U.S. Senate Committee on Governmental Affairs

Hearing on College Drinking Prevention

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Good morning Mr. Chairman and members of the Committee, and thank you for inviting me here today.

My name is Mark Goldman, and I am a Distinguished Research Professor of Psychology at the University of South Florida in Tampa, Florida. I was a co-chair of the Task Force on College Drinking.

Clearly, we have reached a stage where a serious national conversation has begun, and I applaud you for taking the lead in this effort with today's hearing.

Because Dr. Kington already has summarized the Task Force's goals, and Dr. Hingson has provided a comprehensive picture of the consequences of college drinking, I will address a few overarching points that make the essential link between the report of our Task Force and the needs of American society. In this context, I will then provide you with a brief summary of the Task Force's conclusions, and how these conclusions and recommendations can be helpful to colleges and universities.

Although I hear and read the numbers reported by Dr Hingson on a regular basis, I am struck each time when I consider the shattered lives, shattered dreams, and the potential left unfulfilled. In my role as Task force co-chair, I have had the opportunity to meet directly some of the parents tragically affected by these events, and, because I have children of my own in this age range, I resonate to their stories. But as we review the litany of frightening statistics, we must take care not to miss the forest for the trees. In the area of college drinking, we must remain cognizant of the bigger picture painted by these individual statistics. Simply put, this is an enormous public health problem in America today -- a problem that has remained stubbornly consistent for decades.

Alcohol is tightly interwoven into the social fabric of college life, bringing with it enormous social, economic, and personal consequences for our children – consequences, we are learning, that are probably more extensive than any of us imagined. I cannot emphasize enough that it is a culture -- *our* culture, which we face. At best, this culture seizes some of our best and brightest, robbing them of their academic potential and placing them in situations that may haunt them for the rest of their lives. And it affects virtually all members of the college community, including non-drinking students who are often victimized, even in ways often overlooked, such as the inability to study in their dorms due to loud partying outside their doors. At worst, this culture takes their lives from them -- right then and there. These circumstances cannot be dismissed, therefore, as simply a "rite of passage" or an inevitable part of college life.

For policy makers and legislators, however, there is an equally important, although much less obvious point to remember as well. Despite the conclusiveness with which many researchers present their findings, much work remains to be done. Certainly, there is an abundance of small-scale, university-specific studies. And there is ample anecdotal evidence and case studies – which document the kind of apparently isolated events commonly used by the media to bring this issue to the public's attention.

But in almost all areas of college drinking -- from how widespread the problem is – to the factors that place individuals at most risk for problems -- to what types of interventions work best -- there is a paucity of research that adheres to the highest levels of methodological rigor, the kind of rigor that is essential if research is to be truly informative for decision-

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makers. Encouraging college presidents, policy makers, and even researchers themselves to demand this standard of scientific rigor is one of the critical aspects of our Task Force report.

Rigorous scientific research has the potential to break the terrible cycle we see repeated time and time again: a tragic death followed by a large amount of money "thrown at" the problem, with little or no evaluation. Few of these efforts achieve any lasting results, administrators become frustrated, policy-makers cynical, students apathetic -- and college drinking remains as an apparently intractable problem.

So now that I've told you about the forest, let me take a few moments to focus on some of the "trees," the specific recommendations from our Task Force.

For Presidents and their staff, the Task Force offers two very useful recommendations:

- First, the Task Force recommends an overarching framework for organizing alcohol prevention and intervention programs. The purpose of this organization, which is called the "3 in 1 Framework," is to create a comprehensive program that focuses simultaneously on multiple levels individuals, the student population as a whole, and the surrounding community. Individual programs can be presented one-to-one, or in small groups, and are labor and time intensive, but may be best for individuals already experiencing difficulties. Reaching the student population as a whole involves media campaigns, and thoughtful creation and enforcement of rules. At the community level, all interested parties must be joined in an effort to modify the community attitudes and circumstances that unwittingly support these activities. But each of these approaches must be used *in concert*; problems are likely to arise in any domain not included in the plan.
- Second, the Task Force recommends specific strategies that may be used within each of these levels. Strategies should be tailored to the unique needs and characteristics of each school. The recommended strategies are divided into 4 Tiers: 1) Effective -- these approaches have been designed for, and tested with, college audiences, and are empirically supported; 2) Effective with general populations these approaches have been designed for, and tested in other community settings, but have not yet been implemented and tested in university settings. Previous research does suggest, however, that these approaches are likely to be effective in university settings as well; 3) Promising These approaches make logical sense, but have either been minimally tested in a rigorous fashion, or are yet untested; and 4) Ineffective these approaches (some widely used) have been tested, and results suggest they are ineffective when used in their current configuration. Planners must choose from these alternatives (and other yet to be developed possibilities) those approaches likely to make an impact on their communities, and *then evaluate outcomes*. We would never allow a medication to be commercially used without testing, but that practice is regularly followed in connection with college drinking programs.

In the companion Handbook on Planning and Evaluation, presidents and their staffs are also offered specific nuts and bolts instructions on how to make these choices.--how to implement sound programs immediately.

For the research community and NIAAA in particular, the Task Force identified a variety of knowledge gaps that offer new and expanded research opportunities, and called for the communication of results as broadly as possible. And, it emphasized the bridging of the gap that all too-often exists between researchers and policymakers.

I believe that all of these steps, *taken together*, will move our field and our Nation forward in coming to grips with a pervasive public health problem. I'm proud of the role I was able to play as co-chair of this Task Force, and am very excited about the future research and activities that will be based on our work.

The path we need to follow is relatively clear - but it is not easy or inexpensively found. We need the public will and the leadership of legislators to provide the resources needed to continue this important work. And we need to acknowledge the disparity between the size of the problem and resources currently devoted to the organizations designed to address it. NIAAA is a relatively small institute, but one that must cope with a huge societal problem.

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Thank you.

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