Cultural Sub-Population
Needs Assessment

Enrolled College Females, Ages 18 to 24:
Alcohol Use, Knowledge and Attitudes

Imbedded Study:
Knowledge of Fetal Alcohol Spectrum Disorders (FASD): Its Risks and Associated Behaviors

By:
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The Women’s Project

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Study completed with assistance from Glenwood Research, LLC
People’s Regional Opportunity Program

PROP is one of eleven Community Action Program agencies in Maine. Headquartered in Portland, Maine, the agency maintains sixteen locations throughout its service area, which roughly coincides with Cumberland County. 510 Cumberland Avenue, Portland, ME 04101. 207-874-1140.

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The Women’s Project is a statewide program of PROP that provides therapeutic case management services to women affected by substance abuse in order to increase their access to treatment and recovery related services. Initiated with funding from the Maine OSA in 1996, the program practices outreach to women across the State and provides linkage to substance abuse treatment and other community service providers to help improve the well being of women and their families.

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This study was funded through Maine DHHS - OSA RFP # 205175

The full study is also available for viewing and download at www.propeople.org, and at www.glenwoodresearch.com
I. Executive Summary

Background / Overview

Purpose
Women, ages 18 to 24 who are students in Maine colleges and universities, and who drink alcohol are known to exhibit behaviors that may subject them to unique risks arising from their engagement in alcohol consumption. National research is available to demonstrate the relationship with alcohol among this sub culture is exposing them to increased health risks, including risky sexual practices, victimization from sexual assault, physical injury, negative academic consequences, exposure to STD’s, and the possibility for alcohol-affected pregnancies. The information gained from the conduct of this ‘needs assessment’ may assist alcohol abuse prevention programmers in developing improved programming designed specifically for this sub cultural population.

Goals
The goals of this needs assessment research were to:
- Identify opportunities and resources to address college age females and alcohol issues in their communities.
- Identify behaviors, trends and other data that prevention programmers in Maine can use to plan and implement culturally competent alcohol prevention programs, policies and practices.
- Document alcohol use characteristics and influences on this sub population
- Document the sub population’s knowledge and attitudes around FASD

Methodology
This research project began in the Fall of 2005 and ran through May of 2006. It involved work on five Maine college campuses – the University of New England, the University of Southern Maine (Gorham and Portland campuses), Southern Maine Community College, the University of Maine–Orono, and the University of Maine-Machias. The study required four IRB applications – one to the Maine Department of Human Services, and separate application and approvals from three of the five campuses.

In an effort to engage members of the sub cultural population in the research effort, student researchers were recruited on each campus with the help of a faculty / staff project contact. Student Researchers received an orientation to the study and its proposed tasks, and training in research methods by PROP’s The Women’s Project and by Glenwood Research. Study methods included student surveys and quizzes, focus groups, key informant interviews and observation. Analysis of the data was, where time permitted, shared with student researchers who were asked to reflect on their findings and observations, and offer prevention recommendations.
Findings / Observations
Student Researchers reported high percentages of students who drink - as high as 80%. Prevalence rates appeared equally high among underage students as for legal age students. The most active days of the week for alcohol consumption by the population under study was reported on Thursday and Saturday. Thursday at every campus was referred to as “Thirsty Thursday”, and appears to be universally celebrated by students.

Where male students drink beer, female students are more apt to drink hard liquor mixed drinks or hard liquor shots, sometimes mixed with beer. Reasons given for their drinking behaviors by the population under study were: to be social; and “to have fun”. Study information indicates very little difference between male and female students with regard to frequency and quantities of alcohol consumed.

Two key risk factors were identified for sub cultural population alcohol behavior – normative behavior and peer influence. Both college administrative personnel and students agree that drinking is the norm for students. Peer pressure appears to be particularly influential in encouraging binge-drinking behavior, with many females admittedly engaging in drinking games.

With regard to perceived risks, the majority of female students appear knowledgeable of drink safety issues, but do not always appear to take measures to protect themselves, as indicated by confirmation of knowledge of sexual assaults on or near campus by our focus groups and interviews. Perhaps this apparent contradiction reinforces the point around the impact of alcohol – that despite knowing the precautions to increase one’s safety while drinking, the very act of consuming the alcohol leads to clouded judgment, and a lowering of one’s guard. Further, despite their claims of having knowledge of the risks associated with their drinking, student researchers indicate, in the readiness for change assessment, that they consider members of the sub cultural population ‘unlikely ready’ to modify their drinking behaviors. This appears to reinforce the claim that the observed drinking behavior by the population is in fact the norm for many of its members.

A majority of campus officials interviewed consider drinking among the sub cultural population to be problematic behavior, primarily in terms of its potential negative personal consequences for female students. Every campus included in this study currently provides resources to students in an attempt to help them become more knowledgeable about alcohol issues, to provide them with assistance when needed, and to improve upon their on-campus safety. However, these services are not regarded highly by female students, nor given their sufficient attention.

In our opinion, the single largest barrier to successful prevention of excessive consumption and/or underage alcohol consumption by members of the sub cultural population appears to be their belief, reinforced by their peers and by the actions (and inactions) and attitudes of campus officials, that drinking, including binge drinking, is normative behavior for college students.
Student Researchers completed a Readiness for Change assessment developed by Glenwood from materials obtained from the Tri-Ethnic Center’s Community Readiness Handbook. For college administration, respondents believe they are likely ready to strengthen enforcement efforts of existing policies; but unlikely ready to eliminate alcohol availability on campus.

With regard to local communities (bar and tavern owners) respondents believe they are somewhat likely ready to re-examine local alcohol regulations / ordinances to improve alcohol abuse prevention; but unlikely ready to eliminate targeted alcohol marketing to female students.

With regard to the members of the sub cultural population, respondents believe they are likely ready to work to improve alcohol consumption safety among their peers by personally taking responsibility for friends who appear to be drinking to excess; but unlikely ready to initiate stricter self-imposed limits on the amounts of alcoholic drinks they consume during a single occasion.

**Recommendations**

Two of our eleven recommendations include:

**Normative Behaviors / Expectations**

Campuses could make an effort to change the norm that drinking on campus is a college way of life, and instead focus more emphasis on healthy and responsible behaviors.

**Student Messaging**

College officials may wish to re-examine their current student communication methods, and consider developing alternative methods for communicating effectively with students around alcohol use. Peer–to–peer education delivery, and mandatory attendance, with course credit award, at more formal health, safety and educational sessions are recommended by students and administrators.

**Study Limitations**

Part of the study methodology was to utilize portions of the planned HEAPP student survey, scheduled for administration in April 2006, to provide this study with data and information on the sub cultural population. HEAPP had agreed to add questions specific to this study to its planned survey. Since the 2006 planned HEAPP survey has not yet been administered, data that may prove to be influential to the findings and observations presented here are missing. If and when the HEAPP survey is administered, perhaps OSA will segment results by gender and age to result in a sub-set of data specific to the sub-cultural population under study, and make this information available to prevention researchers as supplemental information to this study.
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II. Background / Overview

Many girls and young women associate drinking (and smoking) with independence, glamour, and the kind of power once reserved for men (Jersild, 2002).

Sub Culture Characteristics

Women, ages 18 to 24 who are students in Maine colleges and universities, and who drink alcohol are known to exhibit behaviors that may subject them to unique risks arising from their engagement in alcohol consumption. Their participation in college and university communities subjects them to unique pressures, including academic stressors, peer pressure, and life-style experimentation associated with the process of maturing and seeking independence. These pressures place them at increased levels of exposure to harm. National research is available to demonstrate the relationship with alcohol among this sub culture is exposing them to increased health risks, including risky sexual practices, victimization from sexual assault, physical injury, negative academic consequences, exposure to STD’s, and the possibility for alcohol-affected pregnancies.

✦ The number of college students who participate in ‘binge drinking’, or drinking for the purpose of getting drunk, is 44% of all students despite increased efforts by colleges to curb the trend. The report also notes that drinking by college students contributes to 1,400 student deaths, 500,000 injuries, and 70,000 cases of sexual assault or date rape each year. (Harvard School of Public Health College Alcohol Study -CAS, ongoing).

✦ Among traditional college students, 54% of White women were binge drinkers, as were 62% of sorority members, and 53% of female athletes.

✦ Among traditional college students who drank any alcohol in the past 30 days, 70% were binge drinkers (67% of the women).

✦ The high rate of binge drinking among these core groups of college students indicates that heavy drinking is normative behavior among typical college students (Wechsler, 2002)

✦ Of the full-time undergraduates, 59% of females reported current alcohol use. More than a third (35%) of female full-time college students were binge drinkers in the 2000 survey and 11% reported heavy alcohol use. Females in general represent a group in which drinking levels have been on the rise during the past few years (Wechsler et al., 2002).
Research has confirmed the apparent reduction of the differential between males and females in the incidence of drinking; and notes this reduction is consistent with the apparent elimination of the double standard (male vs female) for sexual behavior, smoking, voting, and other behaviors.

Between 1993 and 2001, all-women colleges saw a 125% increase in frequent binge drinking, defined as consuming four or more drinks in a row, three or more times in the past two weeks.

Among women who drank, there was a 150% increase in "unplanned" sexual activities, date rape, and sexual assault (Morse, et. al, 2002).

Female students tend to underestimate their drinking problems more than men. Among drinkers who binged three or more times in the past two weeks, 20 percent of the men described themselves as heavy or problem drinkers, compared to only 7 percent of the women (CAS).

Because of differences in metabolism, women are affected by alcohol much more readily than men. Therefore, if they match a man drink-for-drink, they face greater health and behavioral risks.

About 10 percent of female students who are frequent binge drinkers report being raped or subjected to nonconsensual sex, compared to only 3 percent of non-bingeing female students.

Most campus rapes occur after heavy drinking (CAS). Ninety percent (90%) of all reported college rape cases involve the use of alcohol by at least one party, and 60% of college women who reported having sexually transmitted diseases link alcohol with their infection.

College women appear less likely to come to the attention of ‘helping’ systems because their drinking behaviors are generally less noticed. Girls with alcohol problems more often turn their aggression against themselves, and they are more likely to be victimized by others.

Even when they do seek help at college health centers, often young women are put into mixed-gender drug and alcohol groups where they are less likely to address their feelings of shame, sexual experiences, and histories of abuse; and groups often fail to discuss the connections to eating disorders, depression, and unhealthy relationships (Jersild , 2002).

1,400 college students between the ages of 18 and 24 die each year from alcohol-related unintentional injuries, including motor vehicle crashes (Hingson et al., 2002).
More than 70,000 students between the ages of 18 and 24 are victims of alcohol-related sexual assault or date rape (Hingson et al., 2002).

Roughly 10 percent of women have experienced an attempted or completed rape during their first year at an American college. (NIAAA Task Force of the National Advisory Council on Alcohol Abuse and Alcoholism)

College women have a much greater chance of experiencing victimization – both sexual and nonsexual – on the days they drink (Parks, 2004).

Environmental Considerations

Environmental factors, although not restricted to females, appear to influence female behaviors in like manners as they do males.

- The “wet” alcohol environment around campuses, including lower sale prices, more promotions, and alcohol advertising at both on-and off-premise establishments correlates with higher binge-drinking rates.

- Alcohol outlets near college campuses commonly use various discounts and promotions to attract students – and, as the price of alcohol decreases, consumption rates increase.

- Alcohol specials, promotions, (including ladies nights, and other specials targeting women) and advertisements were prevalent in alcohol outlets around college campuses (Kuo, et. al., 2003).

- The availability of large volumes of alcohol (24 and 30 can cases of beer, kegs, party balls), low sale prices, and frequent promotions and advertisements at both on, and off-premise establishments were associated with higher binge drinking rates on the college campuses.

- Many colleges are surrounded by a ring of bars and liquor stores within one mile of campus – and, marketing tactics such as “ladies’ nights” or “all-you-can-drink” fees cater to students (College Alcohol Study (CAS)).

- Colleges and universities where excessive alcohol use is more likely to occur include schools where Greek systems dominate (i.e., fraternities, sororities), schools where athletic teams are prominent, and schools located in the Northeast (NIAAA Task Force Report).
III. Findings on Needs, Resources & Readiness

a. Prevalence Data

Student Researchers reported high percentages of students who drink - as high as 80%. Prevalence rates appeared equally high among underage students as for legal age students. Alcohol consumption takes place on campus as well as at off campus local bars and taverns and at student apartments, fraternities and sororities.

Focus group discussions with students found very few who indicated they did not drink alcohol – less than one person per focus group. Even among the underage students, drinking prevalence appears to be normative behavior.

Our student survey, restricted to the SMCC campus where 81% of surveyed students were commuters versus residents (residing on campus), found a 75% rate of consumption reported by males, and a 43% rate for females - 33% for underage females.

About 58% of campus administrative personnel interviewed believe on-campus drinking by female students is a problem. Qualifiers reported included: “but we’re no different from any other campus; females have a drink management problem – where they place their drinks unattended, who they drink with, and being nonchalant about drinking.”

About 29% of those interviewed felt drinking by female students was not a problem. The balance of administration respondents (13%) were unsure if it was a problem or not.

Another person observed: “The university sends mixed messages – students can decorate their rooms with alcohol containers, but are not supposed to drink.”

A number of respondents believe drinking among female students is ‘excessive’.

One comment of interest was: “…the choices women make in the first week of school are what set up her social life for the year. And, those who participate in the ‘Thirsty Thursday’ ritual appear to maintain their participation for the entire year”.

Another respondent confirmed the Thirsty Thursday impact by noting: “Many students miss Friday classes because of Thirsty Thursday events; and it doesn’t appear the school is taking this issue very seriously”.

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b. **Unique Patterns**

Bar and tavern owners interviewed indicated:

- Males prefer beer, while females prefer hard liquor mixed drinks or shots of hard liquor.
- Females students do respond to discount drink specials offered by local bars
- Females are more often observed drinking in groups of females, or in mixed gender groups rather than in male/female or female/female couples.

Females report their motivation for drinking is to ‘be social’ and to ‘have fun’.

When asked how many drinks it takes before they believe they have ‘had enough’, answers ranged from 2-3 drinks, to 4-6 beers with several mixed drinks. Our SMCC survey results indicate the average number of drinks per session for female respondents is 3. Focus group discussions clarified that drinking volume is different when drinking off-campus versus on-campus. On-campus levels of consumption tend to be higher, with reports of 10-15 beers being consumed by females who participate in ‘drinking games’ that appear specifically designed to result in increased consumption levels by participants.

According to bar and tavern owners interviewed, more active drinking by females takes place on Thursdays (Thirsty Thursday) and Saturdays.

Almost all of the focus groups were familiar with someone who was a victim of sexual assault by someone known to them, on or near this campus, while they (the victim) was under the influence of alcohol. Some talked about being at parties where a girl was passed out in a bedroom and stripped. Among campus health personnel, nurses and counselors, interview respondents noted the number of incidents of violence and/or aggression toward female students range from 2 per year to 2 per month. The number reported appeared to depend on the respondent’s position – Counselor versus nurse, with Counselors more likely to report higher numbers (perhaps indicating the assaults are going unreported to official sources). Respondents were in agreement that almost all incidents of sexual assault they see are alcohol related. They also noted that in their opinion, many incidents go unreported.

In situations where a woman suffers a negative consequence while under the influence of alcohol, like an unwanted sexual encounter, they generally appear to take the blame for the incident, indicating it was their fault for losing control. For example, when asked what they should do if they or a friend were sexually assaulted, most focus group participants knew that it was important to go to the hospital but felt that a lot of women probably wouldn’t because of embarrassment because they believe they put themselves in that position by drinking too much.
c. **Risk Factors / Influences**

Our research appears to indicate risk factors for alcohol consumption by the sub cultural population appear within the four primary domains of community, peer, home, and self.

**Risk Factor - College Community**

The single most prevalent risk factor for female student alcohol consumption appears to be the normative nature of the behavior. Both college administration officials and members of the sub cultural population agree that consumption of alcohol by students is considered the norm.

When asked about the campus administration’s *unwritten policy* (their actual attitude) toward student drinking all of the groups said that as long as you are discrete, they (campus officials) look away and don’t do anything about it. Only when it involves public drunkenness and belligerent behavior do they get involved. Most said that there was zero tolerance if you’re under 21 officially, but that as long as you’re quiet, you aren’t caught, and under age drinking is tolerated. Several said that not very many students in the dorms were over 21.

When asked *If you think female student drinking is a problem, what steps is the school taking to address this problem*, responses from college administration officials ranged from “not much”, to “we can’t control drinking on campus”; and “we need more funding in order to control the drinking”. Like with the administration respondents, the college health personnel (counselors and nurses) interviewed also feel peer pressure, and perceived drinking norms are big influences on student drinking behaviors, particularly engagement in binge drinking.

Observations conducted by student researchers for this study also included examples of how heavily they are recruited for Spring break excursions. A common theme in the ads for Spring Break packages was the offer of free alcohol. Tour package ads typically include offers of from anywhere from 20 to 50 hours of free drinks with purchase of the package.

**Risk Factor - Local Community**

The local community constitutes a risk factor for this population when they:

- demonstrate low levels of enforcement activity for underage drinking in bars
- they tolerate retail sales promotions of alcohol
- they allow alcohol sales in increasing numbers of retail outlets
- they allow bar-run specials that promote increased alcohol consumption, and/or which target a specific population (ladies nights)

All bar and tavern owners interviewed confirmed they run specials to attract customers and increase their consumption. Since females tend to drink more expensive drinks – mixed drinks and shots, price reduction specials are a popular way to attract females; and when women come to drink, “they usually bring men with them”.

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Specials reported included: college night, toga night, $1 drafts, 2 mixed drinks for $3, cheap food, kilt nights, ladies nights. Two individuals reported that Wednesdays are always designated as ‘ladies night’; and Thursdays (remember Thirsty Thursday) is always ‘college night’.

An excerpt from a student researcher report on ‘study observations’ of a near-campus bar.

Monday is college night, in which students of all ages can enter the bar, however, purchasing and consuming alcoholic beverages can only be done by customers of 21 years of age or older. The purchase of alcohol is controlled by having the bouncer and/or bar owner check identification cards as patrons enter the bar and giving hand stamps to those of age. On this night there are specials available such as specific $1 drinks and shots. On some college-nights there is also a theme, such as to wear Jerseys. Wednesday and Thursday nights include karaoke performances. On Fridays and Saturdays from 9:00 pm to 10:00 pm special 50 cent drafts can be purchased.

Throughout the weeks that we observed the bar there were several other special events. These events were advertised on the radio. On Saturday, November 26th the bar held a toga themed event. On Saturday, December 3rd, the bar hosted a party sponsored by Red Bull. At this event there were various games including a frozen t-shirt contest, as well as giving cash prices in a Red Bull drinking race.

The majority of female student focus group respondents felt that these specials result in more drinking by female students.

At one campus, a number of interviews were completed with retail sales outlets near campus that sell liquor. These interviews indicated:

- Sales of alcohol for store locations located near campus are higher than their stores in non-campus locations.
- Increasing the price of alcohol probably would not reduce sales or consumption, and they would be unwilling to consider raising prices as a prevention measure.

Alcohol Promotions

A finding of interest was provided by the retail sales interviews with regard to alcohol promotion sales. It was reported that specials and promotions of alcoholic products are usually developed by the alcohol distributors for the retail outlets, not by the outlets themselves. In Maine, Maine Distributors and Pine State Trading Company are large wholesale distributors of alcohol. It appears that it is these organizations that promote increased consumption through advertising and pricing promotions developed on behalf of the retail outlets.
Increased Availability
Around college campuses, study observations confirm retailers, including gas stations, convenience stores, and even pharmacies devote considerable shelf space to, and prominently display alcoholic products near store entrances.

Local market

Local pharmacy, less than ½ mile from campus

Local mini mart (gas station)

Further, student researchers confirmed the most prominent displays are devoted to the brands and types of alcoholic beverages known to be popular among the student population – lower priced beer, popular with male students, and designer type alcoholic products, like pre-mixed liquor, known to be more popular with female students.

Risk Factor - Peers
Peer pressure appears to be particularly influential with regard to binge drinking – with girls more likely to binge drink when in groups engaged in the practice.

Students indicate that their peers provide the most influence on their drinking behavior. Focus group participants readily acknowledged they participate in ‘drinking games’ with their friends. Participants reported that when drinking during these occasions, their consumption level is generally higher - in the 10 to 15 drink range - whereas when not playing drinking games, drink levels were reported at from 3 to 5 per participant, on average. They also noted that they participate in these drinking games almost every weekend while on campus.

When asked why they thought female students might drink to excess, a majority of administrative personnel interviewed for this study responded that ‘peer pressure’, both active (actual peer encouragement) or passive (wanting to be considered ‘cool’ and part of the group; wanting to fit in) plays a big role in drinking behaviors among females.
Excerpt from student researcher observation report:

During our observation period we observed three events that were sponsored by Greek Fraternities and Sororities in which free alcohol was provided.

Risk Factor - Home
Interview subjects expressed the opinion that female students with a history of drinking in high school appear more likely to be active drinkers in college.

Risk Factor - Self
Members of the sub cultural population also identified additional reasons for drinking alcohol including dealing with stress, boredom, and/or anger. They also mentioned that drinking lowers their inhibitions, and that playing drinking games was fun.

d. Perceived Risk / Common Consequences

With regard to perceived risks, the majority of female student study participants appear knowledgeable of drink safety issues like:

- don’t leave a party alone
- don’t leave your drink unattended
- stay in a group when drinking
- drink with friends who will look out for and protect you

However, despite their knowledge of the risks associated with their drinking, the readiness for change assessment indicates they are unlikely to:

- modify their drinking behavior to conform to responsible limits of consumption
- when they do drink to excess, recognize the reasons they drink to excess, and seek help with these issues
- initiate stricter self-imposed limits on the amounts of alcoholic drinks they consume during a single occasion

This reluctance to change may be a result of their not believing harm will come to them, or maybe they are unaware of the extent of the consequences of risky drinking. A campus health official noted the following: “young people are constantly bombarded with messages that drinking is cool, but never see the consequences – the unwanted pregnancies, the STD’s, and the embarrassment and guilt”.

e. Assessment of Strengths of the Subpopulation

Strengths of the members of the sub cultural population include: knowledge and awareness of the risks associated with irresponsible drinking.

When asked “What does the phrase “drink responsibly” mean to you?” the most prevalent response from the focus groups was “knowing your limits and being in control”. Other responses ranged from “not driving while drinking” and, “being with
people you trust”, to “not accepting drinks from strangers, not drinking while underage and not depending on others to help you walk around.”

Groups asked whether they knew what constitutes irresponsible drinking behavior generally responded by mentioning drunk driving, drinking until passing out, and unsafe sex.

Further, Student Researchers are of the opinion, the population is willing to:
- educate, assist and look out for their peers while drinking
- educate themselves around alcohol consumption behaviors that may increase their susceptibility to harm (where they drink; when they drink; with whom they drink; etc.)
- recognize their need for and seek available help for harmful alcohol use behavior
- modify their alcohol consumption behavior to minimize their susceptibility to risk of harm
- accept and read information designed to educate them about the harmful effects of alcohol consumption

f. Resources Available
Every campus participating in this study has a number of resources available to the population including: alcohol use policies, provision of counseling and health professionals, orientation sessions in which responsible alcohol use is discussed; training provided to dorm proctors to discourage underage drinking, or drinking in dorms when prohibited; establishment of chem-free dorms; provision of campus security personnel to improve on-campus student safety; and relationships with local police and other local officials to help enforce college drinking policies, among others.

In addition, the population, in the opinion of Student Researchers, is willing to increase their awareness of available ‘helping’ resources designed to minimize harm to them from alcohol abuse.

g. Barriers to Prevention Efforts
In our opinion, the single largest barrier to successful prevention of excessive consumption and/or underage alcohol consumption by members of the sub cultural population appears to be their belief, reinforced by their peers and by the actions (and inactions) and attitudes of campus officials is that drinking, including binge drinking by college students is normative behavior.

h. Assessment of Readiness for Change
Student Researchers were asked to complete a Readiness for Change assessment developed by Glenwood from materials obtained from the Tri-Ethnic Center’s Community Readiness Handbook. The scale utilized a 5 point Likert-type scale which provided responses ranging from Very Unlikely to Very Likely.
Readiness was defined as: *the degree to which the population appears ready to address substance abuse issues. Assuming those who participated in your research are representative of the following populations, how would you rate each as to their readiness?*

Respondents were presented with readiness questions for three domains – college administration; local communities; and sub cultural population members. Results are based on fifteen surveys completed by student researchers.

With regard to **College Administration / Organizations** – mean scores ranged from 2.08 (Somewhat Unlikely) to 3.29 (Somewhat Likely). For college administration / organizations, respondents believe they are:
- **Unlikely** to be ready to eliminate alcohol availability on campus (75% Unlikely/Somewhat Unlikely)
- Respondents appear uncertain as to administration’s readiness to increase spending on alcohol abuse prevention efforts (46% Unlikely/Somewhat Unlikely; 46% Somewhat Likely)

Respondents believe it is **likely** Administration is ready to:
- Strengthen enforcement efforts of existing policies (77% Somewhat / Likely)
- Become more active in providing prevention activities (57% Somewhat /Likely; 14% Very Likely)
- Initiate alcohol abuse prevention planning with student input 78% Somewhat / Likely)

With regard to **local communities** (local officials, business community, bar and tavern owners), means scores ranged from 1.36 (Very Unlikely), to 2.62 (Somewhat Likely)

Respondents believe the local community is **Unlikely** ready to:
- Eliminate marketing to female students (92% Very / Somewhat Unlikely)

And, **somewhat likely** (mean scores of 2.54 – 2.93) to be ready to:
- Recognize students as valuable adjuncts to alcohol abuse prevention planning efforts
- Re-examine local alcohol regulations /ordinances to improve alcohol abuse prevention
- Work with campus officials to improve coordinated community / campus alcohol abuse prevention efforts
- Improve ID enforcement to prevent underage patrons

With regard to the members of the sub cultural population, Student Researchers believe they are **Likely** ready:
- Take steps to know what to do (to become educated) should they become aware of a case of alcohol poisoning

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• Work to improve alcohol consumption safety among their peers by personally taking responsibility for friends who appear to be drinking to excess.
• Educate themselves on the signs and symptoms of alcohol poisoning
• Inform / advise friends of the dangers of harmful alcohol use
• Educate themselves around those alcohol consumption behaviors that may increase their susceptibility to harm (where they drink; when they drink; with whom they drink; etc.)
• If needed, seek available help for harmful alcohol use behavior
• Modify their alcohol consumption behaviors to minimize their susceptibility to risk of harm
• Accept and read information designed to educate them about the harmful effects of alcohol consumption
• Be willing to increase their awareness of available ‘helping’ resources designed to minimize harm to them from alcohol abuse

But, the Researchers believe the population is Unlikely ready to:
• Initiate stricter self-imposed limits on the amounts of alcoholic drinks they consume during a single occasion
• Recognize the reasons they drink to excess, and seek help with these issues
• Improve their awareness of the official policies governing alcohol use on campus
• Modify their drinking behavior to conform to responsible limits of consumption
• Adhere to the official policies governing alcohol use on campus
• Work to improve alcohol consumption safety among their peers by volunteering to work on prevention programming on campus.

Finally, respondents believe it is very unlikely members of the sub cultural population are ready to not drink until they reach age 21. This ‘readiness’ finding appears to reinforce comments on alcohol consumption as a normative behavior identified by a number of persons interviewed during this study, and discussed in detail in the Interview portion of our findings.

i. Embedded Study – Fetal Alcohol Spectrum Disorder (FASD) Awareness / Prevention

A portion of this research was dedicated to investigating the needs of the sub cultural population with regard to the prevention of Fetal Alcohol Spectrum Disorders (FASD). FASD describes the range of effects that can occur in an individual whose mother drinks alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities. Nationally, every year about 40,000 babies are born with symptoms of prenatal alcohol exposure. The most recent estimate from the National Institute on Alcohol Abuse and Alcoholism (NIAAA) is that these effects cost the Nation over $4 billion each year. The lifetime cost for each affected child can be as high as $2 million or more. It is estimated that as many as 17.6% of Maine’s pregnant women use alcohol and/or drugs during pregnancy. This results in roughly 2,300 potentially alcohol-affected at-risk births each year. FASD is 100% preventable.

To accomplish our embedded study research, we devised an alcohol quiz which was administered to all focus group participants and student researchers. Over 92 completed quizzes were received for analysis. Overall, quiz results confirm that members of the sub cultural population:

1. Are not familiar with the terms and characteristics of FASD
   - 63% thought it referred to an immune deficiency; and 34% did not know what FASD referred to.

2. Are aware of the dangers of alcohol consumption with regard to pregnancy – 87% responded a woman should stop drinking ‘prior to attempting a pregnancy’.

3. Demonstrate some lack of knowledge around alcohol – with about 16% agreeing a woman could drink beer occasionally when planning a pregnancy, and 20% believing occasional use of wine is OK when planning a pregnancy. This is opposed to only 4% agreeing a woman can occasionally drink hard liquor when planning a pregnancy. In addition, respondents
   a. Agree that hard liquor should not be used after a pregnancy is confirmed; but they are less certain about the use of wine and beer.
   b. Appear to consider beer to be the least harmful alcoholic beverage.

4. Demonstrate a general lack of understanding around the harm caused by use of cocaine, heroin and Marijuana as opposed to alcohol, if used during pregnancy. The majority of respondents were ‘unsure’ about whether alcohol was more harmful to a fetus, in terms of lifelong disabilities, than any of the other three substances.

Information gained from this research on FASD with this sub cultural population will be used by The Women’s Project and OSA’s FASD Task Force to develop prevention recommendations.
IV. Recommendations

The key informant interviews conducted by student researchers all included the question: “What would you suggest to prevention programmers if they were developing programming to prevent harm to female students from alcohol consumption?”

College Administration personnel offered the following:

- Respondents generally felt that if they had more prevention funding, they could ‘bring back’ programs that used to be in place, or introduce new and better programs to educate female students about alcohol, responsible drinking, and drinking safety. A number of respondents noted that women’s health programs existed on campus in the past, but they became victims of budget cuts. A number of respondents also noted that programs exist today and are available to students.

- All respondents appeared to agree that students need more accurate information around the topic.

- Other suggestions included introducing a ‘harm reduction model’ where students are taught how to drink responsibly.

- A common theme that ran throughout the comments from administration personnel was that “peer-to-peer” education and support programs might be more effective than courses, or educational materials distributed by campus officials. This observation is further confirmed by focus group responses, which indicated little tolerance among the population for lectures and/or adult speakers discussing alcohol issues.

College health personnel offered the following:

- Offer more alternative activities for students that do not include alcohol – movie nights, non alcoholic social events, concerts, etc.

- Increase funding for additional education and counseling.

- Schools could address incoming students on what the norms really are related to alcohol, to dispel any myths.

- One respondent noted that college is a good place to start to educate female students about the consequences of irresponsible drinking - the unwanted pregnancies, the STD’s, and the embarrassment and guilt.
Bar / tavern owners also were asked about prevention recommendations, and offered:

- Provide for cab service or safe drivers to drive them home
- Warn them not to go out alone
- Improve female awareness of the consequences of their drinking, and ways to improve their safety.
- Educate women on alcohol – to know their limits, and that one shot is equal to one drink.

**Student Researcher Recommendations**

Where time permitted, we de-briefed with student researchers, and requested their thoughts on prevention programming. Results are as follows:

- Peer education is preferred for alcohol use – students recommend using upper class students to provide accurate information to incoming students.

- In general, student researchers believe their peers will be receptive to receive accurate information on risks associated with alcohol use.

- There was general interest raised among the sub cultural population on the topic of FASD; students felt they would appreciate additional information to their raise awareness of the dangers of alcohol use during pregnancy, and suggested posters and other types of information be posted around campus locations. There was also interest in receiving additional information on the effects of alcohol use on breast milk and breast-feeding.

- Student Researchers suggested that substance use information be disseminated during mandatory ‘for credit’ sessions. Recommended topics included: alcohol poisoning; sexual assault risks; alcohol abuse prevention. Students also suggested campuses consider offering additional substance free social activities.

**Study Recommendations**

From our review and analysis of the research, we offer the following for prevention programmer consideration.

1. **Normative Behaviors / Expectations**
   Many youth prevention programs now deliver information around myths related to normative substance use behaviors among adolescents and their peers. College administrators might want to consider a similar approach to student drinking. Campuses could make an effort to change the perceived norm that drinking on campus is a college way of life, and instead focus more student information on healthy and responsible behaviors.
2. **Student Messaging**
   Campus officials might consider improving communications to provide female students with educational information around alcohol and drinking behavior vulnerabilities, and provide them with safety tips to reduce their vulnerability to negative consequences. Safety messages might be issued on a regular, year-long schedule, rather than presented just during student orientations. College officials may wish to re-examine their current student communication methods for effectiveness, and consider developing alternative methods for communicating effectively with students around alcohol use.

3. **Peer to Peer Networking**
   Since students indicated they are ‘ready’ to work to improve alcohol consumption safety among their peers by personally taking responsibility for friends who appear to be drinking to excess, but appear unlikely ready to work to improve alcohol consumption safety among their peers by volunteering to work on prevention programming on campus, (see Readiness for Change Assessment), prevention programmers may wish to focus on the distribution of information and support through peer-to-peer networks.

4. **Work with the Source**
   Since specials and promotions of alcoholic products sold through retail outlets are usually developed by the alcohol distributors, approaching Maine Distributors and Pine State Trading Company with a request to help promote responsible drinking on and near campus might result in prevention opportunities.

5. **Alcohol Knowledge**
   Since female students appear to have limited and uncertain information about alcohol and its potential impact on their safety and physical well being, improved gender-specific education on alcohol use might provide young women with information they could use to protect themselves from harm. Also, it would be prudent to include facts about the harmful effects of maternal alcohol use during pregnancy, including beer and wine.

6. **Engage Students in Prevention Education and Leadership Program Design**
   Recognizing that drinking among members of the sub cultural population is heavily influenced by their peers, prevention programmers and college administrators might consider charging female student groups with the development of procedures and practices to reduce binge drinking behaviors, and improve their knowledge about safety practices that will reduce their exposure to risk while drinking.

7. **Harm Reduction**
   Prevention programmers might want to consider moving to a harm reduction model rather than a prevention of alcohol use model. As one student noted, “if the speaker had talked to us about ‘drinking responsibly’ as opposed to not drinking, the message might have been heard and responded to in a better manner.
8. **Improved Enforcement**

Female students consistently reported the process of checking ID’s used by local bars and taverns appear less restrictive for females than for males. One focus group reported: “If you want to get in, you can.” Most participants felt the bars are not very diligent, that they look but don’t really check the validity of the ID. Since liquor licensing is generally a local regulatory act, improved local enforcement of underage drinking violations might be in order.

Readiness for change assessments completed by student researchers indicate they believe bar owners are ‘likely ready’ to work with campus officials and local enforcement personnel to address improved enforcement efforts to reduce underage drinking and alcohol abuse by students.

9. **Student Orientation**

Students and administration personnel report that when orientation sessions are provided, they are not always well attended. Some college staff we spoke with suggest making orientation, during which alcohol and other substance use can be discussed, a requirement, where students are awarded credit for their completion.

10. **HEAPP Presentations**

At the present time, HEAPP makes presentations to college Resident Assistants (RA’s) about alcohol use and prevention on campus. Additional information, such as that generated by this study, might be added to the HEAPP presentations to better reflect the needs of the student population.

11. **Gender-Specific Assistance**

Since research confirms females are likely more engaged in treatment when offered from within gender specific environments, schools may want to re-examine this option when delivering health and safety education to female students. In addition, if substance abuse interventions are offered on campus, gender-specific intervention settings are recommended.
Appendices

A. Study Limitations / Recommendations

B. Literature Review

C. Citations / References

D. Methodology

E. Credits

F. Research Materials
   a. Focus Group Summary
   b. Key Informant Interview Summary
   c. Readiness For Change Assessment
   d. Full Student Survey Analysis
   e. Alcohol Quiz Analysis
A. Study Limitations

A number of issues arose during the course of this project that had an impact on the methodology and results, and therefore have need of mention. Four significant issues impacted this study: coordination with HEAPP; selection of campus champions; selection of student researchers; use of student researchers; on-campus supervision; and the IRB process.

1. HEAPP Study

A condition of the grant award to PROP for this study was The Women’s Project would “be required to work with Becky Ireland, staff person for the Higher Education Alcohol Prevention Partnership (HEAPP).” During the initial development phase of the project, Glenwood Research and The Women’s Project developed a comprehensive survey intended for administration on each of the study campuses. The survey addresses the ‘core’ measures for alcohol use among the sub cultural population, and included questions on personal use of alcohol, knowledge of alcohol and its effects on the body, motivation for consumption, general preferred locations of consumption, knowledge around alcohol and pregnancy, and perceptions of community attitudes regarding alcohol use among students. This survey was designed to provide us with a substantial portion of the information we sought from the sub-cultural population for this study.

Prior to its administration, a meeting was held with the HEAPP Coordinator, the OSA Epidemiologist, and the OSA Project Manager assigned to this study. At their urging, The Women’s Project agreed not to administer the project survey on any campus that was scheduled for participation in HEAPP. The OSA staff raised concerns that a competing survey being administered around the same time as the HEAPP survey might have a negative impact on the expected rate of return for HEAPP.

Compliance with this request meant that for the five campuses participating in the study, the survey was dropped from three: USM, UM-Orono, and UNE; and Machias was put ‘on-hold’ because attempts were being made by HEAPP to engage that campus in the HEAPP survey. This left just one campus, SMCC eligible for the project survey.

In return for agreeing to drop the project survey on HEAPP campuses, we were allowed to submit questions relevant to the study that would be added to HEAPP. We were satisfied that with information gained from these questions, along with other questions already on the HEAPP survey and which were relevant to this study, the information we would have otherwise gained from our own survey would be sufficiently covered by the ‘modified’ HEAPP survey. We were told we could then have full access to the HEAPP data sets to allow us to segment and analyze results relevant to our study population.
The HEAPP survey was not prepared in time to administer during the Spring 2006 college term. As a result, this study lacks the data we hoped to collect from it that may have provided prevention programmers with additional insights into the behaviors, attitudes and knowledge of the sub cultural population around alcohol.

Recommendation - if and when the HEAPP survey is administered, perhaps OSA will segment results by gender and age to result in a sub set of data specific to the sub-cultural population under study, and make this information available to prevention researchers as supplemental information to this study.

2. IRB

Despite our receipt of IRB approval from the Maine Department of Human services on the entire project, each campus, except Machias and SMCC which do not have an IRB, required us to go through their own IRB.

For those campuses where we submitted to their IRB, it was interesting to note that each had their own set of forms and procedures. No campus would accept IRB approval granted by another campus. As a result, each application had to be customized to that campus and its unique requirements. This added an additional 30 hours of time to the project for which we did not plan, and therefore went uncompensated.

3. Selection of Campus Champion

At project initiation, we identified key individuals to act as our local ‘champion’. By that we mean, these individuals would be our key contacts on that campus. These were individuals who had voiced interest in the study, and appeared they would take an active role in working toward its successful implementation on their campus. We looked to these individuals to assist us with meeting compliance requirement for campus IRB approvals, recruiting student researchers, assisting student researchers in gaining access to campus administration and students, and being our on-campus monitors of researcher progress. In one case, we were fortunate to have one champion for the IRB, and two other champions for methodology and student recruitment.

Although each ‘champion’ approached their tasks differently, in general, their presence was essential to our gaining access to each campus location, and helping us keep the project on schedule. On one campus, the study was assigned to a research class. Having an entire class working on the project was beneficial in spreading the workload, and ensuring all phases of the planned research were completed.

Recommendation - we strongly recommend anyone wishing to work on college campuses engage a campus champion. In terms of ‘champion’ qualifications, we found that individuals who have or do conduct research, have completed IRB reviews, and had a particular interest in the study subject were the most effective.
4. Selection of Student Researchers

The quality of the student researchers varied widely. However, in general, we found the students to be very satisfactory. In all cases, the campus champion recruited student researchers, without input from us. We were allowed to meet with recruited student researchers for the purpose of orienting them to the project, explaining the proposed methodology, and training them in aspects of research. The time allotted to us to conduct this training varied by campus from four hours to one and one half hours.

Recommendation – in hindsight we would have preferred to interview potential student researchers, and be allowed to disqualify any we felt did not demonstrate the appropriate enthusiasm, skills, and dedication to the project. We found these issues varied significantly among the students, and had a major impact on the quality of the researcher work-products.

5. Use of Student Researchers

Using student researchers to carry out the research activities had both benefits and drawbacks. Clear benefits included their access to the sub cultural population, and, with the exception of one researcher who was an older adult student, their membership in the population added significant insight and reflection we would not otherwise have had.

On the drawbacks side were issues around personal motivation, our lack of supervisory opportunities, our not being able to participate in the researcher selection process, and perhaps most detrimental was the lack of consistency of methodological approach, which was often related to the availability of time and numbers of researchers. On one of the campuses, delays in the IRB approval forced the research team to abandon significant portions of the interview protocol, and the community and campus observations. At another campus, the researcher was not only a full-time student, but otherwise employed full-time, and it appears did not have the time to complete anything more than the focus group activity.

6. Lack of On-Campus Supervision

Although each campus had one or more ‘champions’, the amount of time they had to devote to the project varied. Despite their best efforts, some student researchers were recruited who lacked appropriate qualifications and or motivation; and some planned project activities were not completed.

Although we attempted to maintain ongoing contact with the student researchers via telephone and email, results were mixed. Some students were diligent about maintaining contact with us, while others were not.
**Recommendation** – if we were to undertake another project utilizing student researchers, we would want to establish an agreement that we could have regular, scheduled access to the student researchers so as to be more available to provide in-person supervision and progress monitoring.
B. Literature Review

Colleges and Alcohol – Attitudes and Consumption Patterns

Young adults aged 18 to 22 enrolled full-time in college were more likely than their peers not enrolled full-time to report any use, binge use, or heavy use of alcohol in 2000. Past month alcohol use was reported by 62 percent of full-time college students compared to 51 percent of their counterparts who were not currently enrolled full-time. Binge and heavy use rates for college students were 41 percent and 16 percent, respectively, compared with 36 percent and 12 percent, respectively, for other persons aged 18 to 22 (SAMHSA, 2000).

Although the NIAAA Task Force report indicates research on college drinking is a relatively young field, and the data are incomplete, a number of studies are available to provide us with a view of college student alcohol behaviors. College drinking occurs at a stage in life when drinking levels are generally elevated. Compared to all other age groups, the prevalence of periodic heavy or high-risk drinking is greatest among young adults aged 19 to 24. The report notes that among young adults, college students have the highest prevalence of high-risk drinking. Although their non-collegiate peers drink more often, college students tend to drink more heavily when they do drink.

According to the Harvard School of Public Health College Alcohol Study (CAS, ongoing), the number of college students who participate in ‘binge drinking’, or drinking for the purpose of getting drunk, remains at 44 percent of all students despite increased efforts by colleges to curb the trend. The report also notes that drinking by college students contributes to an astonishing 1,400 student deaths, 500,000 injuries, and 70,000 cases of sexual assault or date rape each year.

Among traditional college students, 61% of White men and 54% of White women were binge drinkers, as were 75% of fraternity members, 62% of sorority members, 63% of male athletes, and 53% of female athletes. Among traditional college students who drank any alcohol in the past 30 days, 70% were binge drinkers (67% of the women and 74% of the men). The high rate of binge drinking among these core groups of college students indicates that heavy drinking is normative behavior among typical college students (Wechsler, 2002)

Of the full-time undergraduates, 59 percent of females reported current alcohol use. More than a third (35 percent) of female full-time college students were binge drinkers in the 2000 survey and 11 percent reported heavy alcohol use. Females in general represent a group in which drinking levels have been on the rise during the past few years (Wechsler et al., 2002).

The Sub Culture and Alcohol

According to the Maine Policy Review, as of 1997, approximately 50 percent of Maine's 18-year-olds, about half of Maine's graduating high school seniors, actually enroll in some type of college or university within the U.S. after graduation. According to the U.S. Census, there were 32,387 females enrolled in undergraduate programs in Maine in the year 2000.
At our request, the Maine Department of Human Services, Bureau of Health, segmented Pregnancy Risk Assessment Monitoring (PRAMS) data for 2002 (the latest available data) by education level and age to result in a cross tabulation cell of women, ages less than 24, with education level greater than high school. It is reasonable to assume that this segment of the PRAMS population reflects women in secondary education at the time of the survey.

According to PRAMS data estimates, the number of these women who gave birth in 2003 was 3,102. In response to PRAMS questions, their responses were:

<table>
<thead>
<tr>
<th>Question</th>
<th>NO (%)</th>
<th>YES (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was birth control used at conception?</td>
<td>49</td>
<td>51</td>
</tr>
<tr>
<td>Did mother drink in the 3 months before pregnancy?</td>
<td>23</td>
<td>77</td>
</tr>
<tr>
<td>Was the pregnancy intentional?</td>
<td>53</td>
<td>47</td>
</tr>
</tbody>
</table>

Sub Culture Characteristics

It has been suggested, as early as 1978, that increased drinking among females might be a result of the women’s movement and changes in women’s roles, especially changes that involve exposure to formerly masculine environments and roles (Wilsnack and Wilsnack, 1978). These researchers suggested that changes in sex roles might increase women’s exposure to alcohol and opportunities to drink; might modify traditional norms against female drinking, thereby making drinking more permissible; and might offer females new goals and aspirations, thus causing stress that women might seek to reduce through alcohol consumption (SAMHSA, 2000).

Further, research has confirmed the apparent reduction of the differential between males and females in the incidence of drinking; and notes this reduction is consistent with the apparent elimination of the double standard (male vs female) for sexual behavior, smoking, voting, and other behaviors. The changes in drinking habits among girls and young women are clearly recognized by the research community. Statistics indicate that today, girls are fifteen times more likely than their mothers were to begin using alcohol and drugs by age 15 (Jersild, 2002).

A recent article, based on a study of college women and drinking, has suggested that many girls and young women associate drinking (and smoking) with independence, glamour, and the kind of power once reserved for men. "Get in touch with your masculine side," goes one recent advertisement for bourbon (Jersild, 2002). She also reports finding young people of both sexes reported admiring a woman who could drink like a man. “Heavy drinking”, said one male respondent “was a badge of honor”.

Several studies report indications of further increases in the percentage of college women drinking. The downside of changing gender norms seems to be that the convention of moderation in drinking among women is disappearing. Equal rights, equal pay, and equally drunk was how one magazine identified this trend (Jersild, 2002). She also reports that women sometimes work “really” hard to be one of the boys, but know they are sexually vulnerable and, when something bad happens, they feel the shame of being a drunk woman. It bears remembering that, on many
college campuses around the country, a woman's Sunday-morning walk home from a fraternity house is still referred to as "the walk of shame" (Jersild, 2002).

Between 1993 and 2001, all-women colleges saw a 125% increase in frequent binge drinking, defined as consuming four or more drinks in a row, three or more times in the past two weeks. Wechsler (2002) found that during those same years, there was a threefold increase in the number of college women who reported being drunk on 10 or more occasions in the previous month. Among women who drank, there was a 150% increase in "unplanned" sexual activities, date rape, and sexual assault (Morse, et al., 2002).

Morse and her colleagues report that at the University of Vermont, the average blood-alcohol level of drunken women treated at the hospital is now .20; which is 10% higher than that of the average for intoxicated men, and more than twice the legal limit of .08. Counselors at Stanford University have observed an increase in numbers of women who reported having "regretted sex" while drunk. And at Georgetown University there has been a 35% rise in women sanctioned for alcohol violations over the past three years.

In 2001, Syracuse University reported twice as many women as men, one or two each weekend, were rushed to the local hospital owing to acute intoxication. Some suffered from alcohol poisoning and needed a stomach pumping; others had fractured bones after drunken tumbles. A handful sought treatment for sexual assault. A Syracuse spokesperson noted that the women are drinking one-for-one with men, but coming in ‘much more damaged’ (Morse, et al., 2002).

Female students tend to underestimate their drinking problems more than men. Among drinkers who binged three or more times in the past two weeks, 20 percent of the men described themselves as heavy or problem drinkers, compared to only 7 percent of the women (CAS).

Binge drinking is a women’s health issue. Because of differences in metabolism, women are affected by alcohol much more readily than men. Therefore, if they match a man drink-for-drink, they face greater health and behavioral risks. Heavy alcohol use, coupled with inexperience with drinking, puts young women in serious jeopardy for sexual assault. About 10 percent of female students who are frequent binge drinkers report being raped or subjected to nonconsensual sex, compared to only 3 percent of non-bingeing female students. Furthermore, most campus rapes occur after heavy drinking (CAS).

Unfortunately, college women appear less likely to come to the attention of ‘helping’ systems because their drinking behaviors are generally less noticed. While their male counterparts are more likely to get into trouble with authorities when they drink, girls with alcohol problems more often turn their aggression against themselves, and they are more likely to be victimized by others. Jerslid quotes one college alcohol counselor as saying: "Boys break things, and girls get broken."
Even when they do seek help, at college health centers, often young women are put into mixed-gender drug and alcohol groups, where they are less likely to address their feelings of shame, sexual experiences, and histories of abuse. The women are frequently outnumbered by young men, and so the groups often fail to discuss the connections to eating disorders, depression, and unhealthy relationships (Jersild, 2002).

Additional statistics from the NIAAA Task Force of the National Advisory Council on Alcohol Abuse and Alcoholism, A Call to Action: Changing the Culture of Drinking at U.S. Colleges provides the following:

**Death:** Teenage girls who drink more than five times a month are almost six times more likely to attempt suicide than those who never drink (Devon, 2002). 1,400 college students between the ages of 18 and 24 die each year from alcohol-related unintentional injuries, including motor vehicle crashes (Hingson et al., 2002).

**Sexual Abuse:** More than 70,000 students between the ages of 18 and 24 are victims of alcohol-related sexual assault or date rape (Hingson et al., 2002). The study found that women's binge drinking leads to higher instances of rape and other violent acts committed against them. Roughly 10 percent of women have experienced an attempted or completed rape during their first year at an American college.

90 percent of all reported college rape cases involve the use of alcohol by at least one party, and 60 percent of college women who reported having sexually transmitted diseases link alcohol with their infection.

College women have a much greater chance of experiencing victimization – both sexual and nonsexual – on the days they drink (Parks, 2004). Parks and her co-author found that the odds of experiencing sexual aggression were 9 times higher on heavy days and 3 times higher on non-heavy days of alcohol consumption compared with days of no alcohol consumption. The odds of experiencing non-sexual aggression were more than 7 times higher on heavy days and nearly 3 times higher on non-heavy days of alcohol consumption compared with days of no alcohol consumption. (Parks, 2004).

**Unsafe Sex:** Data suggest that negative consequences associated with sexual risk taking are common on college campuses. Across all studies, women report higher rates of negative consequences than do men.

**Cultural Norms:** According to the Center for Disease Control (CDC), Maine has a prevalence rate of binge drinking among women of child bearing age (18 - 44) of between 12 to 16%. This places the State in the second highest tier of binge drinking states in the country, and points to an attitude of acceptance around alcohol consumption among females.
Environmental Considerations

Although research demonstrates female college students more frequently engaging in alcohol consumption, and more likely to engage in binge drinking, other factors are at work that appear to be influencing this trend on college campuses. These ‘environmental’ factors, although not restricted to females, appear to influence female behaviors in like manners as they do males. A Needs Assessment focused on a sub cultural population of female undergraduates would be incomplete without a review of these environmental factors.

Kuo, et. al. (2003), examined the alcohol environment surrounding college campuses and assessed the impact on students’ drinking. Study results indicated that the “wet” alcohol environment around campuses, including lower sale prices, more promotions, and alcohol advertising at both on-and off-premise establishments, was correlated with higher binge-drinking rates. The research found:

- Alcohol availability is associated with increased alcohol consumption among the general population as well as among young adults and older adolescents.
- Heavy alcohol consumption by college students and others is encouraged by a “wet” environment, in which alcohol is prominent and easily accessible.
- As the price of alcohol decreases, consumption rates increase.
- Alcohol outlets near college campuses commonly use various discounts and promotions to attract students.
- Alcohol specials, promotions, (including ladies nights, and other specials targeting women) and advertisements were prevalent in alcohol outlets around college campuses.

The availability of large volumes of alcohol (24 and 30 can cases of beer, kegs, party balls), low sale prices, and frequent promotions and advertisements at both on, and off-premise establishments were associated with higher binge drinking rates on the college campuses. In addition, an overall measure of on-and off-premise establishments was positively associated with the total number of drinks consumed.

According to the College Alcohol Study (CAS), many colleges are surrounded by a ring of bars and liquor stores within one mile of campus. These establishments compete for customers, and many aggressively market their goods to students. Competition drives down prices, and often a dollar or less is all a student needs for a drink. Marketing tactics such as “ladies’ nights” or “all-you-can-drink” fees cater to students.

The NIAAA Task Force Report also suggests a number of environmental influences work in concert with other factors to affect students' alcohol consumption. Colleges and universities where excessive alcohol use is more likely to occur include schools where Greek systems dominate (i.e., fraternities, sororities), schools where athletic teams are prominent, and schools located in the Northeast.
Citations / References

Alcoholism & Drug Abuse Weekly. Binge Drinking Among College Women Increasing, Study Finds. 06/13/94, Vol. 6 Issue 23, p2, 1/2p; (AN 1921686)


College Alcohol Study. Harvard School of Public Health. An ongoing survey of over 14,000 students at 120 four-year colleges in 40 states. Henry Wechsler, Ph.D. is the Principal Investigator. Avail at: http://www.hsph.harvard.edu/cas/About/index.html.


Johnston et al., 2001. Substance Abuse and Mental Health Services Administration, 2001)


Morse, Jodie; Bower, Amanda; Healy, Rita; Barnes, Steve; Berestein, Leslie; Locke, Laura A.; DeQuine, Jeanne. Women On A Binge. Time, 4/1/2002, Vol. 159 Issue 13, p56.


Parks, K. College Women: The Alcohol and Victimization Link (funded by NIAAA). Buffalo’s Research Institute on Addictions (RIA) investigating the rates of alcohol consumption and alcohol-related victimization among college age women (in collaboration with Co-investigators Clara M. Bradizza, Ph.D., and William Fals-Stewart, Ph.D.) avail at: http://www.ria.buffalo.edu/profiles/parks.html.


Needs Assessment - Enrolled College Females__________________________________________
Smith GE. Self-esteem and the relation between risk behavior and perceptions of vulnerability to unplanned pregnancy in college women. (eng; includes abstract). Health Psychol, 1997 Mar; Vol. 16 (2), pp. 137-46; PMID: 9269884

Vickers, Kristin S.; Patten, Christi A.; Bronars, Carrie; Lane, Kristi; Stevens, Susanna R.; Croghan, Ivana T.; Schroeder, Darren R.; Clark, Matthew M. Binge Drinking in Female College Students: The Association of Physical Activity, Weight Concern, and Depressive Symptoms. Journal of American College Health, Nov/Dec2004, Vol. 53 Issue 3, p133, 8p, 3 charts;


Young, Amy M.; Morales, Michele; McCabe, Sean Esteban; Boyd, Carol J.; D'Arcy, Hannah. Drinking Like a Guy: Frequent Binge Drinking Among Undergraduate Women. Substance Use & Misuse, 2005, Vol. 40 Issue 2.
C. Methodology

a. Study Design and Locations
The study design was a basic, data collection needs assessment project. Through interviews, observations, focus group inquiries, and on one campus, a student survey, the project was designed to collect information, to be developed using mean scores or reports of percentages of frequency responses to identify, in the aggregate, knowledge, attitude, behaviors, motivations, and environmental conditions related to female student alcohol consumption.

Five Maine college campuses agreed to participate in the project.

<table>
<thead>
<tr>
<th>Institution</th>
<th>Contact Person</th>
</tr>
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<tbody>
<tr>
<td>University of New England</td>
<td>Patricia Morgan, RN, MS, Asst Professor, Dept of Nursing &amp; Health Services Mgmt.</td>
</tr>
<tr>
<td>University of Maine, Machias</td>
<td>Dr. Lois-Ann Kuntz, Diversity Comm Chair / Asst Professor of Psychology</td>
</tr>
<tr>
<td>Southern Maine Community College</td>
<td>Tom Richardson, Behavioral Health &amp; Human Services Dept Chair</td>
</tr>
<tr>
<td>University of Southern Maine</td>
<td>Marianne Rodgers, Chairperson of Nursing</td>
</tr>
<tr>
<td>University of Maine, Orono</td>
<td>Ms. Lauri Sidelko, Director-Substance Abuse Prevention Services</td>
</tr>
</tbody>
</table>

b. Study Objectives
Our study goal was to develop a substance abuse needs and resources assessment of the study population to provide prevention programs and coalitions in Maine with information necessary to plan and implement culturally competent substance abuse prevention programs, policies, and practices. Our study objectives included:

- Identify opportunities and resources prevention programmers can consider for effectively addressing college-age females on alcohol use and community norms associated with alcohol use that may influence the study population’s consumption.
  - **Community** is defined on two levels – 1). College campus; and 2). The political subdivisions in which the college/university is located, and its surrounding area.

- Identify behaviors, trends and other data that prevention programmers in Maine can use to plan and implement culturally competent alcohol prevention programs, policies and practices.

- Document alcohol use characteristics and influences on this sub population, including its knowledge and attitudes around Fetal Alcohol Syndrome Disorders (FASD)
c. **Study Hypothesis**

Our hypothesis was that female college students share sufficient numbers of unique characteristics related to their consumption of alcohol to warrant their classification as a ‘Cultural Subpopulation’. Since this cultural subpopulation shares distinct characteristics that appear to influence their alcohol consumption patterns and behaviors, further identification and confirmation of these alcohol-related behaviors, beliefs, knowledge and attitudes on selected Maine college campuses may result in information prevention programmers can use to develop programming designed to address these characteristics, thereby increasing the likelihood of effective prevention.

d. **General Approach**

This study approach was to collect and disseminate descriptive information based on data collection from samples of randomly recruited students, information gained from campus administrative officials, local officials, and student observations of environmental conditions. In addition, student researchers were asked to assess, using a ‘readiness for change’ scale developed by Glenwood, and based on the Tri-Ethnic Center Model[^2] “Community Readiness: The Key to Successful Change”, the readiness for change in alcohol behavior among the study population and its local environment.

e. **Questions of Inquiry**

Questions of inquiry for the subject population included:

**Knowledge and Attitudes**
- How they generally define alcohol (is beer and wine regarded in the same way as hard liquor)?
- When and how they use alcohol (frequency and intensity)?
- What are their motivations for using alcohol?
- What influences their initiation and/or curtailment of alcohol use?
- What campus norms exist regarding accessing and using alcohol?
- Is there awareness among the sub-culture of ongoing prevention efforts?
- What is their knowledge of laws and regulations existing in their community (campus and its host political subdivision) regarding use of alcohol; and how these laws and regulations are monitored and enforced?
- What is the attitude of the sub-culture population to these laws and regulations?
- What is their knowledge around FASD risk behavior?

[^2]: Avail at: http://www.triethniccenter.colostate.edu/
Environmental Issues

- What environmental factors does the population identify as encouraging their use of alcohol?
  - Is alcohol easily accessible by the population?
  - Does the community (campus and host community) encourage the use / abuse of alcohol, and if so, in what ways?
- What community norms exist regarding accessing and using alcohol?
- What other identifiable risk-taking behaviors associated with alcohol use put this population at further risk for health issues?
- What are the attitudes in the community (at both levels) regarding alcohol use?
  - Are these attitudes shared in all tested communities?
  - What attitudes and/or actions in the community discourage alcohol use / abuse among the sub culture?
  - Are these attitudes more common in some communities than in others?

Procedures and Methods

As a Needs Assessment, the study design included methods focused on the broad collection of information on the study population. Since future prevention programming may choose to target any one of more characteristic, knowledge gap, behavior, attitude or activity of the study population, or those who may influence the study population, casting a broad net for this Needs Assessment was seen as an appropriate study design. Further, The Women’s Project believed that by engaging students as researchers on this study, students would be exposed to current prevention concepts that may be reinforced, within themselves, and perhaps shared with their peers, by their research participation.

Study methods consisted of the following activities:

- Recruit Student Researchers (SR’s) on participating campuses to facilitate the research
- With SR’s, design interview protocol – a focus group facilitator guide.
- Train SR’s on the use of protocol
- Develop key informant interview protocols. (Examples of key informants for this project are identified in Section 3, Variables, below)
- Develop observation objectives and methods for SR observations of on-campus and off-campus environmental evidence of alcohol promotion.
- Recruit members of the study population to the study; gain their consent, then interview them and/or engage them in focus group(s).
- Develop data (qualitative and quantitative) collection and analysis capacity
- Run analyses – share findings with SR’s
- With SR’s and campus administration, draw observations from data
- With SR’s and campus administration, develop culturally appropriate prevention programming recommendations for consideration by prevention programmers

No experimental procedures were conducted for this study.
Design attributes included focus groups, interviews, passive observation, administration of an alcohol knowledge quiz, and on one campus, administration of a comprehensive survey around alcohol knowledge and behaviors.

Anonymity of subject responses was protected. Even in focus groups, facilitators were instructed to excuse themselves from their facilitation role if they personally knew any participant.

a. Audience and Stakeholder Participation
Student Researchers, recruited on each campus by Instructor/Advisors assisted in the finalization of protocols and research methods, based on individual campus conditions. Some, where time permitted, also participated with Glenwood in the review and analysis of the research data for the purpose of analyzing and interpreting aggregate results, and were involved in the development of prevention programming recommendations for submission to OSA.

b. Study Timeline
The study was conducted within the 2005/2006 academic year. Machias conducted their research semester 1, between September and December, 2005, but was limited to interviews with adult populations, and passive observations in the first semester. Since initial IRB approval on the project was received in January 2006, subsequent to the approval, four Machias student researchers continued on the study, working for ‘independent study’ credit. The other four campus locations initiated study activities in the second semester, between March and June 2006.

c. Study Population
The population under study was women, ages 18 to 24 who were students at the five institutions. Actual population samples were drawn from the campus student population of enrolled women, ages 18 to 24.

d. Case Definitions
No case definitions were utilized, except that subject participants had to be female, enrolled as full-time students, and between the ages of 18 and 24.

e. Student Researcher Recruitment and Training
The project included the recruitment and training of college student researchers (SR’s) to collect both primary and secondary research data. From 1 to 25 student researchers were recruited by our campus champions on each campus. SR’s were be required to obtain IRB certification by accessing and satisfactorily passing the University of Maine’s Tutorial on the Protection of Human Subjects of Research, and/or the on-line course offered by the DHHS_NIH.

The campus champion was required to confirm that each SR successfully completed the tutorial prior to their participation in any research on behalf of this study.

f. Subject Recruitment
Along with the Campus champion from each campus students worked with Glenwood to design a recruitment process, appropriate to their campus, to result in study participants in sufficient numbers to complete at least one focus group, and the planned interviews. Subjects were recruited from among the campus student population of enrolled female students, ages 18 to 24.
In general, recruitment was completed by invitation from lists of enrolled female students (and male students for some interviews), as supplied by the administration. In other cases, SR’s randomly selected individuals from their classes or dorms, and recruited them to participate. These methods resulted in average focus group sizes of from 8 to 10 students. The average number of focus groups conducted was two per campus. Students who volunteered to participate in focus groups were provided with an explanation of the study; informational pamphlets on alcohol, FASD, and campus health resources, and on The Women’s Project.

Key informants were recruited by invitation. Key informant candidates were identified by SR’s, from among campus faculty and administration, and from the campus host community. Adult, non-student volunteer subjects completed a consent form.

g. Subject Exclusions
Women who were younger than 18 or older than 24 years old were excluded from the study. Female students, outside of this age limit are not considered ‘typical’ of female enrolled students. Ages 18 to 24 represent the most common ages for female undergraduates. Male students are excluded from study because they are not members of the defined subpopulation under study. However, observations, opinions and attitudes with regard to female alcohol consumption were collected on at least two campuses from male students.

h. Number of participants
In total, the study engaged over 100 students and over 30 key informant interviews. In total, 13 focus groups were conducted, with approximately 65 participants from the sub cultural population.

i. Consent
Students who volunteered to participate in the study, after recruitment or random selection, were required to provide written consent, and informed of ways they could contact project management to offer their views, clarify their needs, or generally offer to contribute to the study.

As part of its IRB approval process, Glenwood developed consent forms in accordance with IRB requirements as to form and content. For focus groups, facilitators were required to gain permission from the participants to audio tape the sessions.
Variables / Interventions

There were no interventions provided in this study. Instead, study data was developed from both primary and secondary sources. Primary research will consist of Key Informant Interviews, and SR observations (and in the case of non-HEAPP campuses, a student survey).

1. Key informant Interviews / focus groups to be conducted with:
   - Campus Administration
   - Members of the Sub culture
   - Male students
   - Campus health professionals
   - Campus (or area) social service/ mental health professionals
   - Local Police Departments
   - Campus medical staff
   - Local government officials
   - Local merchants (alcohol retailers, pubs, bars, clubs, etc)
   - Other community members

2. Community Observation
   - Physical observations of alcohol outlets
   - Observations of local alcohol advertising
   - Local alcohol - serving establishment marketing practices

Secondary data sources identified for consult included:
   - HEAPP Core Alcohol & Drug Survey results
   - Pregnancy Risk Assessment Monitoring System (PRAMS) – data to be segmented by the sub culture
   - Centers for Disease Control and Prevention (CDC) – national data on the study population, as available.
   - Campus Health Center information / statistics
   - National and regional studies on female college student alcohol use
   - Appropriate state agency reports / studies
   - The literature

On non-HEAPP participating campuses, survey variables included:
- age
- race
- enrollment status - full time; part time
- academic level
- resident vs commuter
- residence - on campus / off campus
- sorority membership
- alcohol consumption verification
- binge drinking definition
- legal drinking age opinion
- knowledge of FASD risk factors
- beverage preference
- frequency of drinking
- personal consumption levels
- drinking motivations
- behavior risks
- community factors
- community norms
- legal implications of alcohol behaviors.

These variables were identified from literature, and to address study objectives.
Instruments
Glenwood Research and The Women’s Project developed the focus group and interview protocols, observation protocols, the alcohol quiz, and the student survey. All instruments were piloted with student Instructors/Advisors, and with student researchers for appropriateness.

Training
Student Researchers were trained by Glenwood Research, with assistance from the Instructor/Advisor on each campus. Glenwood established a student training protocol that explained the purpose of the study, and suggested ways the study could be segmented to accommodate teams of student researchers assigned to each segment. Glenwood also provided instruction on research methods and protocols. On all but one of the campuses, SR’s received instruction, and then participated in mock focus groups.

Data Handling and Analysis
a. Data Analysis Plan
Study results developed through focus groups and interviews were reviewed and analyzed to identify answer trends by type of respondent. Observation data was collected and reported on basically in the form in which it was provided. Where surveys and/or quizzes were utilized, results were obtained without identification of respondents. Glenwood then performed analysis of all information.
C. Credits

The Women’s Project and Glenwood Research would like to recognize the campus administration at each of the five locations included in this study, along with the student researchers and the campus contact individuals who made this study possible.

University of Maine - Machias
Dr. Lois –Ann Kuntz, Assistant Professor of Psychology
Dr. Kuntz’s Research Methods class – first semester, 2005/2006

University of Maine – Orono
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Charla Forbus

IRB Assistance
Mr. Paul Kuehnert, Chair, Institutional Review Board, Maine DHHS
Research Materials – Focus Groups Summary

Resource and Needs Assessment of Cultural Sub-Population: Enrolled College Females
Focus Group Summary

In an effort to better understand college women and their behavior toward alcohol, focus groups were held on all five campuses engaged in this research during the spring 2006. In total, twelve focus groups were conducted with approximately seventy-five members of the sub cultural population. The following is a summary of the focus group responses. The target age range for participants was between the 18 and 24 years. Student Researchers conducted the focus groups.

The questions were broken down into two sections: transition stage questions and in-depth questions. These questions were directed at alcohol use, attitudes and general knowledge of the participants about environmental and community issues at their campuses. The responses have been synthesized to reflect the consensus.

Transition Stage Questions

When asked “What does the phrase “drink responsibly” mean to you?” the most prevalent response from the eight focus groups was “knowing your limits and being in control”. Other responses ranged from “not driving while drinking” and, “being with people you trust”, to “not accepting drinks from strangers, not drinking while underage and not depending on others to help you walk around.”

Some groups were asked if they knew what constitutes irresponsible drinking behavior. Most responses talked about drunk driving, drinking until passing out and unsafe sex. Many felt that low self-esteem and body image were reasons for irresponsible drinking behavior in women.

One respondent reported:

“I didn’t realize how drunk I was until we were walking home and I was holding onto someone and they said “you’re really drunk” and I said “No I’m not, it’s because I don’t have good hand/eye coordination”. But I was definitely way too drunk.”

Others cited that friends are doing it, and that there is a competition to drink. Some thought that it’s their chance to drink and have fun, because they’re in college and it’s their last chance.

Most of the respondents knew whether their campus administrations had a written policy on student drinking. Only one said that their campus didn’t have a written policy. When asked whether they had read it, most had not. They had seen it or heard about it.
When asked about the campus administration’s unwritten policy (their actual attitude) toward student drinking all of the groups said that as long as you are discrete, they (campus officials) look away and don’t do anything about it. Only when it involves public drunkenness and belligerent behavior do they get involved.

“If the students are “responsible”, the RA’s will turn their head...”; “Common sense rule”; “If you stay quiet and do it in your room, not get obnoxious, they don’t really care or will do anything about it.”; “Don’t think it’s viewed as a problem, people expect college kids to drink, so they are not surprised when they do.”

The responses about whether it was the same for students under the age of 21 as for those over 21 it seemed to depend upon which campus. Most said that there was zero tolerance if you’re under 21 officially, but that as long as you’re quiet, you aren’t caught, then under age drinking is tolerated. Several said that not very many students in the dorms were over 21.

Groups were asked if they knew if their campus has a program in place to educate students about alcohol and other substance use. About half of the respondents knew of some kind of program that their campus offered. They talked about seminars where speakers are brought onto the campus. Athletes are required to see a video and attend a seminar. Those who were commuter students were not aware of what their campuses offered.

The common response toward what students think about these efforts is acknowledgment of them but that students are going to drink anyway. They don’t think that these programs are advertised well. One student knew about it because someone in her class mentioned it. Some said that they see it as “a place to go if you have a problem or get into trouble.”

Most respondents do not believe these efforts actually influence people’s decisions about drinking. One respondent told about one of the campuses have freshmen go listen to a talk about drinking and what the affects can be. She said that most of the people were “snickering and talking to each other” while the speaker was talking. So even though they are being offered, they are not well received. Another comment was that they felt that if the speaker had talked to them about ‘drinking responsibly’ as opposed to ‘not drinking’, the message might have been heard and responded to in a better manner.

**In-Depth Questions**

All of the groups agreed they have seen or heard of off-campus bars and taverns offering specials targeting female students. They talked about “Thirsty Thursday” and “Ladies come in free” down at the Old Port, Ladies Night on Wednesday’s in the Old Port. One mentioned that there is a bar where they pay ladies $5 to come in on Friday’s. They talked about bars in Old Orchard Beach that advertise wet t-shirt contests where you win $500. They also mentioned ‘Dollar Night’ and 50 cent drafts and free appetizers as examples of enticements offered by drinking establishments.
Most respondents reported they had seen or heard similar specials advertised daily. Many talked about hearing the ads on the radio. All the respondents felt that these specials result in more drinking by female students.

“We’re all broke and we need the deals.”; “Yes, gives them an excuse to go out and drink”; “Yes, if you can get into the bar for free and then get reduced prices, then women will do what the men are asking in order to get those drinks.”

When asked about the diligence of establishments that run specials on confirming the legal age of their female student patrons, the most common response was: “if you want to get in, you can.” Most participants felt the bars are not very diligent, that they look but don’t really check the validity of the ID.

“A women is a lot more likely to get in than a guy. Students know where to go where they check, and where they don’t. But they have been cracking down more in the last few weeks.”; “If a bouncer knows you, or who you are with, they might be more lenient, or how you’re dressed.”; “Bouncers let you in if you’re pretty.”

The respondents were asked about on-campus occasions specifically developed to promote female student drinking (either administration sanctioned or not sanctioned). They talked about theme parties that students sponsor, as well as fraternity/sorority parties, but nothing specifically directed toward women. But most said that that yes, they do think these on-campus events result in more drinking by female students.

Most of the responses to the question of at what point do you tell yourself “you’ve had enough and it’s time to stop drinking?” ranged from feeling sick and slurring speech, to starting to take your clothes off, to having a complete personality change. Some said that they just “know” when they are done, they “feel” it. That it depends on several factors: what you’re drinking, how fast you’re drinking, what you weigh, and if you’ve eaten. One respondent said that it’s when she runs out of money.

“When I want to go home, it’s recovery time. You feel sick, sometimes it takes 8-9 beers to feel drunk.”; “I like to drink to the point where walking is really fun, you think “WOW, this is amazing!”, that’s when I stop. I’m having a good time.”; “For me it’s when I feel that little glow coming on and I have a little buzz and can still walk a straight line and feel balanced, then it’s probably time to stop.”

When asked how many drinks does it take you to get to that point, the answers ranged from 2-3 drinks, to 4-6 beers with several mixed drinks. Most said that it depends on what you’re drinking and on how much you’ve eaten that day.

All of the focus groups who were asked were familiar with the term alcohol poisoning, and most were able to describe some of the critical signs of alcohol poisoning.
The primary reason mentioned for drinking was ‘to have fun and be social’. Some talked about drinking to deal with stress, or if they are bored or angry. Several talked about drinking lowering your inhibitions, and about the fun of playing drinking games.

“I drink to relax so I can have a good time. I’m usually very shy.”; “Gets creative juices flowing.”; “If you’re a girl you can get drinks easy. You’re guaranteed to get alcohol at parties. The guys are quick to give it to the girls.”; “Gives them an excuse to do something that they wouldn’t do when sober, a self-esteem boost. They can blame it on the alcohol instead of themselves.”

Almost all of the groups were familiar with someone who was sexually assaulted by someone known to them, on or near this campus, while they (the victim) was under the influence of alcohol. Some talked about being at parties where a girl was passed out in a bedroom and sexually assaulted.

The most common response to what things they thought might have prevented this incident from occurring was to not drink so much and be with friends who can protect you. Several talked about keeping track of your drinks. They said that it was hard when you’re trying to help someone and they are being adamant or stubborn. “You can’t drag them away kicking and screaming.”

Several of the groups talked about what you should do in that kind of situation. Most knew that it was important to go to the hospital but felt that a lot of women probably wouldn’t because of embarrassment. They know they put themselves in that position by drinking too much.

Additional questions were asked of several of the focus groups about women who drink little and why. Responses ranged from schoolwork/academics to cultural reasons. Some have had a negative experience, and some don’t like to drink. Others noted drinking is expensive and money is an issue.

One of the groups said that they find no difference between men and women and their drinking habits around this town and campus.
Research Materials – Key Informant Interviews Summary

Student Researchers at four of the five participating campuses completed interviews with key informants from college administration, college security, college health and wellness, and with local bar, tavern and/or restaurant owners. Results from each group are summarized here.

Campus Administration

1. **How do they view student drinking activity now as opposed to 5 years ago, 10 years ago?**

   Responses were evenly mixed between ‘it’s the same as it was 5 years ago’, or ‘it is increasing’.

2. **Do you see a difference in consumption between males and female students?**

   Consensus appears to be that females consume as much alcohol as do the males. Additional comments about females included:
   - Females overuse more than males; and females seem to drink for the wrong reasons; and one person observed that females drink less, but are trying to keep up with the males.

3. **Do you consider on-campus drinking by female students to be a problem?**

   About 58% of administration respondents believe on campus drinking by female students is a problem. Qualifiers reported included: “but we’re no different from any other campus; females have a drink management problem – where they place their drinks unattended, who they drink with, and being nonchalant about drinking.

   Another person observed: “The university sends mixed messages – students can decorate their rooms with alcohol containers, but are not supposed to drink.”

   A number of respondents believe ‘drinking is excessive.”

   One comment of interest was: “…the choices women make in the first week of school are what set up her social life for the year. And, those who participate in the ‘Thirsty Thursday’ ritual appear to maintain their participation for the entire year”.

   Another respondent confirmed the Thirsty Thursday impact by noting: “Many students miss Friday classes because of thirsty Thursday events; and it doesn’t appear the school is taking this issue very seriously”.

   Of the remaining respondents roughly 29% felt it was not a problem, and the balance were unsure.
a. If you think female student drinking is a problem, what steps is the school taking to address this problem?

Responses ranged from “not much”, to “we can’t control drinking on campus”; and “we need more funding in order to control the drinking”.

Other responses included:
“We currently provided programs such as Healthy Relationships”.
“We initiate public safety activities when things go over the top”.

4. Among those who do, why do you think female students will drink to excess?

The majority of responses indicate that ‘peer pressure’, both active (actual peer encouragement) or passive (wanting to be considered ‘cool’ and part of the group; wanting to fit in) plays a big role in drinking behaviors among females.

Although one respondent noted: “They drank in high school so they drink in college”, implying they are bringing an established behavior with them.

5. What would you suggest to prevention programmers if they were developing programming to prevent harm to female students from alcohol consumption?

Responses to this question were varied, but one response was common among all respondents. That had to do with funding. Respondents generally felt that if they had more prevention funding, they could ‘bring back’ programs that used to be in place, or introduce new and better programs to educate female students about alcohol, responsible drinking, and drinking safety.

A number of respondents noted that women’s health programs existed on campus in the past, but they became victims of budget cuts.

A number of respondents also noted that programs exist today and are available to students.

All respondents appeared to agree that students need more accurate information around the topic.

Other suggestions included introducing a ‘harm reduction model’ where students are taught how to drink responsibly. This would include introducing alcohol with meals for students of legal drinking age.

A common theme that ran throughout the comments from administration personnel was that “peer-to-peer” education and support programs might be more effective than courses, or educational materials distributed by campus officials.
Campus Health Personnel

Introductory note to be verbalized to interview subjects prior to interview –
“If any of the following questions make you uncomfortable, please feel free to simply tell me you would prefer to not answer and I will skip to the next question.”

1. What program(s) are currently offered to educate female students about ‘responsible’ drinking?
   A number of the campuses reported having alcohol policies in place to regulate on campus consumption.

   UMM also provides a Counselor who provides drug education, assessments and referrals. They also offer programming for incoming students called ‘Beer, Booze and Books’, and have the dorm proctors RA’s and Hall councils deliver alcohol awareness programming.

   Respondents noted that on campus policies have no impact on students who live off campus. They also do not believe the policies have an impact on those students prone toward binge drinking.

2. What is the incidence rate of alcohol related injuries; assaults; medical problems reported by female students?

   Respondents noted the number of incidents of violence and/or aggressions toward female students range from 2 per year to 2 per month (answer appeared to depend on the respondents position – Counselor versus nurse). Respondents were in agreement that almost all incidents they see are alcohol related. They also noted that in their opinion, many incidents go unreported.

3. Among those who do, why do you think female students will drink to excess?

   Like with the administration respondents, the health people also feel peer pressure, and perceived drinking norms are big influences on student drinking behaviors, particularly engagement in binge drinking. This appears particularly true for Greek societies, where it is more common to encourage drinking games that promote binge drinking.

4. What would you suggest to prevention programmers if they were developing programming to prevent harm to female students from alcohol consumption?

   Offer more alternative activities for students that do not include alcohol – movie nights, non-alcoholic social events, concerts, etc.

   Increase funding for additional education and counseling.

   Another response included: “Schools could address incoming students on what the norms really are related to alcohol, to dispel any myths.
One respondent noted that “young people are constantly bombarded with messages that drinking is cool, but never see the consequences – the unwanted pregnancies, the STD’s, and the embarrassment and guilt”. She believes college is a good place to start to educate female students about these issues.

When asked if a dry campus policy is one answer to the drinking problem among students the Director of Student Life at one campus replied: “it is naive to think that a dry campus policy would actually reduce drinking – dry usually more wet.”

**Campus Police**

The head of security at one campus was interviewed. In his judgment, the campus did not have a drinking problem, but a ‘drinking experience’ – experimentation by students newly out of their homes and on their own. He believes past problems with alcohol, 10 to 15 years ago, were much more significant than today. He noted that back then, he would be in court testifying against students every month, whereas today, that does not happen.

He noted that today, the dorm proctors (RA’S) and dorm Councils take care of most of the alcohol infractions observed in the dorms. Infractions generally are for underage drinking, violation of the chem. Free Floor policies, or drinking in public.

He does not believe there are aspects of campus life that encourage alcohol consumption, and suggested that 80% of students do not drink. (Student Researchers provided a notation here to indicate in their estimation, 80% of students do drink.)

**Retail Sales Outlets**

In Machias, a number of interviews were completed with retail sales outlets near campus that sell liquor. These interviews indicate:

- Sales of alcohol in their stores located near campus are higher than their stores in non-campus locations.

- Increasing the price of alcohol probably would not reduce sales or consumption, and they would be unwilling to consider raising prices as a prevention measure.

- All locations report carding individuals who appear to be less than 35 years of age. Most retail outlets provide training to employees on identification checking, selling to intoxicated individuals, and to individuals suspected of purchasing for minors.
Specials and promotions of alcoholic products are usually developed by the alcohol distributors for the retail outlets. In Maine, Maine Distributors and Pine State Trading Company are large wholesale distributors of alcohol. It is these organizations that promote increased consumption through advertising and pricing promotions.

Local bar / tavern / restaurant owners / managers / and retail sales outlets

Both UMM and USM Student Researchers were able to complete a total of seven interviews with bar and tavern owners.

1. **Do college students frequent your establishment?**

   All respondents confirmed they serve students.

   a. **If yes, is college student traffic important to your business**

      All but one agreed that student traffic is important to their business. One owner, located directly across from the UMM campus claimed students account for just 10% of his business.

2. **From your observation, are alcohol consumption behaviors different between male and female students?**

   One respondent indicated observing no differences.

   Among the remainder of respondents, all of whom noted differences in drinking behavior by gender, responses include:
   - Males tend to drink beer; girls tend toward hard liquor – drinking mixed drinks and shots.
   - Yes, guys tend to be rowdy,
   - Girls drink in groups, fewer girls drinking alone,
   - Men drink to excess, women are more sloppy
   - Males are more likely to binge – often asking for 2 drinks at a time.

3. **Have you ever advertised to attract female students to your establishment?**

   a. **If YES, why?**

      All respondents confirm they run specials to attract customers and increase their consumption. Since females tend to drink more expensive drinks – mixed drinks and shots, price reduction specials are a popular way to attract females; and when women come to drink, they usually bring men with them.
Specials reported include: college night, toga night, $1 drafts, 2 mixed drinks for $3, cheap food, Kilt nights, ladies nights. Two individuals reported that Wednesdays are always designated as ‘ladies night’; and Thursdays (remember Thirsty Thursday note from Admin interviews) is always ‘college night’.

b. If Yes, have these ads worked well for you?

There was general agreement that the specials work well for the establishments

c. If Yes, are these ads developed around certain campus events / activities (athletic events; exam times; around Holidays, etc.)

Specials are not usually developed around campus events, except for the start of each semester, and around certain Holidays.

4. What precautions do you use to avoid serving alcohol to female minors?

All respondents reported they check identification to ensure students are of legal age. One respondent noted they encourage underage students to frequent their establishment. They check ID’s and distribute forms of a bracelet that differentiate underage from legal age students.

5. What are the busiest times for female student patrons?

Responses included: Thursdays and Saturday nights; Wednesdays and Saturday nights. Thursdays were reported by all but one respondent.

6. Are female students likely to drink in groups of females, in mixed gender groups, or in couples?

Responses varied from girls dinking with girls, to girls drinking in mixed groups.

7. Have you noticed any change in female alcohol consumption rates / patterns over the past few years?

Generally, respondents reported seeing no change in female consumption rates / patterns over the past few years except to note their preference for mixed drinks over beer.

One respondent did note that younger women usually order water, unless they are accompanied by older guys; then they order mixed drinks known to be popular with females – what he called ‘girlie’ drinks.
8. **What would you suggest to prevention programmers if they were developing programming to prevent harm to female students from alcohol consumption?**

Responses included:

- Provide for cab service or safe drivers to drive them home
- Warn them not to go out alone
- Improve female awareness of the consequences of their drinking, and ways to improve their safety.
- Educate women on alcohol – to know their limits, and that 1 shot is equal to one drink.
Research Materials – Readiness For Change Assessment

Student Researchers were asked to complete a readiness for Change assessment developed by Glenwood from materials obtained from the Tri-Ethnic Center’s Community Readiness Handbook. The scale utilized a 5-point Likert-type scale with provided responses ranging from Very Unlikely to Very Likely.

Readiness was defined as: For this readiness assessment, ‘readiness’ means the degree to which the population appears ready to address substance abuse issues. Assuming those who participated in your research are representative of the following populations, how would you rate each as to their readiness?

The question to respondents was: Assuming those who participated in your research are representative of the following populations, how would you rate each as to their readiness to change?

Respondents were presented with readiness questions for three domains – college administration; local communities; and subcultural population members.

Results are based on fifteen (15) completed surveys.

With regard to College Administration / Organizations – mean scores (using a 1 – 5 scale) ranged from 2.08 (Somewhat Unlikely) to 3.29 (Somewhat Likely).

For college administration / organizations, respondents believe they are:
- Unlikely to be ready to eliminate alcohol availability on campus (75% Unlikely/Somewhat Unlikely)
- Respondents appear uncertain as to administration’s readiness to increase spending on alcohol abuse prevention efforts (46% Unlikely/Somewhat Unlikely; 46% Somewhat Likely)

Respondents believe it is likely Administration is ready to:
- Strengthen enforcement efforts of existing policies (77% Somewhat / Likely)
- Become more active in providing prevention activities (57% Somewhat /Likely; 14% Very Likely)
- Initiate alcohol abuse prevention planning with student input 78% Somewhat / Likely)

Table 1

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<td>3.23</td>
</tr>
<tr>
<td>b. Eliminate alcohol availability on campus</td>
<td>42%</td>
<td>33%</td>
<td>8%</td>
<td>8%</td>
<td>8%</td>
<td>2.08</td>
</tr>
<tr>
<td>c. Become more active in providing prevention activities</td>
<td>7%</td>
<td>21%</td>
<td>21%</td>
<td>36%</td>
<td>14%</td>
<td>3.29</td>
</tr>
</tbody>
</table>

Needs Assessment - Enrolled College Females
With regard to local communities (local officials, business community), means scores ranged from 1.36 (Very Unlikely), to 2.62 (Somewhat Likely)

Respondents believe the local community is Unlikely ready to:
- Eliminate marketing to female students (92% Very / Somewhat Unlikely)

Respondents believe the local community is somewhat likely (mean scores of 2.54 – 2.93) to be ready to:
- Recognize students as valuable adjuncts to alcohol abuse prevention planning efforts
- Re-examine local alcohol regulations /ordinances to improve alcohol abuse prevention
- Work with campus officials to improve coordinated community / campus alcohol abuse prevention efforts
- Improve ID enforcement to prevent underage patrons (Table 2)

### Table 2

<table>
<thead>
<tr>
<th>Local Communities will</th>
<th>Very Unlikely 1</th>
<th>Somewhat Unlikely 2</th>
<th>Somewhat Likely 3</th>
<th>Likely 4</th>
<th>Very Likely 5</th>
<th>mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>f. Voluntarily eliminate marketing to female students</td>
<td>71%</td>
<td>21%</td>
<td>7%</td>
<td>0%</td>
<td>0%</td>
<td>1.36</td>
</tr>
<tr>
<td>g. Improve ID enforcement to prevent underage patrons</td>
<td>7%</td>
<td>21%</td>
<td>50%</td>
<td>14%</td>
<td>7%</td>
<td>2.93</td>
</tr>
<tr>
<td>h. Work with campus officials to improve coordinated community / campus alcohol abuse prevention efforts</td>
<td>14%</td>
<td>36%</td>
<td>21%</td>
<td>29%</td>
<td>0%</td>
<td>2.64</td>
</tr>
<tr>
<td>i. Recognize students as valuable adjuncts to alcohol abuse prevention efforts</td>
<td>15%</td>
<td>23%</td>
<td>54%</td>
<td>8%</td>
<td>0%</td>
<td>2.54</td>
</tr>
<tr>
<td>j. Re-examine local alcohol regulations /ordinances to improve alcohol abuse prevention</td>
<td>8%</td>
<td>46%</td>
<td>23%</td>
<td>23%</td>
<td>0%</td>
<td>2.62</td>
</tr>
</tbody>
</table>
Respondents were then asked to judge the readiness of the sub-cultural population on a number of points. We have re-ordered the following list, highest to lowest, based on mean score. Readiness scores ranged from a high of 3.86 (likely) to a low of 1.27 (Very Unlikely).

Respondents believe members of the sub-cultural population are likely ready

- To stop drinking all forms of alcohol when planning a pregnancy
- To take steps to know what to do (to become educated) should they become aware of a case of alcohol poisoning
- To work to improve alcohol consumption safety among their peers by personally taking responsibility for friends who appear to be drinking to excess.
- To educate themselves on the signs and symptoms of alcohol poisoning
- To inform / advise friends of the dangers of harmful alcohol use
- To educate themselves around those alcohol consumption behaviors that may increase their susceptibility to harm (where they drink; when they drink; with whom they drink; etc.)
- To recognize their need for and seek available help for harmful alcohol use behavior
- To modify their alcohol consumption behaviors to minimize their susceptibility to risk of harm
- To accept and read information designed to educate them about the harmful effects of alcohol consumption
- To be willing to increase their awareness of available ‘helping’ resources designed to minimize harm to them from alcohol abuse (Table 3)

In summary, responses appear to indicate the population is, in the opinion of the student researchers, ready to educate themselves more on alcohol use – its harmful effects, and take steps to minimize that harm to themselves and their peers through peer-to-peer exchange of prevention information.

Table 3

<table>
<thead>
<tr>
<th>Female students, ages 18 to 24:</th>
<th>Very Unlikely 1</th>
<th>Somewhat Unlikely 2</th>
<th>Somewhat Likely 3</th>
<th>Likely 4</th>
<th>Very Likely 5</th>
<th>mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>k. Will, when planning a pregnancy, stop drinking all forms of alcohol</td>
<td>0%</td>
<td>14%</td>
<td>21%</td>
<td>29%</td>
<td>36%</td>
<td>3.86</td>
</tr>
<tr>
<td>l. Will take steps to know what to do should they become aware of a case of alcohol poisoning</td>
<td>7%</td>
<td>13%</td>
<td>47%</td>
<td>20%</td>
<td>13%</td>
<td>3.20</td>
</tr>
<tr>
<td>m. Will work to improve alcohol consumption safety among their peers by personally taking responsibility for friends who appear to be drinking to excess.</td>
<td>7%</td>
<td>20%</td>
<td>40%</td>
<td>20%</td>
<td>13%</td>
<td>3.13</td>
</tr>
<tr>
<td>n. Will educate themselves on the signs and symptoms of alcohol poisoning</td>
<td>0%</td>
<td>13%</td>
<td>60%</td>
<td>27%</td>
<td>0%</td>
<td>3.13</td>
</tr>
</tbody>
</table>

(Table 3 (cont))

Needs Assessment - Enrolled College Females
| Female students, ages 18 to 24: | Very Unlikely 1 | Somewhat Unlikely 2 | Somewhat Likely 3 | Likely 4 | Very Likely 5 | mean  
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>o. Will inform / advise friends of the dangers of harmful alcohol use</td>
<td>13%</td>
<td>20%</td>
<td>33%</td>
<td>20%</td>
<td>13%</td>
<td>3.00</td>
</tr>
<tr>
<td>p. Will educate themselves around those alcohol consumption behaviors that may increase their susceptibility to harm (where they drink; when they drink; with whom they drink; etc.)</td>
<td>0%</td>
<td>33%</td>
<td>33%</td>
<td>33%</td>
<td>0%</td>
<td>3.00</td>
</tr>
<tr>
<td>q. If needed, will recognize their need for and seek available help for harmful alcohol use behavior</td>
<td>14%</td>
<td>14%</td>
<td>43%</td>
<td>29%</td>
<td>0%</td>
<td>2.86</td>
</tr>
<tr>
<td>r. Will modify their alcohol consumption behaviors to minimize their susceptibility to risk of harm</td>
<td>20%</td>
<td>13%</td>
<td>40%</td>
<td>27%</td>
<td>0%</td>
<td>2.73</td>
</tr>
<tr>
<td>s. Will accept and read information designed to educate them about the harmful effects of alcohol consumption</td>
<td>13%</td>
<td>33%</td>
<td>33%</td>
<td>13%</td>
<td>7%</td>
<td>2.67</td>
</tr>
<tr>
<td>t. Will be willing to increase their awareness of available ‘helping’ resources designed to minimize harm to them from alcohol abuse</td>
<td>7%</td>
<td>33%</td>
<td>53%</td>
<td>7%</td>
<td>0%</td>
<td>2.60</td>
</tr>
</tbody>
</table>

Respondents believe members of the sub cultural population are Unlikely ready to:
- Initiate stricter self-imposed limits on the amounts of alcoholic drinks they consume during a single occasion
- Recognize the reasons they drink to excess, and seek help with these issues
- Improve their awareness of the official policies governing alcohol use on campus
- Modify their drinking behavior to conform to responsible limits of consumption
- Adhere to the official policies governing alcohol use on campus
- Work to improve alcohol consumption safety among their peers by volunteering to work on prevention programming on campus. (Table 4)

In summary, the population appears to be saying it is unlikely it will modify its drinking behavior. This response may be due to the fact that they do not consider their current drinking behavior to be out of the ordinary. Further discussion of this point can be found in the focus group summary discussion.
Table 4

<table>
<thead>
<tr>
<th>Female students, ages 18 to 24:</th>
<th>Very Unlikely 1</th>
<th>Somewhat Unlikely 2</th>
<th>Somewhat Likely 3</th>
<th>Likely 4</th>
<th>Very Likely 5</th>
<th>mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>u. Will initiate stricter self-imposed limits on the amounts of alcoholic drinks they consume during a single occasion</td>
<td>20%</td>
<td>33%</td>
<td>40%</td>
<td>0%</td>
<td>7%</td>
<td>2.40</td>
</tr>
<tr>
<td>v. When they do drink to excess, will recognize the reasons they drink to excess, and seek help with these issues</td>
<td>14%</td>
<td>50%</td>
<td>21%</td>
<td>14%</td>
<td>0%</td>
<td>2.36</td>
</tr>
</tbody>
</table>

Table 4 (continued)

<table>
<thead>
<tr>
<th>Female students, ages 18 to 24:</th>
<th>Very Unlikely 1</th>
<th>Somewhat Unlikely 2</th>
<th>Somewhat Likely 3</th>
<th>Likely 4</th>
<th>Very Likely 5</th>
<th>mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>w. Will improve their awareness of the official policies governing alcohol use on campus</td>
<td>20%</td>
<td>33%</td>
<td>40%</td>
<td>7%</td>
<td>0%</td>
<td>2.33</td>
</tr>
<tr>
<td>x. Will modify their drinking behavior to conform to responsible limits of consumption</td>
<td>20%</td>
<td>40%</td>
<td>33%</td>
<td>7%</td>
<td>0%</td>
<td>2.27</td>
</tr>
<tr>
<td>y. Will adhere to the official policies governing alcohol use on campus</td>
<td>27%</td>
<td>40%</td>
<td>20%</td>
<td>13%</td>
<td>0%</td>
<td>2.20</td>
</tr>
<tr>
<td>z. Will work to improve alcohol consumption safety among their peers by volunteering to work on prevention programming on campus.</td>
<td>20%</td>
<td>47%</td>
<td>28%</td>
<td>7%</td>
<td>0%</td>
<td>2.20</td>
</tr>
</tbody>
</table>

Finally, respondents believe it is very unlikely members of the population are ready to not drink until they reach age 21. This ‘readiness’ finding appears to reinforce comments on alcohol consumption as a normative behavior identified by a number of persons interviewed during this study, and discussed in detail in the Interview portion of our findings. (Table 5)

Table 5

<table>
<thead>
<tr>
<th>Female students, ages 18 to 24:</th>
<th>Very Unlikely 1</th>
<th>Somewhat Unlikely 2</th>
<th>Somewhat Likely 3</th>
<th>Likely 4</th>
<th>Very Likely 5</th>
<th>mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>aa. Will not drink alcohol until they are 21 years of age</td>
<td>73%</td>
<td>27%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>1.27</td>
</tr>
</tbody>
</table>

Needs Assessment - Enrolled College Females
As explained in detail in Appendix A – Study limitations, our proposed methodology for obtaining core measure information on the population was deferred at OSA’s request on all but one campus – SMCC. We did administer our survey at SMCC. We received ten (10) completed surveys. Therefore, due to its administration at a single campus, and the low number of total respondents, we do not make any attempt at inferring results to the sub cultural population, but simply report the results, and hope they may provide prevention programmers with some additional insight. It is our hope that when administered, the HEAPP survey results will be made available segmented by age range 18 to 24, and by gender.

Respondents consisted of 6 females and 4 males. Results have been segmented by gender.

**Demographics**

1. **What is your age today?**  
   mean =  
   Females – 20.0;  Males – 21.5
2. **What is your race?**  
   Male = Caucasian  
   Females = Caucasian (5), Asian (1)
3. **Are you a**  
   Females - full time 72%;  part time 28%  
   Males - 75%;  25%
4. **At which academic level are you at this time?**
<table>
<thead>
<tr>
<th></th>
<th>Females</th>
<th>Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freshman</td>
<td>67% (4)</td>
<td>25% (1)</td>
</tr>
<tr>
<td>Sophomore</td>
<td>17% (1)</td>
<td>50% (2)</td>
</tr>
<tr>
<td>Junior</td>
<td>0</td>
<td>25% (1)</td>
</tr>
<tr>
<td>Senior</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Graduate student</td>
<td>17% (1)</td>
<td>0</td>
</tr>
</tbody>
</table>
5. **Are you a resident student ; or a commuter**
   |            | Female | Male |
   | Resident   | 33%    | 0    |
   | Commuter   | 66%    | 100% |
   a. If resident, do you live on campus – 50%;  or off campus - 50%
6. **Are you an active member of a sorority?**
   |            | Females | Males |
   | YES        | 14% (1) | 100%  |
   | NO         | 86%     | 100%  |
Alcohol and You

7. The legal drinking age in Maine is 21 - do you agree 21 is a reasonable minimum legal age?
   Females – Agree – 67%  Males – Agree - 0%
   
a. If NO, at what age should one be allowed to drink legally?
   Females – Of those who disagreed – age 19
   Males – age 17

8. Have you ever consumed alcohol?
   YES  NO
   Males  100%  0
   Females  86%  14%
   
a. If YES, at what age did you first use alcohol?
   Males – 15  Females - 16

9. Current research defines binge drinking by females as: “consuming four or more drinks in a row, three or more times in the past two weeks”. Do you believe this level of drinking should be labeled as ‘binge drinking’?
   YES  NO  DK
   Males  50%  25%  25%
   Females  29%  29%  42%

10. Please answer True or False - a can of beer (12 oz), a glass of wine (4 oz), a wine cooler (12 oz); a shot glass of hard liquor (1 oz) all contain the same amount of alcohol.
   TRUE  FALSE
   Males  100%  0
   Females  71%  29%

11. Do you currently drink alcohol?
   YES  NO
   Males  75%  25%
   Females  43%  57%
   
a. If YES, what is your preferred alcoholic drink?
   Beer  Males  75%  Females  0
   Coolers  0  33%
   Jack Daniels  0  33%
   Wine  25%  33%

12. If you drink alcohol, on average, how many alcoholic drinks per occasion do you usually consume when you drink?
   mean
   Males  5  Females  3

13. When you drink your preferred alcoholic beverage, how many drinks does it take until you feel the effects of the alcohol?
   Females  43%  57%  25%
   Males  25%  50%  25%

Needs Assessment - Enrolled College Females__________________________________________ 63
14. If you drink, and when you drink, in what locations do you usually drink? (please mark the one place in which you are most likely to drink)

<table>
<thead>
<tr>
<th></th>
<th>Females</th>
<th>Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>My apartment (room)</td>
<td>50%</td>
<td>0%</td>
</tr>
<tr>
<td>At parties</td>
<td>33%</td>
<td>67%</td>
</tr>
<tr>
<td>At special events</td>
<td>17%</td>
<td>0%</td>
</tr>
<tr>
<td>At pubs, bars and/or restaurants</td>
<td>0%</td>
<td>33%</td>
</tr>
<tr>
<td>Other (please describe)</td>
<td>____________________________</td>
<td></td>
</tr>
</tbody>
</table>

15. If you drink, please read the following list and tell us, using a 1 to 10 scale, where 1 means it’s not a reason, and 10 means it’s the primary reason what motivates your drinking? (please rate each item on the list. More than one item can receive the same number)

<table>
<thead>
<tr>
<th>Mode (most frequent response)</th>
<th>Females</th>
<th>Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>to have fun</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>to be social</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>to fit in</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>to relax</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>to lose your inhibitions</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>to cope with stress</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Other (please rank then describe)

18. Have any of your female friends ever disclosed they felt someone took advantage of them sexually when they were under the influence of alcohol?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Females</td>
<td>14%</td>
<td>86%</td>
</tr>
<tr>
<td>Males</td>
<td>75%</td>
<td>25%</td>
</tr>
</tbody>
</table>

a. If YES, did this take place while you were attending this school?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Females</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>Males</td>
<td>33% (1)</td>
<td>67%</td>
</tr>
</tbody>
</table>

b. If YES, did this take place on or near this campus?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Females</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>Males</td>
<td>0%</td>
<td>100%</td>
</tr>
</tbody>
</table>
19. Has anyone ever sexually forced themselves on you while they were under the influence of alcohol, but you were not drinking? 

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Females</td>
<td>43%</td>
<td>57%</td>
</tr>
<tr>
<td>Males</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

a. If YES, did this take place while you were attending this school?  

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Females</td>
<td>33%</td>
<td>67%</td>
</tr>
<tr>
<td>Males</td>
<td>0%</td>
<td>100%</td>
</tr>
</tbody>
</table>

b. If YES, did this take place on or near this campus?  

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Females</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>Males</td>
<td>0%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Alcohol and Pregnancy

20. Of the following 4 substances, which one do you think will have the most harmful long-term effects on the fetus during pregnancy?

<table>
<thead>
<tr>
<th>Substance</th>
<th>Females</th>
<th>Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Crack cocaine</td>
<td>33%</td>
<td>50%</td>
</tr>
<tr>
<td>b. Marijuana (Pot)</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>c. Alcohol</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>d. Heroin</td>
<td>17%</td>
<td>0%</td>
</tr>
</tbody>
</table>

21. Please answer True or False: The placenta protects the fetus from any alcohol the mother drinks

<table>
<thead>
<tr>
<th></th>
<th>TRUE</th>
<th>FALSE</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Females</td>
<td>0%</td>
<td>71%</td>
<td>29%</td>
</tr>
<tr>
<td>Males</td>
<td>0%</td>
<td>100%</td>
<td>0%</td>
</tr>
</tbody>
</table>

22. Are you familiar with the term - Fetal Alcohol Spectrum Disorders?  

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Females</td>
<td>71%</td>
<td>29%</td>
</tr>
<tr>
<td>Males</td>
<td>75%</td>
<td>25%</td>
</tr>
</tbody>
</table>

23. True or False, - If a woman is planning a pregnancy, it is OK to occasionally drink alcohol.

<table>
<thead>
<tr>
<th></th>
<th>TRUE</th>
<th>FALSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Females</td>
<td>14%</td>
<td>86%</td>
</tr>
<tr>
<td>Males</td>
<td>0%</td>
<td>100%</td>
</tr>
</tbody>
</table>

24. When a woman becomes pregnant, what do you think is a safe level of drinking alcohol?

<table>
<thead>
<tr>
<th>Safe Level of Drinking Alcohol</th>
<th>Females</th>
<th>Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A drink per day</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>b. A few drinks a week</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>c. A few drinks on occasion</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>b. A few drinks, towards the end of the pregnancy</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>e. Not at all</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
25. At what point, if any, should a woman stop drinking? (please circle just one)

<table>
<thead>
<tr>
<th></th>
<th>Females</th>
<th>Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Prior to attempting a pregnancy</td>
<td>43%</td>
<td>50%</td>
</tr>
<tr>
<td>b. Upon confirmation of a pregnancy</td>
<td>29%</td>
<td>50%</td>
</tr>
<tr>
<td>c. After the first trimester</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>d. After the second trimester</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>e. After the third trimester</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>f. Not at all</td>
<td>29%</td>
<td>0</td>
</tr>
</tbody>
</table>

25. Of the following, which is your primary source for most of your information on health issues (please mark only one)

<table>
<thead>
<tr>
<th></th>
<th>Females</th>
<th>Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Talking to my health care provider</td>
<td>29%</td>
<td>0%</td>
</tr>
<tr>
<td>• Reading brochures</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>• Watching videos or TV</td>
<td>29%</td>
<td>25%</td>
</tr>
<tr>
<td>• Talking to family</td>
<td>0%</td>
<td>25%</td>
</tr>
<tr>
<td>• Talking to my friends</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>• From the Internet</td>
<td>14%</td>
<td>0%</td>
</tr>
<tr>
<td>• other (magazines, books, at school)</td>
<td>29%</td>
<td>50%</td>
</tr>
</tbody>
</table>

**Community Attitudes**

26. Do taverns, bars and restaurants adjacent to your campus promote drinking specials, like Ladies nights, two for one’s, etc?

<table>
<thead>
<tr>
<th></th>
<th>Females</th>
<th>Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>29%</td>
<td>14%</td>
</tr>
<tr>
<td>NO</td>
<td>57%</td>
<td>0%</td>
</tr>
<tr>
<td>DK</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

26. a. If Yes, do you ever respond to these ads by drinking at those establishments?

<table>
<thead>
<tr>
<th></th>
<th>Females</th>
<th>Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>NO</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

27. If you respond to these ‘specials’, how often do you respond?

<table>
<thead>
<tr>
<th></th>
<th>Females</th>
<th>Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Daily</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>b. A few times a week</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>c. About once a week</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>d. A few times per month</td>
<td>0</td>
<td>50%</td>
</tr>
<tr>
<td>e. On average, once per month</td>
<td>0</td>
<td>50%</td>
</tr>
<tr>
<td>f. Less than monthly</td>
<td>100%</td>
<td>0</td>
</tr>
</tbody>
</table>
28. Have you ever been detained and questioned by Police (campus or community) about your drinking while under the influence of alcohol?  
   YES     NO  
   Females  0%  100%  
   Males    25% (1)  75%  

29. Have you ever been arrested for being under the influence?  
   YES     NO  
   Females  0%  100%  
   Males    25% (1)  75%  

30. Have you ever driven a motor vehicle after consuming 2 or more drinks?  
   YES     NO  
   Females  29%  71%  
   Males    100%  0%  

31. Do you believe the local community is tolerant of college drinking (drinking by students ages 18 to 24)?  
   YES     NO     DK  
   Females  14%  29%  57%  
   Males    75%  25%  0%  

32. Do you believe the college administration is tolerant of college drinking (drinking by students ages 18 to 24)?  
   YES     NO     DK  
   Females  0%  29%  71%  
   Males    25%  25%  50%
Research Materials - Alcohol Quiz Results

This quiz was developed using questions obtained from The Student Alcohol Questionnaire (SAQ), (1990), Ruth C. Engs, Indiana University, Bloomington; avail at: www.indiana.edu/~engs/saq.html; and from questions developed by The Women’s Project around FASD.

The n = 42 (confirmed members of the sub cultural population).

Highlighted responses = “correct answers”. The percentage refers to the respondents providing the listed response choices.

1. Drinking milk before drinking an alcoholic beverage will slow the absorption of alcohol into the body.  
   - TRUE 7%  
   - FALSE 48%  
   - Don’t Know 41%

2. Approximately 10% of fatal highway accidents are alcohol related  
   - TRUE 76%  
   - FALSE 21%  
   - Don’t Know 3%

3. At what point, if any, should a woman stop drinking alcohol? (please circle just one)  
   a. Prior to attempting a pregnancy - 87%  
   b. Upon confirmation of a pregnancy – 9%  
   c. After the first trimester  
   d. After the second trimester  
   e. After the third trimester  
   e. Not at all - 3%  
   f. I don’t know

4. The placenta protects the fetus from any alcohol the mother drinks  
   - TRUE 0%  
   - FALSE 98%  
   - Don’t Know 2%

5. Liquor mixed with soda pop will affect you faster than liquor drunk straight  
   - TRUE 14%  
   - FALSE 76%  
   - Don’t Know 10%

6. The term Fetal Alcohol Spectrum Disorders (FASD) refers to an Immune deficiency disorder in infants  
   - TRUE 29%  
   - FALSE 37%  
   - Don’t Know 34%

7. A person cannot become an alcoholic by just drinking beer  
   - TRUE 7%  
   - FALSE 93%  

8. If a woman is planning a pregnancy, it is OK for her to occasionally drink hard liquor (whiskey, gin, vodka etc.)  
   - TRUE 4%  
   - FALSE 96%  
   - Don’t Know
9. Responsible drinking can result in relaxation, enhanced social interactions, and a feeling of well-being
   TRUE  FALSE  Don’t Know
   79% 10% 10%

10. Proof on a bottle of liquor represents half the percent of alcohol contained in the bottle
    TRUE  FALSE  Don’t Know
    21% 48% 31%

11. If a woman is planning a pregnancy, it is OK for her to occasionally drink wine or wine coolers (wine spritzers)
    TRUE  FALSE  Don’t Know
    21% 75% 4%

12. Heroin, if ingested during pregnancy, will do more harm to the fetus than alcohol use during pregnancy
    TRUE  FALSE  Don’t Know
    39% 36% 26%

13. If a woman is planning a pregnancy, it is OK for her to occasionally drink beer
    TRUE  FALSE  Don’t Know
    16% 78% 5%

14. Cocaine, if ingested during pregnancy, will do more harm to the fetus than alcohol use during pregnancy
    TRUE  FALSE  Don’t Know
    31% 41% 26%

15. The United States lacks a national consensus on what constitutes the responsible use of alcoholic beverages
    TRUE  FALSE  Don’t Know
    57% 13% 30%

16. Liquor taken straight will affect you faster than liquor mixed with water
    TRUE  FALSE  Don’t Know
    62% 21% 17%

17. Marijuana, if smoked during pregnancy, will do more harm to the fetus than alcohol use during pregnancy
    TRUE  FALSE  Don’t Know
    7% 52% 41%

18. When a woman becomes pregnant, what do you think is a safe level of drinking hard liquor?
   a. A drink per day
   b. A few drinks a week
   c. A few drinks on occasion
   d. A few drinks, towards the end of the pregnancy
   e. Not at all – 100%
   f. I don’t know

19. When a woman becomes pregnant, what do you think is a safe level of drinking wine (including wine coolers)?
   a. A drink per day
   b. A few drinks a week – 4%
   c. A few drinks on occasion – 4%
   d. A few drinks, towards the end of the pregnancy
   e. Not at all – 87%
   f. I don’t know – 4%

20. When a woman becomes pregnant, what do you think is a safe level of drinking beer?
   a. A drink per day
   b. A few drinks a week
   c. A few drinks on occasion – 12%
   d. A few drinks, towards the end of the pregnancy
   e. Not at all – 85%
   f. I don’t know – 3%