

RALPH W. HINGSON, SCD

College-Age Drinking Problems



Ralph W. Hingson is a Professor in and Chair of the Social and Behavioral Sciences Department, Boston University School of Public Health.

Address correspondence to Dr. Hingson, Social and Behavioral Sciences Dept., Boston Univ. School of Public Health, Talbot West 2, 715 Albany St., Boston MA 02118; tel. 617-638-5160; fax 617-638-4483.

THE RECENT DEATHS of students at Louisiana State University and Massachusetts Institute of Technology of acute alcohol overdose remind us that despite progress to reduce underage drinking in the United States, alcohol consumption by college students remains a persistent problem.

In a national random sample survey of college students conducted by Wechsler et al.,¹ 41% of students reported binge drinking in the previous two weeks (five or more drinks at a single time for men, four or more for women). That proportion is greater than has been reported by same age non-students (36%) or graduating high school seniors (28%).² In the Wechsler et al. study, nearly half of those surveyed were under 21.¹ Yet the rate of binge drinking did not differ between students under age 21 for whom alcohol consumption is illegal and those 21 to 23 who can drink legally. As a group, binge drinkers were significantly more likely to report after drinking having: hangovers, done things they regretted, missed classes, forgotten where they were or what they did, lagged behind in school work, argued with friends, been hurt or injured, had unplanned sexual activity, not used protection when having sex, damaged property, and been in trouble with the police.

Further, non-binging students at schools with high binge levels were more likely than similar students at schools with low binge levels to experience assaults, property damage, interrupted sleep, unwanted sexual advances, serious quarrels, and having to take care of a drunken student.

DRINKING AND DRIVING

Traffic crashes are the leading cause of death in the United States for people younger than age 25.³ Nationwide in 1996, 10,431 people ages 15 to 24 died in fatal motor vehicle crashes and 45% of those traffic deaths (4661) were alcohol-related.⁴ For every traffic fatality in this country, at least 60 people are injured in crashes.⁵

National research comparing the blood alcohol content of drivers in single-vehicle fatal crashes with that of drivers not in crashes reveals

that each 0.02% increase in blood alcohol level nearly doubles the risk of fatal crash involvement.⁶ Among all age and gender groups, there is at least a ninefold increased fatal crash risk between blood levels of 0.05% and 0.10%. For drivers under 21, the risk increases more rapidly with each drink consumed. Such drivers have less road experience and as a group more often take risks such as speeding or failing to wear seatbelts [See "Earning a Driver's License," *PHR*, Nov./Dec. 1997, p. 452-61]. For young drivers, drinking is like throwing gasoline on a fire.

How should college campuses respond to underage drinking and driving after drinking? This question has been a contentious topic of debate. Some argue that tough campus alcohol restrictions will drive alcohol consumption off campus and into surrounding communities, and some even question whether the drinking age should be lowered so teenagers can learn to imbibe safely before they may leave home for college or work.

Experience shows that enactment and active enforcement of the age 21 drinking law has reduced alcohol-related deaths. Controlled studies have shown that raising the drinking age to 21 has reduced alcohol-related traffic deaths.⁷ The National Highway Traffic Safety Administration estimates that setting the age limit at 21 has saved 16,500 lives in traffic crashes alone since 1975.⁴ This law has been further enhanced by zero tolerance statutes that make it illegal for people younger than 21 to drive with a measurable amount of alcohol in their blood. Forty-five states have followed the lead of Maine, the first to adopt such legislation in 1983. Research comparing states that adopted zero tolerance laws to those that did not have found that zero tolerance states experienced 20% post-law declines in the proportions of fatal single-vehicle, night crashes (the type most often alco-



hol-related) involving drivers in the targeted age groups.⁸ Nationwide, alcohol-related traffic deaths among 15- to 20-year-olds declined 57% from 5380 in 1982 to 2315 in 1996,⁴ reflecting these legislative changes.

It has been estimated that for every person who dies in an alcohol-related traffic crash another dies in an alcohol-related injury—drowning, fall, burn, homicide, suicide, or alcohol/drug-related overdose. Research has already indicated that raising the drinking age lowers the rate of some of these other alcohol-related problems (homicide, pedestrian injuries and suicide.)⁹

ENFORCEMENT

Laws prohibiting the sale and provision of alcohol to minors have achieved their lifesaving benefits even though they are not well enforced. Wagenaar and Wolfson have estimated that only five of every 100,000 incidents of a minor drinking result in a fine, license revocation, or suspension of an alcohol establishment's license.¹⁰ Acceptance of underage drinking, lack of encouragement to increase enforcement, and lack of resources are often cited as reasons for minimal enforce-

ment of these laws.¹¹

Increased community enforcement of drinking age laws, however, can further reduce youth access to alcohol. Dramatic reductions in alcohol sales to minors (from 59% of attempted underage purchases at baseline to 26% one year later) followed an enforcement campaign that involved sting operations in which underage males attempted to purchase alcohol; alcohol outlet owners were informed about the results of the initial sting, that additional stings would be conducted, and the potential penalties for selling to minors.¹²

Comprehensive community interventions that bring several departments of city government together with concerned private citizens and organizations have been shown to reduce drinking or alcohol-related problems.^{13,14} In Massachusetts, one such effort, the Saving Lives Program, reduced alcohol-related traffic deaths during its first five years by 42% relative to the rest of the state, with the greatest declines found among college-age drivers.¹⁵

This type of intervention warrants further testing. Many community policy tools can be used to reduce alcohol problems, including: zoning laws, taxes, stronger enforcement of drinking age laws, and alcohol service laws.¹⁶ On college campuses, interventions that identify and change the behavior of individual high risk

drinkers,^{17,18} treatment programs, and environmental policies such as school conduct codes, dormitory regulations, and regulation of alcohol at sporting and social functions may all have an influence.¹⁹

However, such efforts must be inclusive if they are to be successful. College officials will need to collaborate with local city and state officials. Tough campus policies will drive drinkers into the community if the community does not work with the college. Similarly, tough community policies and enforcement will be compromised and mixed messages sent to college students if campus policies are not consistent.

Most important, students must become involved in the solution. If only city and college officials respond, their initiatives may appear paternalistic and engender resistance among some young people. Youth can have a critical role in articulating the pressures placed upon them to drink. Student leaders will need to educate their peers about the risk posed by alcohol, not just to the frequent binge drinkers but to the college community around them. Emphasis should be placed on protecting the rights of those negatively affected by binge drinkers, such as innocent drunk driving crash victims.

Ultimately, resolution of college-age drinking problems rests with young people themselves. The problems are theirs and cannot be resolved without their involvement.

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