REVIEW OF LITERATURE

The purpose of this chapter is to review the existing literature in the area of alcohol-control in higher education. Irrespective of the claims by some researchers that little seems to work to control alcohol use on college campuses—including the failure of traditional educational approaches using didactic lectures and information highlighting the dangers of alcohol (Bangert-Drowsn, 1988; Gomberg, Schneider, & DeJong, 2001; Haines & Spear, 1996; Meilman et al., 1997; Moskowitz, 1989; Walters, Bennett, & Noto, 2000; Wechsler, Lee et al., 2000)—there is some evidence of success in controlling student drinking in colleges and universities.

To prepare for this study, I completed a literature review of successful campus alcohol-control efforts. Maintaining fidelity to qualitative inquiry, I continued to review relevant literature throughout the study as well as after data was gathered and interpreted to develop my theory (Glesne, 1999). Consonant with the research question, and in an effort to inform readers, I organized the literature in this chapter based upon my research findings. Specifically, existing literature is presented in keeping with the three clusters of attributes of successful alcohol-control: (a) diverse and committed stakeholders, (b) planning and preparation, and (c) diverse and connected programs and services. In turn, the chapter discusses limitations that exist in the literature.

Literature on Diverse and Committed Stakeholders

There is a spattering of literature on the roles played by stakeholders that help campuses achieve successful alcohol-control. In line with the findings of this research, the literature is presented in the following themes: administrator oversight, social capital, skilled and knowledgeable staff, and student leadership and participation.

Administrator Oversight

Contrary to Boyer’s (1987) observation that “many administrators seek to ignore rather than confront the issues” (p. 203) when discussing increasing incidents of alcohol use on campus, recent
research suggests that senior level administrators appreciate the magnitude of college drinking, including the impact of alcohol on student success, and provide support for successful alcohol-control (Anderson & Milgram, 1997; Flagstad-Kramer, 1997) by contributing to alcohol program funding, providing leadership on campus coalitions, and establishing alcohol-control as a campus priority. This oversight role has been viewed as particularly critical on campuses where the AODA coordinator does not have enough “clout” to shape campus culture to the extent necessary for successful alcohol-control (Glassman, 2002). In such cases, scholars embracing this viewpoint argue that administrators must courageously admit that alcohol is a problem for students and therefore a problem for the campus (Wechsler, 1996) and, more often than not, follow this declaration with strong advocacy on behalf of AODA coordinators to help them facilitate successful alcohol-control on the campus.

In addition to providing leadership, scholars of legal issues surrounding alcohol-control, such as Bickel and Lake (1999), suggest that administrators, particularly those in student affairs, should intentionally connect with, rather than distance themselves from, students and student activities. Such a partnership, of course, requires institutions to abandon the belief that college students and college student drinking are beyond their influence.

*Social Capital*

In reviewing the literature, it became apparent that successful alcohol-control transcends departments, positions, and communities. The literature suggests that contributors to successful alcohol-control exist within as well as external to the AODA Coordinator’s office and infuse alcohol-control into course curriculum, residence hall programs, judicial meetings, personal counseling, outdoor recreation, academic advising, and summer orientation, thereby reaching students through multiple avenues (Flagstad-Kramer, 1997; U. S. Department of Education, 2002). Support for this view comes from articles describing coalitions of university and community representatives working together to address community vandalism, noise disturbances, drinking and driving, fake IDs, illegal
house parties, and responsible beverage service (Clapp, Packard, & Stanger, 1993; Gebhardt, Kaphingst, & DeJong, 2000; Jung, 2003). In addition, Henry Wechsler (1996), a widely-known researcher in the area of college alcohol, emphasizes the contributions that a variety of people make to successful alcohol-control and advocates through his 12-Step Program for institutions to involve many campus and community players in the solution.

**Skilled, Knowledgeable Staff**

The literature did not address approachability or empathy per se, however alcohol-control scholars repeatedly express the importance of skilled professional staff members if a campus is to achieve successful programs and services. In addition to good communication skills and an expertise in building community connections, Mills-Novoa (1994) found that stakeholders contributing to successful campus alcohol-control programs have superior organizational and program planning skills and are very knowledgeable in substance abuse issues. In a survey of students and their responses to drinking, Klein (1989) found that most students indicated they would turn to an alcohol abuse counselor for help. Conversely, Glassman (2002), in explaining why campuses have not succeeded in controlling student drinking, suggests that over-relying on expert knowledge—as evidenced by hiring mental health counselors as AODA Coordinators due to their expertise in substance abuse—has unwittingly contributed to program failure. Specifically, he holds that mental health counselors are necessary for the success of mental health services, but should not be hired to do AODA Coordinator work because they are not skilled enough in working with people on the macro-level that is required for successful alcohol-control. In short, research suggests that professional staff working in alcohol-control must possess a variety of skills and competencies, far and above that which is associated with alcohol or substance abuse.

**Student Leadership and Participation**
There are many compelling arguments suggesting that students are a part of the solution to controlling drinking on the campus. According to the literature, students are involved in planning and implementation processes, creating bulletin boards, facilitating programs, and serving as peer resources and leaders for students who are in trouble (Flagstad-Kramer, 1997; Grossman, Canterbury, Lloyd, & McDowell, 1994; Look & Rapaport, 1991; Peeler, Far, Miller, & Brigham, 2000; Rozelle, 1980). Additional examples of student involvement include community service (Ziemelis et al., 2002), marketing message development (Forbes, 1998) and suggesting topics for alcohol abuse prevention and health classes (Griffith & Kile, 1986; Rozelle, 1980).

Research examining student involvement in successful alcohol-control has found that student leaders contribute in a number of ways. In the residence halls, well-trained student resident assistants serve as programmers, rule enforcers, referral agents, and crisis mediators in an effort to help students achieve success on their respective campuses (Elleven, Allen, & Wircenski, 2001; O'Hare & Sherrer, 1999). In a review of findings, Cherry (1987) found that 80% of student respondents would seek help from a peer for problems with alcohol. Findings in an article by Castro and Foy (2002) suggest that college students are less apprehensive about talking to a peer leader because they know they will not be judged and that they will receive credible information from the peer leader. Further, Larimer et al. (2001), in a study of alcohol interventions for fraternity members, found that trained undergraduate facilitators were at least as effective as professional facilitators in providing feedback to students to help them control their drinking.

Notwithstanding the potential for student leaders to contribute to successful alcohol-control, there is a cautionary tone in some of the literature. Despite Wechsler’s (1996) advice that students should be empowered to take the lead, Leichliter et al. (1998) caution readers in assuming that a student in a formal leadership position will serve as a good role model. Their warning stems from finding in a study of athletes that the team leaders drank more alcohol and suffered more consequences than their teammates.
Literature on Planning and Preparation

The following section presents the current literature featuring the role that planning and preparation plays in helping campuses advance successful alcohol-control. This literature has been organized, based upon the findings of this study, into the following categories: clearly articulated, realistic goals; extensive planning grounded in theoretical models; assessment procedures; and adequate resources.

*Clearly Articulated, Realistic Goals*

Clarifying and articulating realistic goals is at the center of the recurring debate in alcohol-control. Those embracing the most traditional view in alcohol-control advocate for alcohol abstinence, suggesting that students who appear to be at greatest risk are not of legal drinking age and therefore should abstain. While the debate seems far from over, there is substantial evidence that prevention-based goals such as harm reduction and risk reduction are more effective. Harm reduction focuses programs and services on reducing harms from high-risk drinking such as limiting the number of drinks or reducing the frequency of drinking. Based upon a long-term analysis of college students, Engs and Hanson (1999) found evidence to support interventions that reduce high-risk drinking compared to an abstinence-based approach. In turn, they recommended abandoning the latter all-together, citing the potential for abstinence-based messages to be counterproductive. In explaining their recommendation, they suggest that stigmatizing alcohol as inherently harmful contributes to ambivalence among drinkers and exacerbates the problem.

Many scholars and practitioners agree with Engs and Hanson (1999) and affirm that abstinence-based, prohibitionist approaches have fallen seriously short in contributing to successful alcohol-control on college campuses. In a comprehensive presentation of harm reduction literature, Marlett and Witkiewitz (2002) argue that harm reduction strategies are pragmatic and largely supportive of individuals regulating their behavior; that the goal is not to encourage drinking but rather to decrease the amount of harm experienced by the drinker. Advocates of this view
acknowledge that harm reduction can include abstinence, but suggest that an abstinence-only goal is not always appealing to those ultimately responsible for making the decisions about drinking.

*Extensive Planning Grounded in Theoretical Models*

The most prominent views in the literature suggest that successful alcohol-control is anchored in theoretical models (Cummings, 1997; Moskowitz, 1989) that are practical and comprehensive (Gonzalez, 1989). According to these individuals, theoretical models provide guidance in program planning and link individual program components to desired long-term outcomes. Scholars point to several models believed to contribute to successful alcohol-control including social learning theory (Kivlahan, Marlatt, Fromme, Coppel, & Williams, 1990), self-regulation theory (Miller, Radka, Miller, & Sanchez, 2000), social norms theory (Perkins, Meilman, Leichliter, Cashin, & Presley, 1999), the disease model (Sullivan & Risler, 2002) “stages of change” theory (Prochaska et al., 2004), and environmental management (DeJong & Langford, 2002). Others argue for combining or integrating several models to create one that addresses individual responsibility and institutional leadership within alcohol-control (Gonzalez, 1989).

The three most widely-cited theoretical models in the literature include environmental management, social norms theory, and stages of change theory. According to the proponents of environmental management, addressing drinking across multiple domains concurrently contributes to successful alcohol-control. Environmental management advocates mechanisms for action in five domains concurrently: policy development and enforcement, limiting alcohol availability, establishing a normative environment, reducing marketing of alcohol on campus and in the community, and offering alcohol-free options (DeJong & Langenbahn, 1995; Toomey & Wagenaar, 2002). In a large-scale evaluation of the “A Matter of Degree” Program, a multi-site evaluation of an environmental management initiative, researchers found that the sites maintaining fidelity to the elements of environmental management achieved the most significant reductions in alcohol consumption and related harms (Weitzman, Nelson, Lee, & Wechsler, 2004). Interestingly, an earlier
study by Weitzman, Nelson, and Wechsler (2003) affirmed the environmental management approach citing that students reporting a high level of alcohol use also reported extremely high levels of exposure to alcohol programming.

Another widely-cited theoretical model for alcohol-control is social norms theory. Social norms theorists suggest that young people regularly overestimate negative behaviors by their peers and, at the same time, underestimate positive or protective behaviors practiced by that same peer group (Perkins & Berkowitz, 1986). Further, these scientists found that misperceptions strongly influenced individual choices, as students attempted to behave consistently with their perception of the norm, as incorrect as that perception may have been. In testing the widespread misperceptions of actual student behavior, and the influence that misperceptions had on decision making, researchers found that the correction of these misperceptions resulted in several positive effects on student drinking (Mattern & Neighbors, 2004; Neighbors, Larimer, & Lewis, 2004; Perkins et al., 1999).

The third theoretical model included in the national dialogue on successful alcohol-control is stages of change which posits that successful behavior change necessitates intervention specific to an individual’s readiness to change (Prochaska & DiClemente, 1992). The authors propose that individuals are in one of several stages of change at any given time, specifically precontemplation, which means little to no intent to change; contemplation, considering change soon; preparation, preparing to change by setting goals and planning; action, implementing the plan of change; maintenance, maintaining a new behavior for six months; and termination, new behavior is adopted into the lifestyle whereby no additional intervention is needed. A study by Vik, Culbertson, and Sellers (2000) revealed that the majority of heavy drinkers were “contemplators,” and thus advocated for the use of motivational approaches to advance students to the next stage. For example, according to the canons of this theory, a student who has no recognition that her drinking is problematic is unlikely to respond to an action plan to reduce her drinking and more likely to react positively to dialogue about drinking expectancies and consequences. In brief, the application of theory provides
support for the individual change by offering stage specific education and guidance (Steinman, 2003).

**Assessment and Evaluation**

Scholars have regularly emphasized the salience of regular evaluation processes to successful alcohol-control (Anderson & Milgram, 1997; Mills-Novoa, 1994; Wechsler, 1996). According to the literature, program evaluation includes primarily surveys and experimental approaches to determine the extent of improvement, if any, in student drinking as a result of an intervention (Dowdall & Wechsler, 2002). While there are many tools used in alcohol-control assessment, three of the largest contribute to national databases on college drinking and other drug use: the Core Alcohol and Drug Survey, administered by the Core Institute at Southern Illinois University-Carbondale; the Monitoring the Future Study, administered by the Institute for Social Research at the University of Michigan; and the College Alcohol Study, funded by the Robert Wood Johnson Foundation and administered through the School of Public Health at Harvard University (Meilman, Cashin, & McKillip, 1998). Authors of the study admit that the questions in each survey are somewhat similar, but assert that each tool makes a unique contribution to the field. According to this body of literature, program practitioners should engage in careful analysis—examining breakdowns by gender, class, and student activities—because it is through thoughtful, careful analysis that knowledge and understanding is enhanced.

**Adequate Resources**

Many writers on alcohol-control program quality suggest adequate resources, and more specifically adequate funding, is critical to successful alcohol-control. Put another way, inadequate funding is repeatedly identified as a contributor to program failure (Grossman et al., 1994) and as a barrier to the ability of a campus to provide and evaluate alcohol-control efforts adequately (Clapp, Stanger, & Burke, 1996; Williams, Thomas, Buboltz, & McKinney, 2002). The literature discusses a
variety of sources of alcohol-control funding for higher education including institutional funds, student fee structures, and extramural funding. Prevalent extramural funding sources include two institutes of the National Institutes of Health—the National Institute for Alcohol Abuse and Alcoholism (NIAAA) and National Institute for Drug Abuse (NIDA); the federally sponsored Educational Development Center of the Department of Education, and the alcohol industry. According to a study sponsored by the Harvard School of Public Health, 35% of schools receive public funding from a federal or state agency, 12% receive funds from a private foundation, and 21% receive funds from the alcohol industry (Wechsler, Seibring, I-Chao, & Ahl, 2004).

In addition to funding assessment and evaluation measures, the literature indicates that adequate funding pays for staff, as well as development, implementation and maintenance of programs over time (Anderson & Milgram, 1997; Flagstad-Kramer, 1997; Mills-Novoa, 1994). In addition, adequate resources contribute to valuable alcohol-free options for students including programming and residence. A recent survey of institutions indicated that 81% of schools offer at least some alcohol-free residence hall or floor for students (Wechsler et al., 2004). Tellingly, Finn (1996) found that students who chose substance-free housing did so primarily to avoid the possibilities of having a heavy-drinking roommate and to avoid noise disturbances often caused by intoxicated students which detract from the quiet environments that are conducive to studying.

Literature on Diverse and Connected Programs and Services

The following section summarizes the literature featuring the contributions of diverse and connected programs and services to successful alcohol-control. Organized according to the findings of this study, this section includes literature addressing the following areas: comprehensive and concurrent programs and services, sustained delivery of programs and services, communication, policy and consistent enforcement, contextualized teaching-for-learning, and purposeful dialogue.

Comprehensive and Concurrent Programs and Services
“The biggest mistake a campus can make in trying to address high-risk drinking is looking for the *answer*” (Dietz, 2004, p. 12). Avid supporters of this important feature suggest that student drinking is complex and is not likely to be disciplined by a single intervention implemented in isolation. A widely disseminated report commissioned by the National Institute of Alcohol Abuse and Alcoholism (NIAAA) found efficacy in concurrent interventions for individual students, the campus-at-large, and the community surrounding the institution (NIAAA, 2002).

While much of the literature features research on specific interventions typically offered through the campus health and counseling centers, Dietz (2004) invites college unions and the entire student affairs division to engage in alcohol-control initiatives for individuals, the campus, and the greater community. Berkowitz (1990) identifies “comprehensiveness” as a critically important strategy for successful alcohol prevention programs. From his perspective, comprehensive programs involve all individuals and constituencies within an institution, are incorporated into all aspects of the college experience, and include a variety of strategies.

In addition to the findings in the NIAAA report, several alcohol-control experts suggest that focusing on higher-risk drinkers is critical to successful alcohol-control. Moreover, some scholars advise detecting these groups early to minimize their impact on the rest of the campus (Jung, 2003; Wechsler, 1996). These views are supported by myriad studies reporting findings from successful programs aimed at traditionally high-risk groups, typically athletes and members of fraternities and sororities (Carter & Kahnweiler, 2000; Engs, Diebold, & Hansen, 1996; Larimer et al., 2001; Mills-Novoa, 1994). In a review of programming provided to members of Greek-letter organizations, the authors found that messages tailored to a specific group were more effective in that they seemed more relevant to the members of that group (Riordan & Dana, 1998).

*Sustained Delivery of Programs and Services*

In several studies, practitioners found that successful alcohol-control was dependent upon sustaining programs and services over time. In general, Berkowitz (1990) describes elements of
successful prevention programs and refers to sustainability as “intensiveness.” He criticizes those
programs that last one week, the effects of which wear off over time if not incorporated into a
grander campus program design. In his review of the available literature, Gonzalez (1989) discovered
that the most important element of successful alcohol-control programs was an “in-depth extended
presentation of material over time” (p. 135). In another study, sustained programming increased
student’s positive attitudes towards seeking assistance with their heavy drinking and related problems
(Yu, Evans, & Perfetti, 2003).

With regard to coalition sustainability, members of the Georgetown University alcohol
coalition adopted a three-phase approach to campus alcohol-control, the third phase dedicated in part
to transitions and sustainability (Minto, Bennett, Keltner, & Porterfield, 2002). A final example
advancing sustainability as an important attribute of successful alcohol-control is found in
Wechsler’s (1996) 12-Step Program for college and university program planners and explained in
step 4 “Plan for a long-term effort” (p. 24).

Communication

Among the collection of strategies that impact student drinking positively, clear, cogent
communication emerged in the research as another attribute of successful alcohol-control. To wit, the
literature describes the “Friends” coalition at Georgetown University, which developed and
implemented a three-phase plan to address college drinking, and indicated that communication to
multiple constituencies proved to be a critical component of coalition work. Phases Two and Three
of the strategic plan involved public presentations to campus stakeholders, and presentations to the
public at large, respectively, presenting their work and their intentions for campus alcohol abuse
prevention. In addition, this coalition developed a public communication team to advance the
coalition’s goals and prepare for any public scrutiny (Minto et al., 2002).

Policy and Consistent Enforcement
While some suggest that policy development has failed to change student behaviors (Drucker, 1995; Hanson & Engs, 1995), long-time advocates for successful alcohol-control emphasize the role that policy and consistent enforcement have played over the years to help students control their drinking. Two of the most noteworthy policies, which scholars argue have contributed substantially to alcohol-control are the Minimum Legal Drinking Age (MLDA) (Moskowitz, 1989) and the Federal Drug Free Schools and Communities Act and its 1989 amendments (DeJong & Langenbahn, 1995). Additionally, the following campus policies were described as having contributed to successful alcohol-control over the years: severely restricting duration or banning alcohol sales at major campus and athletic events, banning alcohol advertisement on campus, banning the use of student fees to purchase alcohol, requiring more frequent alcohol-free events, restricting alcohol to specific, supervised locations, parental notification, and a complete ban on alcohol on campus (Bormann & Stone, 2001; Knight et al., 2003; Wechsler, Lee, Gledhill-Hoyt, & Nelson, 2001; Wechsler et al., 2004; Zipp, 1998).

This attribute is further supported by research suggesting that reductions in drinking occur at institutions where policies are consistently and appropriately promoted, enforced and sanctions levied in response to violations (Bergen-Cico et al., 2004; Knight et al., 2003; Ziemelis et al., 2002). Those advancing consistent enforcement recommend that all students whose drinking gets them into trouble, regardless of the circumstances, should be disciplined according to pre-established protocols and receive a disciplinary sanction such as one or more of the following: meeting with a student affairs professional, mandatory attendance at alcohol classes, monetary fines and developmental activities such as paper writing, parental notification, and community service (Cohen & Rogers, 1997; Palmer, Lohman, Gehring, Carlson, & Garrett, 2001).

*Contextualized Teaching-for-Learning*

Many writers on successful alcohol-control emphasize that engaging students in learning experiences for which they have a context, not just providing generalized education and related
information, contributes to their ability to control their drinking (Berkowitz, 1990; Donohue, Allen, Maurer, Ozols, & DeStefano, 2004; Larimer & Cronce, 2002). In a highly respected study, students enrolled in a skill-based alcohol-control class reduced their alcohol consumption by 40% compared to the students enrolled in a non-skill-based class (Baer et al., 1992). According to the literature, skill-based learning experiences include role-play, exercises on refusal skills, blood alcohol content estimation, limit setting exercises, and exploration of personal goals (Freeman, 2001; Jung, 2003; Kivlahan et al., 1990; Sadler & Scott, 1993). In addition to the extensive skills specific to reducing drinking, scholars and practitioners alike suggest that students may need to develop skills in time management, goal setting, and anger/anxiety management, particularly in light of a study which found a correlation between the lack of such skills and problem-drinking among college students (McKee, 1996).

Those advancing social norms theory as a foundation for alcohol-control assert that teaching students about actual norms for behavior contributes to correcting widespread misperceptions and ultimately contributes to reductions in drinking (Perkins & Berkowitz, 1986). Several well-documented studies reported that social norms interventions, when implemented intensively and comprehensively, facilitated fact-based learning among students and, consequently, student misperception of drinking by their peers was corrected and heavy drinking was reduced substantially (Glider, Midyett, Mills-Novoa, Johannessen, & Collins, 2001; Gomberg et al., 2001; Haines & Spear, 1996; Mattern & Neighbors, 2004; Perkins & Berkowitz, 1986; Steffian, 1999). Notwithstanding many noteworthy successes, a spate of articles reviewing social norms interventions criticize the practice and caution campus personnel on committing to the approach in isolation (Granfield, 1995; Smith, 2004; Thombs, Dotterer, Olds, Sharp, & Raub, 2004; Wechsler et al., 2003; Werch et al., 2000).

Considering the range of individual interventions aimed at reducing student drinking, a preponderance of evidence suggests that personalized feedback grounded in brief interventions is yet
another example of a contextualized learning experience. In a study at the University of Washington, heavy-drinking young adults, following a feedback session received during their first year of college, reduced and maintained lower rates of drinking and reduced harmful consequences over a two-year follow-up period (Marlatt et al., 1998). A follow-up study of this same study group found that a personalized feedback session yielded similar results at a four-year follow-up (Baer, Kivlahan, Blume, McKnight, & Marlatt, 2001). While the form of the feedback appears to differ subtly from campus to campus, the learning experiences described in the literature commonly feature brief, individually-focused feedback between the student drinker and a trained facilitator (Agostinelli, Brown, & Miller, 1995; Baer et al., 2001; Baer et al., 1992; Barnett et al., 2004; Borsari & Carey, 2000; Larimer et al., 2001; Marlatt et al., 1998; Murphy et al., 2004; Neal & Carey, 2004). In addition, several researchers found success in mailing feedback to student drinkers (Collins, Carey, & Sliwinski, 2002; Walters, 2000) or delivering feedback via computer (Neighbors et al., 2004). The substantive feedback to the student includes one or more of the following: personalized information regarding the students’ drinking, information about the students’ alcohol expectancies, the students’ estimated peak blood alcohol concentration (BAC) with corresponding brain effects, a comparison between the drinkers’ habits and other students’ habits at the same institution, and a menu of strategies the student could employ to control his or her drinking.

Purposeful Dialogue

In support of this attribute, many encourage college and university personnel to keep the dialogue with students open and fluent. Elkins, Helms & Pierson (2003), after reviewing the findings of their state and federal negligence cases involving alcohol, advise colleges and universities to engage students in conversation—not just about the legal ramifications of alcohol use, but the physical, social, and emotional ramifications as well. They suggest to alcohol-control programmers that dialogue is not achieved by policy which may unwittingly distance institutions from students and
caution administrators that they cannot distance themselves from students while simultaneously hoping to influence peer culture positively.

Limitations in the Literature

In this chapter I have presented literature on successful alcohol-control. While the literature identifies numerous examples of successes in controlling student drinking on campus, there are several significant limitations in the existing literature on alcohol-control.

First, and perhaps most importantly, the literature fails to explore student learning, including discerning learning experiences for students that contribute to successful alcohol-control—notwithstanding the summons by authors to conduct more research to “enhance our understanding of the mechanisms underlying drinking behavior change among at-risk college drinkers” (Collins et al., 2002, p. 566). The majority of evaluative studies are focused on the quantitative outcomes of programs and interventions, which fail to explore changes in behavior that may be the result of student learning experiences.

Second, despite a scholarly summons compelling researchers and practitioners to include theoretical foundations, well-developed designs, and rigorous program evaluations in their examination of alcohol-control (Keeling, 1998; Moskowitz, 1989; Wechsler, Kelly et al., 2000), programs lacking such important measures plague the literature on alcohol-control. For example, a review of over 70 alcohol education programs found that the majority of programs did not appear to be based on any guiding philosophy, rationale, or theory (Werch, Meers, & Jallan, 1992). Several researchers claiming success in alcohol-control lacked several highly-rigorous research design components: to use a random sample of participants, to employ a control campus or group, to retain study subjects, and/or to evaluate a program over an adequate period of time (Clements, 1999; Haines & Spear, 1996; Keeling, 1998; Larimer & Cronce, 2002; Meilman, Stone, Gaylor, & Turco, 1990; Moskowitz, 1989). Moreover, some programs featured in the literature lack a systematic
evaluation process altogether and boast program success based solely on participant satisfaction (Chen, Dosch, & Cychosz, 1982; Gordon, 1995).

Third, select articles in the literature lack adequate detail concerning the development and implementation of alcohol-control. In several cases, authors fail to adequately document and explain essential aspects of the research design, method, and outcomes of respective programs. As Moskowitz (1989) asserts, in cases such as these there is simply not enough information to judge the reliability and validity of the author’s alleged program success:

Too many researchers conducted a ‘black box’ evaluation of the effects of an intervention on a few outcome measures. Little information is communicated as to what the intervention was let alone how it was implemented. This [detail] is essential to dissemination of policies. Research is needed to determine how much and in what manner a program or policy can deviate from its ideal plan and still meet objectives. (p. 77)

To illustrate further, social norms programmers often fail to give ample details regarding the frequency, dosage, and extent of message exposure necessary to correct misperceptions which can lead to reducing student drinking. While the theoretical basis for social norms is well-documented, the published materials lack practical specifics.

Fourth, existing research relies too heavily on quantitative design and evaluation measures which are limited to simply verifying or refuting reductions in overall campus drinking. Dowdall and Wechsler (2002) and Cummings (1997) suggest that the field of alcohol-control is in need of more research that employs qualitative methods that allow for phenomenological exploration of the campus context and provide a better design for researching alcohol problems and solutions. Bloland (1992) suggests that “the environment of a college campus and its student culture represents a very rich and complex social structure that cannot readily be studied holistically by statistical means alone” (p.3).
Finally, the literature tends to offer the perspectives of few stakeholders. Practitioners’ perspectives are not any less valuable than those of researchers; yet, because few practitioners publish their work, their voices are often absent from the literature. Moreover, beyond their role as study subjects, college students are largely ignored. Beyond a few studies which called upon student suggestions to enhance programming, the literature is replete with opinions and perspectives from researchers on solutions to excessive and abusive drinking without drawing on student perspectives.