

**Alcohol in the College Environment: NYC University Policies
Final Report**

Nicholas Freudenberg, DrPH
Distinguished Professor of Public Health
CUNY School of Public Health and Hunter College

Stephanie Kneeshaw-Price, MS, PhD
Healthy CUNY Research Director
CUNY School of Public Health

Patti Lamberson, MPH
Healthy CUNY Project Director
CUNY School of Public Health

Introduction

Based on both self-reported levels of drinking by college students^{1,2,3} and the prevalence of recorded instances of alcohol-related problems⁴, current patterns of alcohol consumption by college students pose a threat to the health and well-being of young adults, the safety of college campuses and academic achievement. Since the onset of alcohol consumption often begins in youth⁵ and can predict adult consumption patterns,^{6,7,8,9} young adulthood is a prime age to explore alcohol consumption and influencing factors and to devise more effective strategies to reduce problem drinking in this population.

Youth are more susceptible to advertising than more mature audiences;^{10,11} and this population may be at a heightened risk for heavy and problematic consumption.^{12,13,14,15} Research examining the effectiveness of policy on alcohol consumption suggests the effectiveness of measures aimed at the availability of alcohol, social messages about alcohol, and enforcement of current laws.^{16,17,18,19,20} However, this body of research has largely described behaviors of 18 to 20 year olds or the adult population, without expressly targeting young people between the ages of 18 and 25, the typical undergraduate age cohort. Thus, research exploring factors that influence young adults' alcohol consumption is warranted.

Alcohol misuse includes heavy and binge drinking, youth under the age of 21 consuming alcohol, and use by pregnant women. The harms of alcohol misuse are well established, including evidence that dangerous consumption is a preventable cause of morbidity and a leading cause of death.^{21,22} Further, it now is well documented that alcohol use by persons under age 21 years and specifically persons aged 12 to 20 years accounts for 11% of all alcohol consumed in the United States,²³ with underage drinkers consuming more drinks per drinking occasion than adult drinkers.²⁴ In fact, alcohol is the most commonly used and abused drug among youth, surpassing use of tobacco and illicit drugs,²⁵ and 90% of youth alcohol consumption is in the form of binge drinks.²⁰ Alcohol misuse amongst youth results in high rates of emergency rooms visits for injuries and other conditions linked to alcohol,²⁶ and an annual average of more than 4,700 deaths among underage youth.²⁷ According to estimates by the New York City (NYC) Department of Health and Mental Hygiene (DOHMH), alcohol use is the third leading cause of preventable death in New York City and a cause of significant injury, morbidity, and a leading cause of preventable hospitalizations and emergency room visits, with youth an over-represented population.

Much recent research has been devoted to observing the patterns and impact of alcohol misuse by college students, and the effectiveness of policies to stem college student alcohol use and its consequences. Various policies and practices have been examined for their ability to prevent and/or reduce college student alcohol misuse and resulting problems.^{28,29,30} Recent research includes reviews of types of alcohol policies and frequency of policy use and approaches on United States (US) college campuses.^{31,32,33}

Based on the Census Bureau's 2008 American Community Survey, the city hosts about 600,000 full- and part-time students who attend more than 110 post-secondary institutions.³⁴

NYC UNIVERSITY POLICIES

The 2010 Census counted about a million New York City residents between the ages of 19 and 26, the prime college years. Thus college students constitute the majority of young adults in New York City and their patterns of health and health behavior—including problem alcohol consumption—have a decisive impact on the current and future health of all young adults in New York City.

Goals of Current Study

This study seeks to contribute to the development of more effective policies and practices designed to reduce problem alcohol use on the city's college campuses and among college students. Since public health officials agree that policies are an effective lever for encouraging healthier behavior,³⁵ our study seeks to characterize and assess the alcohol-related policies at degree-granting institutions of higher education in New York City.

Our study seeks to answer the following questions:

1. What are current alcohol-related policies and practices of colleges and universities in New York City?
2. How do they differ by key characteristics of colleges (e.g., public or private, residential or commuter, undergraduate only vs. graduate and undergraduate)?
3. How do the various constituencies involved in campus alcohol policy perceive the alcohol related problems and policies on their campuses?
4. How do these perceptions vary by type of campus?

To answer these questions we employed two methodologies. The first (Policy Review) was a review of all alcohol-related policies of all New York City campuses that were available on campus websites. The second was an online survey (Survey) of four types of campus representatives: from student services, campus safety, health and wellness services, and residence (i.e., dormitory) life. Our findings are based on an integration of data from these sources.

Among our goals are to create a “policy typology” that categorizes and describes the alcohol policies at accredited degree-granting colleges and universities in NYC. Our secondary aim is to compare types of policies in commuter vs. residential campuses; public versus private; and community vs. four year vs. graduate campuses. Finally, we aim to explore policy comprehensiveness by college ‘type’ and several perceived alcohol-related campus outcomes by number of policies currently in place on campus. Using a systematic review of publicly available college/university policies and a survey of college administrators, we assess information about NYC college/university policies and practices regarding serving and consumption of alcohol on campus; alcohol rules in dormitories; disciplinary procedures re: alcohol; protocols for hospitalization and arrest; guidelines for campus security officers; alcohol-related health and counseling services, and alcohol prevention programs. This study was supported by Cooperative Agreement Number 1U58DP003689-01 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of The Center for Disease Control and Prevention.

NYC UNIVERSITY POLICIES

Methods

Alcohol Policy Review

A total of 81 degree-granting accredited colleges and universities were included in our sample (see Table 1). Research staff reviewed universities and colleges listed on New York City's government website "One Campus NYC" (<http://www.nyc.gov/html/ocnyc/html/education/colleges.shtml>). We excluded commercial institutions that did not offer degrees approved by the New York State Board of Regents.

Research staff attempted to find publicly available alcohol policies for each NYC university and college using the following protocol:

1. Go to university website
2. Enter "alcohol policy" in search field
3. Review search results for link to alcohol policy

[If results did not yield the policy]:

4. Enter "student handbook" into search field
5. Review search results to retrieve copy of student handbook
6. Open student handbook and use "CNTRL + F" function to find "alcohol policy"

If staff were unable to access the Student Handbook, or there was no search functionality, or results yielded no leads, then they checked various department sections of website for alcohol policy including: Campus Life, Housing, Security, and Administration.

As a last resort, if staff were unable to find any leads via searching the school website, they conducted a Google search for "[University Name] + alcohol policy".

Based on the above protocol, alcohol policies for a total of 71 universities and colleges were included in the study. Of the 71 institutions, we gleaned 561 policies (see Table 3). We were unable to obtain any publicly available alcohol policies for 10 of our 81 colleges and universities.

Alcohol policy categories included the following:

- **Dry Campus:** Term used for the banning the use or distribution of alcohol regardless of the owner's age or intention to consume it elsewhere.
- **Prohibition by:**
 - **Age:** Rules mandating that persons under 21 are prohibited from purchasing alcohol or possessing alcohol with the intent to consume.
 - **Location:** Rules mandating that the use or distribution of alcohol is contained in specified area(s).
 - **Target:** Rules may be designed to reach a certain population. For example, in keeping with the National Institute of Alcohol Abuse and Alcoholism (NIAAA) "3-in-1 Framework" prohibition may highlight any or all of the following target populations:

NYC UNIVERSITY POLICIES

- ⊕ individuals, including at-risk or alcohol-dependent drinkers
- ⊕ the student population as a whole
- ⊕ the college and the surrounding community
- Guidelines for:
 - Service: Service guidelines include limits placed on the number, amount, and/or type of drinks that can be served to and by whom
 - Sale: Sale guidelines include limits placed on whether, how much, and where alcohol may be sold/purchased and by whom
 - Advertisement: Advertisement guidelines include limits placed on the promotion of alcohol by product representatives and/or the advertisement of alcohol products or activities in campus publications and/or properties or facilities
- Adherence to applicable state laws: Specific and/or exclusive mention made of the institution's compliance with applicable state laws. May be with or without reference to other specific policy requirements.

Institution type was defined as:

- Public: A college/university that is primarily funded by public means.
- Private: A college/university that is not government operated.
- Residential: Any college/university with a residence hall.
- Commuter: A college/university where all students reside off-campus.
- Community: A two-year institution that grants associate's degrees.
- 4-year: A four-year institution offering a bachelor's degree.
- Graduate: A graduate school offers concentrated and specialized study towards master's, doctoral, and/or post-doctoral degrees and certificates.

NYC UNIVERSITY POLICIES

Table 1. List of NYC Universities and Colleges Included in Sample, n=81	
(Note: Schools with asterisk (*) were included in the Policy Review)	
(Note: Schools in bold have individuals who participated in online survey)	
Baruch (CUNY)*	Kings College*
BMCC (CUNY)*	Long Island Business Institute-Flushing
Bronx CC (CUNY)*	Long Island University-NYC Sites*
Brooklyn College (CUNY)*	Manhattan College*
City College (CUNY)*	Manhattan School of Music*
College of Staten Island (CUNY)*	Marymount Manhattan College*
Graduate Center (CUNY)	Mercy College
Hostos CC (CUNY)*	Metropolitan College of New York
Hunter (CUNY)*	Monroe College*
John Jay (CUNY)*	Mount Sinai School of Medicine*
Kingsborough CC (CUNY)*	New School University*
LaGuardia CC (CUNY)*	New York Career Institute*
Lehman (CUNY)*	New York College of Podiatric Medicine
Medgar Evers (CUNY)*	New York Institute of Technology*
NYC College of Tech (CUNY)*	New York Law School*
Queens College (CUNY)*	New York School of Interior Design
Queensborough CC (CUNY)*	New York Theological Seminary*
School of Professional Studies (CUNY)	New York University*
New CC/Guttman (CUNY)*	Pace University*
York (CUNY)*	Phillips Beth Israel School of Nursing
Bank Street College of Education	Polytechnic University*
Bard GC for Studies in Decorative Arts*	Pratt Institute*
Barnard College*	Professional Business College*
Benjamin Cordoza School of Law*	Rabbi Isaac Elchanan Theological Seminary (Yeshiva)*
Berkeley College*	Rockefeller University
Boricua College*	School of Visual Arts*
Briarcliffe College-Queens	St. Francis College*
Brooklyn Law School*	St. John's University*
College of Mount Saint Vincent*	St. Joseph's College*
College of New Rochelle-NYC Sites*	SUNY College of Optometry*
Columbia University*	SUNY College of Medicine at Brooklyn*
Cooper Union*	SUNY Empire State College
Cornell University*	SUNY Maritime College at Fort Schuyler*
Devry College-Keller Graduate School of Mgmt*	Teachers College*
Fashion Institute of Technology*	Touro College*
Fordham University*	Union Theological Seminary*
Gerstner Sloan-Kettering Grad School of Biomed Science*	Vaughn College of Aeronautics and Technology
Hebrew Union College*	Weill Medical College of Cornell University*
Helene Fuld College of Nursing*	Wagner College*
Jewish Theological Seminary*	Yeshiva University*
Juilliard School*	

NYC UNIVERSITY POLICIES

Survey

Staff collected publicly available contact information for administrators in the following four departments: Student Affairs and Services; Public Safety; Health and Mental Health; and Residence Life.

Staff used the following protocol to locate contact information:

1. Go to university website
2. Search for Staff / Faculty Directory
3. Within directory find desired role/title and pull name and contact information

[If a directory was not available]:

4. Return to university website
5. Search for job title (i.e. Dean of Students or Director of Housing, etc.)
6. Review search results for name of individual
7. Enter individual's name in search bar to retrieve contact information

[If steps 4-7 still yielded no results]:

8. Go to Department's section of website (i.e. Housing, Student Affairs, Security, Administration)
9. Find link to or list of "department staff" and from there pull desired contact information

Following the systematic contact search, 401 individuals were invited to participate in an anonymous online survey. 136 individuals consented to participate, yielding a 33.9% response rate. Participants represented 51 of our 81 sample schools (63% school response rate).

Individuals were sent five email invitations to participate. Following the email invitations, research staff contacted via phone individuals who had not yet completed the survey. Using a phone script and protocol, staff asked individuals if they were interested in participating and provided the option of completing the survey by phone or resending the individual online link. Each individual was called up to 2 times.

All procedures and protocols were approved by Hunter College's Institutional Review Board.

Preliminary Results

In this report, we present preliminary results from the two sources of data.

Alcohol Policy Typology

Each institution's policy was reviewed in light of the above-described college and alcohol policy types and categorized accordingly. It should be noted that some college categories were considered to be mutually exclusive while others were not. For example, a college could be typed as "private" or "public" but not both. With regards to the commuter/residential dimension, those colleges that have both commuter and residential students were counted as "residential" campuses by virtue of the definition of residential as a campus with any residence hall. An

NYC UNIVERSITY POLICIES

example of non-mutually exclusive categories is a campus that used several different policy approaches, leading to a sample of policy strategies considerably larger than the number of participating campuses.

Tables 2-4 summarize typology findings from the Policy Review. Table 2 is a summary table of the number of campuses that fell into the eight college categories. Table 3 shows the number of policies that reported the identified policy types. Table 4 is a typology matrix that maps college and alcohol policy together.

Indicator	Number	%
For-profit	5	7%
Private	43	61%
Public	23	32%
Commuter	29	41%
Residential	44	62%
Community	9	13%
4-year	45	63%
Graduate	43	61%

As shown in Table 2 the majority of colleges/universities that were reviewed were classified as private (43/71= 61%), and the fewest were classified as for-profit (5/71= 7%). The majority of reviewed colleges/universities were designated as residential (44/71= 62%), though as previously discussed, some of these may have had both commuter and residential students. There were approximately equal numbers of undergraduate four-year (45/71= 63%) as graduate (43/71= 61%) institutions in this study, and far fewer community colleges (9/71= 13%). Note that on this last dimension, some institutions reported offering both undergraduate and graduate degrees.

Indicator	Number	%
Adherence to state laws	116	21%
Advertisement	14	2%
Age restrictions	119	21%
Appropriate use	3	0.5%
Dry Campus	118	21%
Dry for halls	19	3%
Dry undergraduate	7	1.2%
Location restrictions	73	13%
Requires training/other preparation	10	1.8%
Requires written permission/otherwise prohibited	31	6%
Sale guidelines	26	5%
Service guidelines	25	5%

NYC UNIVERSITY POLICIES

Table 3 shows that the total number of policy types exceeds the number of participating colleges/universities. Thus, each campus uses on average about 8 policy approaches (561/71). Table 2 also shows three policy approaches were most common, each accounting for more than 20% of the policy approaches identified. The next common policy approach, location restrictions, accounted for only 13% of the policy approaches identified in the policy review.

Table 4. Typology of NYC Colleges/Universities x Alcohol Policies, n=561

Policy Type	College/University Type								
	Public	Private	For-Profit	Resident	Commuter	Community	4-year	Grad	Totals
Adherence to state laws	16	17	0	21	13	7	22	20	116
Advertisement	2	2	0	1	3	0	4	2	14
Age restrictions	9	24	0	24	12	1	27	22	119
Appropriate use	0	1	0	1	0	0	0	1	3
Dry campus	16	17	5	17	20	3	21	19	118
Dry for halls	4	0	0	1	4	6	3	1	19
Dry undergrad	0	2	0	1	1	0	2	1	7
Location restrictions	11	10	0	11	10	6	15	10	73
Requires training/other preparation	0	3	0	2	1	0	2	2	10
Requires written permission/otherwise prohibited	3	6	0	7	2	0	7	6	31
Sale guidelines	3	4	0	4	3	0	6	6	26
Service guidelines	2	5	0	2	5	0	6	5	25
Totals	66	91	5	92	24	23	113	95	561

Table 4 represents a matrix of college/university type with alcohol policy approach category. Generally, across the three dimensions of college category types, there seem to be similarities in their use of alcohol policy type. Specifically, public and private, resident and commuter, and 4-year and graduate institutions seem to cluster around adherence to state law, age restrictions, and dry campus policies (though fewer public institutions were explicit about age restrictions than were private institutions).

Public Institutions: Of the 66 public institution policies available, 16 (24%) included adherence and 16 (24%) included dry campus requirements; another 11 (17%) included location restrictions. Other alcohol policies were referenced far less frequently, with 9 (14%) age restrictions the next highest, and requires permission and sales tying at 3 (5%) each, and advertisement and service guidelines on the bottom with 2 (3%) each.

Private Institutions: For the 91 private institution policies, alcohol policy typing was more diffuse. Some 24 policies (26%) of private institutions included age restrictions; 17 (20%) for each of adherence to state law and dry campus; 10 (11%) included location restrictions; and 3 (7%) included permission requirements. 5% and fewer private institutions included service and sale guidelines, and other categories.

For-Profit Institutions: All 5 (100%) of the publicly available for-profit institution policies employ dry campus policies.

Residential Institutions: Of the 92 residential institution policies found, 24 (26%) of residential campuses included an age restrictions clause in their policies; 21 (23%) included state law

NYC UNIVERSITY POLICIES

adherence clauses; 17 (18%) included dry campus; and 11 (12%) included location restrictions. 4% and fewer residential campuses included any of the other seven policy categories.

Commuter Institutions: Of the 24 commuter institution policies, 20 (83%) included a dry campus clause; 13 (54%) adherence; 12 (50%) age restrictions; 10 (42%) location requirements; 5 (21%) service guidelines; 3 (13%) each advertisement and sales restrictions; 4(17%) dry for halls; 3 (12%) advertisement prohibitions; 2 (8%) requires written permission; 1 (4%) for each of dry undergrad and requires permission.

Community Institutions: of the 23 community institution policies, 7 (30%) included a state law adherence clause; 6 (26%) each included dry for halls and location restrictions; 3 (13%) dry campus; and 1 (4%) age restrictions.

4-year Institutions: Of 113 4-year institution policies that were publicly available, 27 (24%) included age restrictions; 22 (19%) local state law adherence; 21 (19%) dry campus; 15 (13%) location restrictions; 7 (6%) written permission requirements; 6 (5%) each included sale and service guidelines; 4 (3%) advertisement restrictions; 3 (2.7%) dry for halls; and 2 (1.8%) each for dry undergrad and requires training.

Graduate Institutions: Of 95 institution policies of graduate studies, 22 (21%) include age restrictions; 20 (21%) adherence to state laws; 19 (20%) dry campus; 10 (11%) location prohibitions; 6 (6%) each for requires permission and sales guidelines; 5 (5%) service guidelines; 2 (%) each advertisement restrictions and requires training; and 1 (1%) each appropriate use, dry for halls, dry undergraduate.

Online Survey

A total of 136 respondents from 51 campuses (See Table 1) responded to the survey, an average of 3 respondents per campus. In order to encourage respondents to disclose details about their campus alcohol policies and their implementation, all respondents were promised anonymity. Thus we are unable to link the responses of survey respondents from the same campus. The unit of analysis in the following section is the respondent, not the campus.

Table 5 presents participant demographics and related university information. Most participants were employed at not-for-profit, non-religious colleges and universities, with an almost equal distribution of participants from public and private schools. Although more than 70% of participants reported that their school had residence halls, of those participants, 75% reported that less than half of their students resided in the residence halls.

NYC UNIVERSITY POLICIES

University department, %	Student Affairs/Services	51.9
	Health/Mental Health Services	18.9
	Public Safety/Security	13.2
	Residence Life	11.3
	Other	4.7
Degrees offered, %	Associate's	45.4
Note: Some schools offer more than one degree	Bachelor's	72.3
	Master's	66.2
	Doctorate	43.8
	Professional (e.g., MD, JD)	24.6
	Other	6.2
Public vs. Private, %	Public	54.0
	Private	46.0
Profit status, %	Not-for-profit	89.8
	For-profit	10.2
Religiously affiliated, %	Yes	15.0
	No	85.0
School has residence halls, %	Yes	71.3
	No	28.7

	Frequency, %		
	Yes	No	Uncertain
School has alcohol use policy	92.9	2.4	4.7
Types of use policies in place (only if 'yes' or 'uncertain' that any alcohol use policy is in place)			
Dry campus	59.3	36.3	4.4
Age prohibition	77.9	17.9	4.2
Location prohibition	61.9	25.8	12.4
Other	52.6	31.6	15.8
Note: Some schools may have more than one type of use policy			
On-campus alcohol sales permitted	10.6	87.6	1.8
Limits set on on-campus sales (only participant that said on-campus sales are permitted)	66.7	8.3	25.0
Alcohol advertising permitted on-campus	6.2	86.7	7.1
Alcohol sales reps ("promoters") on-campus	8.8	84.2	7.0

NYC UNIVERSITY POLICIES

As Table 6 illustrates, the most commonly reported alcohol use policy in place on NYC college campuses was age prohibition, in line with New York State policy mandating that persons under 21 are prohibited from purchasing or consuming alcohol. For the most part, the majority of participants were knowledgeable about their school's alcohol policies, with few reporting uncertainty.

Table 7. Participants' perceptions of alcohol use on-campus, n=136

	Frequency, %				
	Not concerned	Slightly	Somewhat	Quite	Very
Level of concern about alcohol use at school	9.0	20.7	33.3	20.7	16.2
	Not an issue	Minor	Moderate	Major	Top priority
Extent that alcohol is an issue at school	18.2	24.6	39.1	16.4	1.8

As shown in Table 7, almost 37% of the respondents were very or quite concerned that alcohol use was a problem on their campus. Another third were somewhat concerned, indicating that 7 of 10 expressed some concern. While few respondents indicated that alcohol use was a top priority at their campus, more than half (57.3%) indicated that alcohol use was at least a moderate concern on their campus.

Correlates of More Comprehensive Alcohol Policies

Some evidence suggests that more comprehensive alcohol policies—those that address multiple components of alcohol use—are more effective than less comprehensive ones.³⁶ To assess the comprehensiveness of the policies on respondents' surveys, we created measures of policy comprehensiveness and then sought to identify correlates of varying levels of comprehensiveness.

Questions that asked participants about their campus alcohol policies, perceived ability to identify alcohol issues, perceptions of negative alcohol-related outcomes, and alcohol-related policy and actions implementation were combined to create four separate scales. The full list of questions for each scale can be found in the Appendix. Table 8 presents the average and range for each scale. Significance levels for all inferential statistics were set at $\alpha < 0.05$.

For the Policy Scale, higher scores indicate more alcohol related policies reported by respondent. For the identifying alcohol concerns scale, higher scores indicate that participants judge that their campus does better than others in identifying a range of alcohol-related problems. For the negative outcomes scale, higher scores indicate respondents report their campus has a higher level of problems than other New York City institutions. Finally, for the implementing policy scale, higher scores indicate that respondents report higher levels of policy implementation at their campus.

		Range
Policy, mean (s.d.)	6.74 (2.53)	1-12
Identifying alcohol issues/concerns , mean (s.d.)	13.43 (4.76)	4-24
Negative alcohol outcomes , mean (s.d.)	4.70 (4.01)	0-20
Implementing policy and actions , mean (s.d.)	16.83 (6.48)	0-25

Policy Comprehensiveness by College Type. When comparing public vs. private, for-profit vs. not for-profit, whether or not a school had a religious affiliation, and whether or not a school had any residence halls, only public vs. private colleges were found to be statistically different in their policy comprehensiveness. Specifically, after accounting for all other college categories, participants from private colleges reported on average 1.02 more alcohol policies relative to their public college counterparts (95% CI: 0.08, 1.96; $p=0.034$).

Identifying Alcohol Issues. After accounting for all college categories, for each additional alcohol policy reported, a participant is expected to report higher levels of identifying alcohol issues relative to someone who has one less policy ($\beta=0.91$; 95% CI: 0.50, 1.32; $p<0.001$). Additionally, after accounting for number of school policies and all other college categories, participants who were from religiously affiliated schools reported better identification of alcohol issues relative to participants from non-religious schools ($\beta=3.07$; 95% CI: 0.45, 5.70; $p=0.022$). No other college categories were statistically significantly associated with identifying alcohol issues.

Negative Alcohol-Related Outcomes. After accounting for all other variables, participants whose colleges had residence halls reported higher negative alcohol-related outcomes relative to participants from colleges with no residence halls ($\beta=2.26$; 95% CI: 0.45, 4.07; $p=0.015$). No other exposures, including policy comprehensiveness, were statistically significantly associated with negative alcohol-related outcomes.

Implementing Alcohol Policies and Actions. Several variables of interest were found to be significantly associated with implementing alcohol policies and actions. First, after accounting for all other variables, participants from private colleges reported that alcohol policies and actions were not implemented as consistently as participants from public colleges ($\beta=-3.92$; 95% CI: -6.56, -1.27; $p=0.004$). Second, after accounting for all other variables, participants from religiously affiliated colleges reported higher levels of implementation of alcohol-related policy and action compared to participants from non-religious colleges ($\beta=5.52$; 95% CI: 1.95, 9.09; $p=0.003$). Finally, after accounting for all other variables, participants from colleges with residence halls reported that alcohol policies and actions were not implemented as consistently as participants from colleges with no residence halls ($\beta=-3.61$; 95% CI: -6.24, -0.97; $p=0.008$). Policy comprehensiveness was not statistically significantly associated with implementing alcohol policies and actions.

Conclusions

The current study set out to develop a “typology” for use in categorizing and describing alcohol policies at accredited degree-granting colleges and universities in NYC, to compare types of policies across types of institutions, namely commuter vs. residential campuses; public versus private; community vs. four year vs. graduate campuses; and for-profit status, and to look at policy comprehensiveness by college ‘type’ and several perceived alcohol-related campus outcomes as a function of number of policies currently in place on campus.

A methodical review of publicly available college/university policies and a survey of college administrators were used to evaluate information about NYC college/university policies and practices regarding serving and consumption of alcohol on campus; alcohol rules in dormitories; disciplinary procedures re: alcohol; protocols for hospitalization and arrest; guidelines for campus security officers; alcohol-related health and counseling services, and alcohol prevention programs.

Our preliminary analyses of the data suggest concurrence between the two methodologies that, with perhaps the exception of for-profit institutions (which the typology suggests use only dry campus restrictions), across type NYC colleges and universities employ multiple alcohol policy types, with private colleges seeming to cite slightly more policies. Furthermore, the most frequently cited alcohol policy across college/university type was age prohibition in accordance with state law requirements. According to the typology, this was closely followed by dry campus requirements. All other alcohol policies were variously cited to lesser degrees across college/university type. Interestingly, while alcohol policy comprehensiveness seems to have a positive association with an administrator’s report on the ability to detect alcohol use issues, we did not find evidence to support that the number of policies in place is associated with policy implementation. Furthermore, survey results suggest that there is variable consistency with which these policies are put into practice, with colleges with religious affiliations reporting more consistent implementation than non-religiously affiliated institutions; public colleges/universities reporting greater implementation consistency than private colleges/universities; and administrators from commuter colleges/universities reporting greater implementation consistency than administrators from residential colleges/universities.

Limitations of this study include our reliance on self-reported survey responses, which may be affected by social desirability bias. However, multiple administrators may have responded from any given institution, thereby potentially allowing a more complete picture of the alcohol policies in question. Our inability to match survey responses with published information about actual policies because of our use of “blind” participant-protective methodologies is another limitation of the study. There was also potential confounding of data resulting from some non-exclusive/overlapping categories. For example, for the purposes of this study, a college/university was categorized as residential if it housed any students at all; this division fails to account for the many campuses that have both commuter and residential attendance options. A closer examination of mixed-residence campuses may be needed. Another limitation

NYC UNIVERSITY POLICIES

of this study lies in the fact that this study did not take into account the impact that student body size might have on the outcomes being explored.

The ultimate goal of this study was to compile information for sharing with NYC colleges and universities and other stakeholders that may help develop and implement policies and practices that can more effectively reduce alcohol misuse and its adverse consequences on NYC campuses. Despite some limitations, this study adds to the literature as it provides a review of alcohol policies and practices across NYC college campuses. All the same, while some preliminary, very basic categorical data may be shared, it seems premature to propose policy development based on the current findings. This study is at best exploratory, setting the stage for further inquiry. Further study should address definition clarifications pertaining to college/university type, and should include campus size. In addition, more emphasis should be placed on assessing whether particular policies and/or groups of policies are associated with the reduction of college student alcohol misuse and resulting injurious outcomes.

NYC UNIVERSITY POLICIES

APPENDIX: Components of Scales on Alcohol Policies

Policy Scale (higher scores indicate increased comprehensiveness)	
Responses and Scores	Yes=1 No or Uncertain=0
1. Does your college/university have an alcohol use policy?	
2. Alcohol policies in place: Dry Campus	
3. Alcohol policies in place: Age prohibition	
4. Alcohol policies in place: Location prohibition	
5. Alcohol policies in place: Other prohibition(s)	
6. Does your college/university permit the sale of alcohol anywhere on campus?*	
*Reverse score, where No=1, Yes or Uncertain=0	
7. Does your college/university permit alcohol advertisements anywhere on campus?*	
*Reverse score, where No=1, Yes or Uncertain=0	
8. Does your college/university have an alcohol sponsorship policy?	
9. Does your campus have a policy on alcohol promotion practices (e.g., sales reps/"promoters" coming to campus)?	
10. Does your campus have a campus/community coalition that addresses alcohol issues?	
11. National Institute of Alcohol Abuse and Alcoholism (NIAAA) prevention effort targets: Individuals	
12. NIAAA prevention effort targets: At-risk or alcohol dependent drinkers	
13. NIAAA prevention effort targets: Student population	
14. NIAAA prevention effort targets: College population (e.g., students, staff, faculty)	
15. NIAAA prevention effort targets: Surrounding community	
Identifying alcohol issues/concerns Scale (higher scores are better)	
Responses and Scores	One of the best=4 Above average=3 Average=2 Below average=1 Needs improvement=0
All questions begin: "How do you think your college/university ranks in comparison with other college campuses in New York City in the following areas..."	
1. Identifying problem drinkers	
2. Providing academic, health and/or mental health assistance for problem drinkers	
3. Enforcing alcohol use policy	
4. Identifying sources of alcohol for underage drinkers	
5. Identifying establishments that contribute to alcohol-related problems among students, faculty, and staff	
6. Maintaining public safety	
Negative alcohol outcomes Scale (lower scores are better)	
Responses and Scores	Much more prevalent=4 Somewhat more prevalent=3 About the same=2 Less prevalent=1 Much less prevalent=0
All questions begin: "Comparing your campus to other campuses in New York City, where does your college/university stand on the following types of alcohol problems..."	
1. Alcohol-related physical assaults	
2. Sexual-related physical assaults	
3. Students with alcohol-related academic problems	

NYC UNIVERSITY POLICIES

4. Students with alcohol-related psychological problems	
5. Alcohol-related disturbances on campus (e.g., vandalism, noise complaints, etc.)	
Implementing policy and actions Scale (higher scores are better)	
Responses and Scores	Not used at all=0 Rarely used=1 Occasionally used=2 Often used=3 Used every time=4 Not Applicable (e.g., Dry Campus, no residence halls)=5
All questions begin: "How regularly are the following procedures used at your college/university..."	
1. Check student ID for age when alcohol is being served	
2. Limiting the amount of alcohol served at campus events	
3. Limiting hours alcohol is served at campus events	
4. Stopping/searching students entering university-controlled residences if alcohol possession is suspected	
5. Intervening when a student is visibly intoxicated, including calling 911 or preventing student from entering university-controlled residences	

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