative to other strategies. See page 18 for more information.

Legend

Effectiveness rating, based on percentage of studies reporting any positive effect:

- ** = 75% or more
- *** = 50% to 74%
- ** = 25% to 49%
- * = Less than 25%

Public health reach:

- B = Broad
- F = Focused

Research amount:

- **** = 11+ studies
- *** = 7 to 10 studies
- ** = 4 to 6 studies
- * = 3 or fewer studies

Barriers:

- ### = Higher
- ## = Moderate
- # = Lower

Primary modality:

- PI = In-person individual
- IPG = In-person group
- Online = Online
- Offsite = Offsite
## ENVIRONMENTAL-LEVEL STRATEGIES:
Estimated Relative Effectiveness, Costs, and Barriers; Public Health Reach; and Research Amount/Quality

### COSTS: Combined program and staff costs for adoption/implementation and maintenance

<table>
<thead>
<tr>
<th>Lower costs $</th>
<th>Mid-range costs $$</th>
<th>Higher costs $$$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Higher effectiveness ★★★</strong></td>
<td>ENV-11 Enforce age-21 drinking age (e.g., compliance checks) [##, #, ●●●]</td>
<td>ENV-23 Increase alcohol tax [##, #, ●●●]</td>
</tr>
<tr>
<td>**ENV-16 Restrict happy hours/price promotions [##, B, ●●●]</td>
<td>ENV-17 Retain or enact restrictions on hours of alcohol sales [##, B, ●●●]</td>
<td>ENV-19 Enact responsible beverage service training laws [##, B, ●]</td>
</tr>
<tr>
<td><strong>Moderate effectiveness ★★</strong></td>
<td>ENV-3 Prohibit alcohol use/sales at campus sporting events [##, B, ●●●]</td>
<td>ENV-25 Enact dram shop liability laws: Sales to intoxicated [##, B, ●●●]</td>
</tr>
<tr>
<td><strong>Lower effectiveness ★</strong></td>
<td>ENV-4 Prohibit alcohol use/service at campus social events [##, B, O]</td>
<td>ENV-6 Implement bystander interventions [##, F, O]</td>
</tr>
<tr>
<td>ENV-5 Establish amnesty policies [##, F, ●●●]</td>
<td>ENV-7 Conduct campus-wide social norms campaign [##, B, ●●●]</td>
<td>ENV-2 Implement beverage service training programs: Sales to intoxicated [##, C, #, SL = ##, B, ●●●]</td>
</tr>
<tr>
<td><strong>Too few robust studies to rate effectiveness — or mixed results ?</strong></td>
<td>ENV-20 Implement safe rides programs [##, F, ●●●]</td>
<td>ENV-32 Conduct shoulder tap campaigns [##, B, ●●●]</td>
</tr>
<tr>
<td>ENV-36 Require unique design for state ID cards for age &lt; 21 [##, B, O]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

See brief descriptions and additional ratings for each environmental-level strategy on the summary table beginning on page 19.

1. Effectiveness ratings are based on estimated success in achieving targeted outcomes. Cost ratings are based on a consensus among research team members of the relative program and staff costs for adoption, implementation, and maintenance of a strategy. Actual costs will vary by institution, depending on size, existing programs, and other campus and community factors. Barriers to implementing a strategy include cost and opposition, among other factors. Public health reach refers to the number of students that a strategy affects. Strategies with a broad reach affect all students or a large group of students (e.g., all undergraduate students); strategies with a focused reach affect individuals or small groups of students (e.g., sanctioned students). Research amount/quality refers to the number and design of studies (see legend). Strategy does not seek to reduce alcohol availability, one of the most effective ways to decrease alcohol use and its consequences.

---

**Legend**

- **Barriers:**
  - ## = Higher
  - # = Moderate
  - O = Lower
  - C = Barriers at college level
  - S/L = Barriers at the state/local level

- **Research amount/quality:**
  - 5 or more longitudinal studies
  - 5 or more cross-sectional studies or 1 to 4 longitudinal studies
  - 2 to 4 studies but no longitudinal studies
  - 1 study that is not longitudinal

- **Public health reach:**
  - 0 = No studies
  - B = Broad
  - F = Focused
Approaches

- Small Group Norms Challenging Intervention
- Small Group/Group-specific ASTP/BASICS
- Group-specific Norms Campaigns
- Student Group Leadership Training/Mentoring
- Environmental Management: Group-relevant Policies, Education, Enforcement
Digging into Norms and Expectancies: Group Drinking from Sociological Perspectives

Social Theory: Drinking for Social Confidence/Success
   – We need alcohol to feel comfortable interacting with others

Cultural Theory: Drinking as a Social/Cultural Practice
   – We drink together because that’s what people do

• Biopsychosocial Theory: Drinking for Altered State
   – We do fun things when we are drunk together

• Edgework Theory: It’s Risk-Taking; Alcohol is One Form
   – We take risks together; alcohol is one way to take risks
Edgework Theory

Voluntary risk-taking as an individual preference, especially for persons under social constraint

Communities form from risk-taking practices
Establishing Social Community: Looking to Belong
Principals of “Edgework” Communities

– Communities are “known” for their risk-taking; risk-taking becomes part of member identity.
– Entrance and acceptance to these communities is based on successful negotiation of risk, or “getting to the edge and back” without affecting daily responsibilities.
– Successful risk-taking provides social capital to the members.
– Unsuccessful risk-taking leads to member disfavor and often rejection.
High Risk Drinking as Edgework

- Drinking is done in groups during social events.
- Drinkers with similar habits tend to cluster in formal and informal social groups.
- Drinking is connected to membership rituals and traditions in some student groups/communities.
- New members are most vulnerable and least successful; First- and second-year students account for the largest majority of acute intoxication injuries.
The ticket to membership: SKILL

• Can you get to the edge of the cliff without falling off?
  – Can you do it and not get in trouble?
  – Can you do it and still make it to class/finish the paper/ace the test?
  – Can you do it and not get accused of something?
  – Can you do it without anyone...
What makes an edgework community go over the edge?

- The risk behavior of the members no longer brings positive outcomes.
Edgework Communities Thrive in an Environment of Ambivalence
The Understated Role of Autonomy in Prevention

- Enabling students to recognize issues related to high-risk alcohol use intellectually and from a civic perspective
- Enabling students to connect drinking behaviors to organizational and life goals
- Allowing students to determine and enforce standards of behavior within their social groups
- Employing individual-level strategies that encourage autonomy and challenge dominant expectations and norms from a minority of members.


Embracing fun & avoiding harm

The tools you need to make your organization failsafe

http://failsafetools.org
The Failsafe Group Process

**Assessment and Planning**
Creating awareness of collective and individual vulnerability to harm and negative consequences; making a plan to decrease vulnerability by establishing or refining risk-management activities.

**Individual and Group Feedback**
Helping individuals and the group as a whole see their alcohol use patterns in order to make individual and collective decisions without judgment or accusation.

**Adoption/Refinement of Risk-Management Practices**
Working with group members to put proven strategies and best practices in place to reduce the risk of harm and negative consequences.

**Measuring Success**
Measuring progress in reduced incidents, changes in member behavior, and the overall health of the organization.
The tools you need to make your organization fail safe

1. **Good to Know**
   - Intentions and instructions for Member Alcohol Profile

2. **Connect the Dots**
   - Connections between leadership/group culture & negative incidents

3. **How Do You Like Me Now?**
   - Understanding expectations to engage in high-risk behavior

4. **Stepping In**
   - Creating a bystander culture in your organization

5. **Problem-Free Parties**
   - Using social planning to avoid problems

6. **The Next Day**
   - Addressing members when they fall off the edge

7. **Keeping Success Alive**
   - Moving forward, measuring and reporting success
Key Elements in Development

- Advisory Panel of National College Prevention Experts
- Student Leader Users Advisory Group
- Online Assessment Design Vendor Erik Ping
- Evaluation through the Nebraska Prevention Center
- Digital development of modules and toolkit from the AIR Applied Technology Team Offering State-of-the-Art Digital Learning Tools
The Failsafe Pilot Test: Lessons Learned

• Autonomy must be balanced with accountability
• Needs an academic year
• Failsafe may require prioritization over other activities
• The environment must be sending continual messages of intolerance to poor risk management rather than to risk-taking behavior
• The opportunity for mentoring leadership skills must be incorporated into the use of the toolkit
• Better when a group recognizes the need to strengthen risk management rather than get out of trouble
Using Failsafe: Adaptations

- Facilitated guidance through the toolkit
- Peer educators add failsafe videos/activities to group sessions
- Failsafe as hands-on leadership training
- Engage alumni advisors to mentor through the toolkit
- Can failsafe be sanctioned? Maybe, IF...
Preparing UNL to Adopt FailSafe

- Took advantage of external pressure
- Worked closely with the Office of Fraternity and Sorority Life
- Hosted extensive meetings to ensure faculty, staff, students and administrators understood the concept, the curriculum and the process
- Pitched FailSafe as a curriculum consistent with the educational programming across campus
- Met with students to discuss adopting social host policy consistent with the FailSafe curriculum
  - Recently adopted
- Debated internally the pros and cons of using FailSafe as a group sanction
- Integrated FailSafe into strategic plans at two levels
  - Campus-Community Alcohol Prevention Partnership
  - Greek Vitality
Moving Forward

• Extend the pilot project through spring 2019
  – Random sample of student groups across Nebraska system campuses
• Test the addition of coaches and the coaching module
• Willing to open the program to interested institutions or student groups
  – Accepting inquiries now but will not activate the student portal until mid-late summer
• Currently investigating/adopting the following technological innovations
  – Creating an online registration form
  – Adding a FAQ section
  – Automating the process for adding student email addresses
  – Customizing feedback based on campus behavioral and injunctive norms
• Your feedback
Questions, Comments

Linda Major
lmajor1@unl.edu
402-472-3755

Tom Workman
tworkman@air.org
301-592-2215