

PREVENTING SUBSTANCE MISUSE AMONG 18- TO 25-YEAR OLDS: PROGRAMS AND STRATEGIES



RESOURCE OVERVIEW

Preventing Substance Misuse Among 18- to 25-Year-Olds: Programs and Strategies is designed to help prevention practitioners identify programs that address substance misuse among 18- to 25-year-olds by providing brief information on the results associated with such programs, and how and where they have been implemented. Detailed information is provided on 62 featured interventions, including: core elements, populations served, settings, evaluation design and outcomes, studies cited, and any national recognition as evidence-based programs. Key findings include the following:

- More than half of the programs (n = 32) target universal populations, nineteen indicated, nine selective, and two multiple population groups.
- Twenty-three programs are listed on federal registries and rated as either effective or promising.
- More than half of the programs (n = 34) were evaluated using experimental methods.
- The vast majority of programs are implemented in college or university settings (n = 39), followed by community agencies (n = 20), emergency departments (n = 4), fraternity or sorority houses (n = 2), workplaces (n = 1), and military bases (n = 1), with some programs implemented in multiple settings.
- The majority of programs report outcomes associated with reducing alcohol misuse or its negative consequences (n = 60), while two programs report marijuana reduction and one reports drug reduction (*salvia divinorum*).

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DISCLAIMER

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INTRODUCTION

Young adults between the ages of 18 and 25 use substances at higher rates than the general population. According to results from SAMHSA's [National Survey on Drug Use and Health \(NSDUH\)](#), young adults in 2016 experienced the highest rates of binge drinking (38.4%), illicit drug use (23.2%), and tobacco use (30%) when compared to other age groups.¹ Because of these troubling trends, many communities are prioritizing the substance misuse prevention needs of this group.

This document is designed for state- and community-level prevention practitioners seeking information on programs and strategies that have been demonstrated as effective for preventing or reducing substance misuse among young adults between the ages of 18 and 25.

HOW THIS TOOL IS ORGANIZED

Intervention information is organized into three sections. Section 1 presents brief information on identified interventions, including: target population; whether that target population is universal, selective, or indicated (see inset);² the setting in which the program is implemented; main outcomes; and any external recognition by national evidence-based rating organizations. Section 2 includes more detailed summaries of each intervention that are organized into seven categories:

- Brief Interventions
- Parent & Family Focused
- Small-Group Interventions
- Enforcement
- Communications
- Policy-Oriented Strategies³
- Multi-Component

Each intervention summary is designed to provide a brief answer to the following questions:

- **Description:** What are key components of the program?

Institute of Medicine (IOM) Classifications for Prevention

Universal interventions address the entire population to delay or prevent substance misuse

Selective interventions target subpopulations at increased risk of substance abuse

Indicated interventions target individuals who are using substances and are at risk of developing a substance use disorder

¹ Center for Behavioral Health Statistics and Quality. (2017). *2016 National Survey on Drug Use and Health: Detailed Tables*. Substance Abuse and Mental Health Services Administration, Rockville, MD. Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.htm#intro>

² Institute of Medicine. (1994). *Reducing risks for mental disorders: Frontiers for preventive intervention research*. Washington, DC: National Academy Press.

³ Includes strategies that address laws and regulations (for example, at the organizational, local, or state level), which take an environmental approach to substance misuse prevention among emerging adults.

- **Populations:** What population group(s) does this program target?
- **Settings:** In what settings has this program been implemented (and evaluated)?
- **Evaluation Design:** How was this program evaluated?
- **Evaluation Outcomes:** What were the evaluation outcomes reported?
- **Evaluation Studies:** Which evaluation studies reported these outcomes?
- **Recognition:** Which national organizations or agencies have recommended or reviewed this program?

Section 3 summarizes the methods and criteria used to identify and select programs for inclusion in this decision-support tool.

USING THIS RESOURCE TO GUIDE PREVENTION PRACTICE

The following are suggested steps or guidelines when approaching and using this resource.

Don't start by looking at programs! Instead, start with risk and protective factors. To be effective, the prevention strategies or interventions you select must be linked to the risk and protective factors that drive the problem in your community. Therefore, it is critical that you begin your search for appropriate prevention strategies with a solid understanding of these factors, based on a comprehensive review of local quantitative and qualitative data.

Examine program summaries to identify relevant studies. The program summaries included in this resource are designed to help you decide which intervention(s)—if any—best fit your local conditions. After reviewing the summaries, use the citations provided to access the full-text of the most relevant articles. When exploring potential strategies, consider questions such as the following:

- Does the outcome identified in the study align with your outcome of interest?
- Are you already implementing similar strategies or interventions for other substances in your community? Is this new strategy complementary or redundant?

Determine the strength of evidence. The main question to consider when determining strength of evidence is whether rigorous program evaluation methods have ruled out alternative explanations for outcomes. This determination is complicated by the fact that definitions of rigorous evaluation vary slightly depending on who is rating the research methods. You'll notice, for example, that rating entities, such as SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) and the National Institute of Justice (NIJ), apply different criteria to determine strength of evidence. To learn more about what constitutes evidence of effectiveness, consult federal guidelines such as the Centers for Disease Control and Prevention's (CDC's) [Understanding Evidence](#) series or SAMHSA's Center for Substance Abuse Prevention's 2009 *Identifying and Selecting Evidence-Based Interventions: Revised Guidance Document for the Strategic Prevention Framework State Incentive Grant Program*. Many state- and

local-level officials, however, prefer to consult with their evidence-based working groups, who may have already established criteria for determining strength of evidence.

Determine the feasibility of implementation. Once you have identified a program that addresses the risk and protective factors associated with substance use in your community and has been shown to demonstrate evidence of effectiveness, it is important to determine how feasible it will be to implement, given your resources and community conditions (that is, your community's willingness and/or readiness to implement). A feasibility assessment might, for example, consider the following:⁴

- **Acceptability** (for example, will stakeholders be satisfied with the program?)
- **Demand** (for example, are people likely to participate?)
- **Implementation** (for example, is there administrative buy-in and ongoing supervisory support of staff implementing the program?)
- **Practicality** (for example, can your organization afford to implement the program? Are there funds in the budget?)
- **Adaptation** (for example, can you adapt the program to meet the needs of populations served without compromising its effectiveness?)
- **Integration** (for example, does the program fit with the existing infrastructure and can it be easily integrated into staff training, workflow or service delivery?)

⁴ Bowen, D. J., Kreuter, M., Spring, B., Cofta-Woerpel, L., Linnan, L., Weiner, D., . . . Fernandez, M. (2009). How we design feasibility studies. *American Journal of Preventive Medicine*, 35(5), 452–457. doi:10.1016/j.amepre.2009.02.002.

SECTION 1. PROGRAMS AT-A-GLANCE

BRIEF INTERVENTIONS

Program	Population	IOM*	Setting	Outcomes	Recognition**
Alcohol Counseling Intervention Delivered Via Personalized Text Messages	College students who are problem drinkers	I	College or university campuses	Readiness to change drinking behaviors measured at 1 week pre-intervention and 1 month post-intervention	N/A
Alcohol Screening and Brief Intervention	High-risk drinking undergraduate students	I	College student health center	Blood alcohol concentration (BAC), binge drinking, heavy episodic drinking, alcohol-related harms, driving under the influence, and other foolish risks while drinking measured at baseline (pre-intervention) and 3, 6, and 12 months post-intervention	Athena , NIJ , SAMHSA
AlcoholEdu for College	First-year college students	S	College (online)	Past 30-day alcohol problems; and physiological, social, and victimization problems measured immediately pre, immediately post, and the following semester	SAMHSA

* These are the IOM classifications for prevention programs based on type of population targeted: U=Universal; S=Selective; and I=Indicated

** Athena = Athena Forum; NIJ = Crime Solutions; SAMHSA = National Registry of Evidence-based Programs and Practices; CDC = Community Guide; Blueprints = Blueprints Effective Programs

Preventing Substance Misuse Among 18- to 25-Year-Olds: Programs and Strategies

Program	Population	IOM*	Setting	Outcomes	Recognition**
Brief Alcohol Education Intervention Delivered via Text Messages	18- to 24-year-olds	I	Emergency departments	Frequency and quantity of heavy drinking measured at pre-intervention, and immediate and 3 months post-intervention	N/A
Brief Alcohol Screening and Intervention for College Students (BASICS)	High-risk college drinkers	I	College or university campuses	Frequency and quantity of alcohol use, including binge drinking; and negative consequences of drinking measured at baseline and up to 4 years post-intervention	Athena , CDC , NIJ , SAMHSA
Brief Intervention: Assessment and Feedback	High-risk drinking college students	I	College or university campuses	Patterns of improvement in alcohol-related problems measured at baseline (pre-intervention), and 2 years post-intervention	NIJ , SAMHSA
Brief Intervention: Assessment, Skill-building, and Feedback	Moderate to heavy drinking college students	I	College or university campuses	Drinking measured at 6-week follow-up	N/A
Brief Motivational Intervention for Physically Aggressive Dating Couples	Physically aggressive dating couples in college	S	College and university campuses	Odds of harmful drinking measured immediately after the intervention, and at 3, 6, and 9 months post-intervention	NIJ , SAMHSA
Brief Motivational Interview	14- to 21-year-olds	S, I	Pediatric emergency department	Reported attempts to cut back on drinking, quit drinking, and be careful when drinking measured at 3 and 12 months post-intervention	NIJ , SAMHSA

Preventing Substance Misuse Among 18- to 25-Year-Olds: Programs and Strategies

Program	Population	IOM*	Setting	Outcomes	Recognition**
Check Your Drinking	18- to 24-year-old employees	U	Workplaces with many young adult employees	Weekend drinking, drinking to intoxication, and peak drinking measured at pre-intervention and 30 days post-intervention	NIJ , SAMHSA
College Drinkers Check-Up (CDCU)	College students who are heavy, episodic drinkers	I	College or university campuses	Frequency and quantity of alcohol consumed and peak BAC measured at baseline (pre-intervention), and 1 and 12 months post-intervention	CDC , SAMHSA
College Health Intervention Projects (CHIPs)	High-risk college students seeking routine primary care	I	College or university health centers	Alcohol use and alcohol-related harm measured at baseline (pre-intervention), and 6 and 12 months post-intervention	N/A
Computer-Delivered Personalized Normative Feedback Intervention	Heavy drinking college students	I	College	Perceived drinking norms measured at baseline (pre-intervention), and 3 and 6 months post-intervention	Athena , CDC , NIJ , SAMHSA
InShape Prevention Plus Wellness	College students	U	College (Campus Medical Services)	Alcohol use, heavy alcohol use, marijuana use, quantity of marijuana use, and DUI measured immediately before and 12 weeks after intervention	Blueprints , SAMHSA
Integrated Interventions	Young adults who smoke cigarettes and have a history of binge drinking	I	Community	Odds of abstaining from tobacco at 6 month follow-up; monthly alcohol use and binge drinking measured at baseline (pre-intervention), end-of-treatment (week 12), and end-of-study (week 24)	N/A

Preventing Substance Misuse Among 18- to 25-Year-Olds: Programs and Strategies

Program	Population	IOM*	Setting	Outcomes	Recognition**
Interactive Multimedia Software: Alcohol 101	Undergraduate students	U	College or university	Beliefs about taking care of a friend with an overdose, the dangers of alcohol overconsumption, and behaving safely and remaining in control when alcohol is present measured at baseline (pre-intervention) and post-intervention	N/A
Motivational Interviewing in Emergency Departments	18- to 24-year-olds who are alcohol positive at hospital admission or screen positive for alcohol problems	I	Emergency trauma center	Frequency and amount of drinking measured at baseline and 6 and 12 months post-intervention	NIJ , SAMHSA
MyStudentBody.com (MSB)	Heavy drinking college students	I	College	Amount of alcohol consumed, binge drinking episodes, and negative consequences related to drinking measured at baseline (pre-intervention), post-intervention, and 3 months post-intervention	SAMHSA
Personalized Drinking Feedback plus Motivational Interviewing	Heavy drinking undergraduate students	I	College or university	Weekly drinking (women only); frequency of drinking and heavy driving measured at baseline (pre-intervention) and 6 months post-intervention	NIJ , SAMHSA
Screening and Brief Intervention in Hospital Emergency Rooms	College students who screen positive for alcohol problems	I	University hospital ED	Alcohol intake, alcohol-related harms, and alcohol dependence symptoms measured at baseline (immediate pre-intervention) and 3 months post-intervention	N/A

PARENT & FAMILY-FOCUSED

Program	Population	IOM	Setting	Outcomes	Recognition
Adults in the Making (AIM)	Rural African American emerging adults	U	Community	Odds of increasing alcohol use over time measured at pre-intervention, and 6.4, 16.6, and 27.5 months post-intervention	NIJ
Parent Based Interventions (PBI)	First-year college students and their parents	S	College or university	Odds of being a risky drinker measured at pre-intervention, and 5 months post-intervention	N/A

SMALL-GROUP INTERVENTIONS

Program	Population	IOM	Setting	Outcomes	Recognition
Alcohol Expectancy-Challenge Prevention Program for Women	Undergraduate women (moderate to heavy drinkers)	I	College	Positive expectations regarding alcohol effects on social behavior, sexual enhancement, and tension reduction measured pre- and post-intervention; and daily drinking patterns measured at 6 weeks post-intervention	N/A
Expectancy Challenge Alcohol Literacy Curriculum (ECALC)	College-aged men who are members of a fraternity	S	University or college (fraternity houses)	BAC, frequency and quantity of alcohol consumed, number of binge episodes, and positive expectations regarding alcohol effects measured at 4 weeks pre- and 4 weeks post-intervention	N/A

Preventing Substance Misuse Among 18- to 25-Year-Olds: Programs and Strategies

Program	Population	IOM	Setting	Outcomes	Recognition
Expectancy Challenge Interventions	Undergraduate students	I	College or university	Frequency and quantity of alcohol use and alcohol beliefs measured at baseline (pre-intervention), immediate post-intervention, and 1 month post-intervention	N/A
Lifestyle Management Class (LMC)	Undergraduate students	I	College or university	Driving after drinking and heavy consumption measured pre-intervention, post-intervention, and 6 months post-intervention	N/A
Training for Intervention Procedures (TIPS) for the University	College fraternity members	S	College or university (fraternities)	Frequency and quantity of alcohol consumption measured at baseline (pre-intervention), and 6, 12, and 18 months post-intervention	N/A

ENFORCEMENT

Program	Population	IOM	Setting	Outcomes	Recognition
College Alcohol Policy Enforcement	College students	U	College	Past 30-day drinking and usual heavy episodic drinking for current drinkers, and past 30-day alcohol drinking rates and past 2 weeks heavy episodic drinking overall measured at 1 and 2 years after the policy change	N/A

Preventing Substance Misuse Among 18- to 25-Year-Olds: Programs and Strategies

Program	Population	IOM	Setting	Outcomes	Recognition
Enforcing Underage Drinking Laws (EUDL)	Military personnel	S	Military bases and their surrounding communities	Percentage of junior enlisted personnel at risk for a drinking problem, failed compliance checks by local alcohol establishments, arrests of minors in possession of alcohol, and DUIs/DWIs for active duty and civilians under 21 years old measured at pre- and post-implementation	N/A

COMMUNICATIONS

Program	Population	IOM	Setting	Outcomes	Recognition
21st Birthday Card Program	College students turning 21 years old	S	University	Taking steps to protect self against alcohol, odds of getting drunk and recalling parts of the celebration, and total number of drinks consumed	N/A
Challenging College Alcohol Abuse (CCAA)	Undergraduate students	U	College	Binge drinking, past 30-day and past-year alcohol use, and beliefs about negative alcohol consequences and alcohol use norms up to four years following CCAA implementation	Athena
Social Marketing: “Before One More” Campaign	College students	U	College	Confidence in and use of techniques to reduce alcohol-related harm measured at 18 months post-intervention	N/A

Preventing Substance Misuse Among 18- to 25-Year-Olds: Programs and Strategies

Program	Population	IOM	Setting	Outcomes	Recognition
Social Marketing: “Less is More” Campaign	College students	U	College	Rates of self-reported high-risk drinking, drinking and driving, DUI violations, alcohol-related judicial violations, transports to the emergency department for alcohol overdose, and perception that alcohol facilitates sexual opportunity measured at baseline (fall semester 2004), fall 2005, fall 2006, spring 2007, fall 2007, and spring 2008	N/A
Social Norms Marketing: “Just the Facts” Campaign	College students	U	College	Perceptions of student alcohol use, alcohol use, and number of alcoholic drinks consumed during a drinking episode measured at baseline and post-intervention	N/A
Social Norms Marketing: “Stand Up and Be Counted” Campaign	College students	U	College	Perceptions of typical student drinking frequency and quantity, and drinking among non-abstaining students measured immediately pre- and post-intervention	N/A
Social Norms Marketing: College Student-Athlete Campaign	College student athletes	S	College	Perceptions of alcohol consumption among athletes, and frequency and quantity of personal alcohol consumption measured at baseline, and 1 and 2 years post-intervention	N/A

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Program	Population	IOM	Setting	Outcomes	Recognition
Social Norms Marketing: Harvard School of Public Health College Alcohol Study Colleges	College students	U	College	Student alcohol use measured in 1997, 1999, and 2001	N/A
Social Norms Marketing: Multi-targeted Campaign at a Public University	First-year students; all undergraduate students; at-risk groups	U, S	College	Estimated BAC after partying, and serious consequences associated with alcohol use measured annually over 6 years	N/A
Social Norms Marketing: Normative Group Intervention	College fraternity, sorority, and service organization members	S	College	Drinking behavior and misperceptions of group norms measured at pre-intervention (baseline), and 1 and 2 months post-intervention	N/A
Social Norms Marketing: University of Arizona's Campaign	College students	U	College	Perceptions of alcohol-free activities, self-reported binge drinking, and serious consequences associated with alcohol use measured at baseline (spring semester 1995, spring semester 1997, and spring semester 1998)	N/A

POLICY-ORIENTED STRATEGIES

Program	Population	IOM	Setting	Outcomes	Recognition
.08 Blood Alcohol Concentration (BAC) Per Se Laws	U.S. drivers	U	Community	Traffic fatality rates among 18–24 year olds from 1982 to 1998	CDC
Alcohol Ban on College Campus	Undergraduate students	U	College	Odds of: drinking alcohol, being a heavy episodic drinker, getting hurt or injured, experiencing secondhand effects of alcohol use, binge drinking, using marijuana in past 30 days, and becoming a heavy drinker	N/A
Alcohol Price Increases	Youth, college students	U	Community	Harmful youth drinking, sexually transmitted infections and diseases among youth and young adults, traffic fatalities involving youth, and violence and crime on college campuses from 1981 to 1995	CDC
Alcohol Restrictions at Community Events	College students	U	College	Arrests, assaults, and ejections from the stadium, and student referrals to the judicial affairs office (for bans at football games), and number of neighborhood calls for complaints related to homecoming activities (for campus-wide bans) up to 4 years post-intervention	N/A

Preventing Substance Misuse Among 18- to 25-Year-Olds: Programs and Strategies

Program	Population	IOM	Setting	Outcomes	Recognition
Ban of Salvia Divinorum (reclassified as a Schedule 1 substance)	College students	U	States and communities	Awareness of salvia divinorum and recreational use of salvia divinorum measured 18 to 21 months pre- and 15 to 18 months post-intervention	N/A
Blood Alcohol Concentration (BAC) Limits for Minors (Zero Tolerance) Laws	Youth under 21 years old	U	Community	Binge drinking, drinking and driving (among college students), fatal motor vehicle crashes that involve drinking and driving for drivers younger than 21 years old, alcohol-related fatal motor vehicle crashes, suicide deaths among males ages 15–24, and gonorrhea rates among white males ages 15–19; and sanctions for drinking and driving among youth ages 16–20 measured at different points in time	CDC
Dram Shop Liability Laws	18- to 20-year-old minors	U	Community	Alcohol-related motor vehicle fatalities of 18–20 year olds and drinking levels by college students measured over two years and over nine years	CDC
Happy Hour Restrictions	Underage youth; College students	U	Community	Combined with other laws and policies targeting UAD: Binge-drinking among underage youth on campuses, and drinking and driving among college-aged students measured at different points in time	CDC

Preventing Substance Misuse Among 18- to 25-Year-Olds: Programs and Strategies

Program	Population	IOM	Setting	Outcomes	Recognition
Minimum Age of Alcohol Purchase, Sale, and Server Laws	College students	U	Community	<p>Combined with other laws and policies targeting UAD: Annual alcohol use rates among underage college students, rates of drinking in the past 30 days among underage college students, and binge-drinking rates among underage college students measured at different points in time</p> <p>Laws establishing 21 as the minimum age to sell alcohol: Alcohol use and binge-drinking rates among underage college students measured at different points in time</p> <p>Stricter laws regarding the use of false identification to purchase alcohol: Alcohol-related traffic fatalities involving underage drinkers measured at different points in time</p>	N/A
Minimum Legal Drinking Age (MLDA) Laws and Beer Taxes	U. S. citizens	U	Community	Youth fatalities, traffic fatalities	N/A
Social Host Liability Laws	Youth under 21 years old	U	Community	Alcohol-related traffic fatality rates for 18–20 year olds; total motor vehicle deaths for 18–20 year olds; self-reported probability of heavy, episodic drinking and driving while under the influence among all drinkers; and youth	N/A

Preventing Substance Misuse Among 18- to 25-Year-Olds: Programs and Strategies

Program	Population	IOM	Setting	Outcomes	Recognition
Social Host Liability Laws (cont.)				drinking (14–20 year olds) in large peer groups measured at different points in time	
Substance Restricted College Housing	Undergraduate students	U	College	Odds of: current cigarette or marijuana use, frequency and quantity of alcohol use; having alcohol-related problems, riding with a driver who had been drinking, and experiencing secondhand effects of drinking	N/A

MULTI-COMPONENT

Program	Population	IOM	Setting	Outcomes	Recognition
Border Binge-Drinking Reduction	Underage youth crossing U.S.-Mexico border	U	Border communities	Number of: 16- to 20-year-old drivers who had been drinking alcohol and were involved in nighttime crashes; underage drinking pedestrians crossing the Mexico-U.S. border between midnight and 4:00 a.m.; and young Americans getting arrested for alcohol-related violations in Tijuana measured over a two to three year period	Athena
Brief Motivational Intervention + Alcohol Expectancy Challenge	High-risk drinking college students	I	College	Heavy drinking and alcohol problems measured at baseline (pre-intervention), and 1, 3, and 6 months post-intervention	NIJ, SAMHSA

Preventing Substance Misuse Among 18- to 25-Year-Olds: Programs and Strategies

Program	Population	IOM	Setting	Outcomes	Recognition
Combined Alcohol Intervention (Brief Alcohol Screening and Intervention for College Students + Parent Intervention)	High school athletes transitioning to college and their parents	I	College or university	Use of marijuana measured at pre-intervention (baseline) and 10 months post-intervention	Athena, NIJ, SAMHSA
Common Ground	College students	U	College and surrounding community	Beliefs about getting caught, awareness of formal alcohol-control efforts, responsible beverage service enforcement, and perceptions of student misbehavior at off-campus parties; and community complaints to local police regarding student disturbances in the community measured at pre-implementation (baseline), and 1, 2, and 3 years post-intervention	N/A
Communities Mobilizing for Change on Alcohol (CMCA)	18- to 20-year-olds	U	Community	Number of driving under the influence (DUI) arrests among 18–20 year olds; number of 18- to 20-year-olds trying to buy alcohol, drinking alcohol within the past 30 days, and providing alcohol to their peers; number of merchants selling alcohol to minors and checking age identification during alcohol transactions measured at baseline and 3 years during intervention implementation	Athena, SAMHSA

Preventing Substance Misuse Among 18- to 25-Year-Olds: Programs and Strategies

Program	Population	IOM	Setting	Outcomes	Recognition
DUI Prevention Intervention	College students	U	College towns	Self-reported driving under the influence by college students measured at pre-intervention and post-intervention	N/A
Safer California Universities	College students	U	University and surrounding community	Incidence and likelihood of intoxication at off-campus parties, bars, and restaurants measured at baseline (2003) and every year consecutively until 2007	N/A
Saving Lives	Emerging adults	U	Community	Fatal crashes involving drivers aged 15–25, reported driving after drinking among drivers aged 16–19, awareness of DUI or DWI laws and sanctions for teenage offenders, and speeding sanctions among teenagers measured over a 5-year period	N/A
Study to Prevent Alcohol Related Consequences (SPARC)	College students	U	Colleges and surrounding communities	Severe consequences due to students' own drinking; and students causing alcohol-related injuries to others measured at baseline, and 1, 2, and 3 years post-intervention	N/A
Western Washington University's Neighborhoods Engaging with Students (NEST) Project	College students	U	University and surrounding community	Heavy episodic drinking measured at pre-implementation (baseline) and 1 year post-baseline	N/A

SECTION 2. PROGRAM RECORDS

BRIEF INTERVENTIONS

Alcohol Counseling Intervention Delivered Via Personalized Text Messages	
Description	Alcohol Counseling Intervention Delivered Via Personalized Text Messages uses motivational interviewing principles. College students who engage in high-risk drinking receive 4 to 6 text messages daily for 4 days that require brief responses. The main goals are to increase readiness to change substance use behavior and to reduce high-risk behaviors.
Populations	College students aged 18–23 who are problem drinkers
Settings	College or university campuses
Evaluation Design	Prospective, experimental design with participants randomly assigned to an intervention (n = 8) or control group (n = 10). Participants were surveyed one week before participating in the intervention and one month post-intervention.
Evaluation Outcome(s)	Compared to participants in the control group, participants in the intervention group demonstrated a significant increase in readiness to change drinking behaviors (Mason, Benotsch, Way, Kim, & Snipes, 2014)
Evaluation Studies	Mason, M., Benotsch, E., Way, T., Kim, H., & Snipes, D. (2014). Text messaging to increase readiness to change alcohol use in college students. <i>Journal of Primary Prevention</i> , 35(1), 47–52. doi:10.1007/s10935-013-0329-9
Recognition	N/A

Alcohol Screening and Brief Intervention	
Description	Alcohol Screening and Brief Intervention involves participants receiving two 20-minute brief intervention sessions grounded in motivational interviewing and cognitive-behavioral skills training. Each session is delivered one-on-one with a trained primary care provider. The first session introduces possible healthy lifestyle concerns and discusses alcohol use. The second session stresses alcohol skills training components using the Brief Alcohol Screening and Intervention for College Students (BASICS) program.
Populations	High-risk drinking undergraduate students
Settings	College student health center

Alcohol Screening and Brief Intervention	
Evaluation Design	Prospective, experimental design with participants randomly assigned to the Alcohol Screening and Brief Intervention group (n = 181) or control group (n = 182). Participants were measured at baseline (pre-intervention), and then at 3 months, 6 months and 12 months post-intervention.
Evaluation Outcome(s)	<p>Compared to participants in the control group, the participants who received the Alcohol Screening and Brief Intervention significantly reduced over time (Schaus, Sole, McCoy, Mullett, & O'Brien, 2009):</p> <ul style="list-style-type: none"> • Typical estimated blood alcohol concentration (BAC) • Peak estimated blood alcohol concentration (BAC) • Peak number of drinks in a sitting • Average number of drinks per week • Number of times drunk in a typical week • Average number of drinks per sitting (significant only at 6 months post) • Number of days reporting heavy episodic drinking (significant only at 6 months post) • Alcohol related harms (significant only at 6 and 9 months post) • Number of times drove after 3+ drinks (significant only at 3 months post) • Times taken foolish risks (significant only at 3 months post).
Evaluation Studies	Schaus, J. F., Sole, M. L., McCoy, T. P., Mullett, N., & O'Brien, M. C. (2009). Alcohol screening and brief intervention in a college student health center: A randomized controlled trial. <i>Journal of Studies on Alcohol and Drugs, Supplement</i> (16), 131–141.
Recognition	<p>An Athena Forum Excellence in Prevention program for outcomes related to: Frequency of alcohol use, Quantity of alcohol use, Negative consequences of alcohol use</p> <p>https://www.theathenaforum.org/prevention-101/excellence-prevention</p> <p>An OJJDP Model Programs Guide (operated by CrimeSolutions.gov) effective (more than one study) program for outcomes related to: Consequences of Alcohol Consumption, Quantities Consumed, Alcohol Consumption</p> <p>http://www.crimesolutions.gov/ProgramDetails.aspx?ID=138</p> <p>A SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) legacy program for outcomes related to: Frequency of alcohol use, Quantity of alcohol use, Negative consequences of alcohol use.</p>

AlcoholEdu for College	
Description	This harm reduction, 2- to 3-hour online course teaches incoming first-year college students about alcohol misuse prevention. The course includes 4 main modules: (1) Provides general alcohol information; (2) Explores college drinking norms, alcohol effects on the body, and alcohol laws and policies; (3) Encourages student to set goals (academic-, social-, and health-related); and (4) Reviews what was covered in the course. There is also a 5th module taken 30–45 days after the 4th which includes reviewing the goals stated in module 3.
Populations	First-year college students
Settings	College (online)
Evaluation Design	Prospective, experimental design with 30 colleges randomly assigned to the experimental group (n = 15) or to a control group (n = 15). Two hundred first-year students from all participating colleges were randomly selected to participate (n = 1,102 students in the experimental group; n = 1,298 in the control group) and completed an immediate pre, immediate post, and a follow-up survey the following semester.
Evaluation Outcome(s)	<p>Compared to students in the control group, students who participated in AlcoholEdu for College demonstrated significant reduction in (Paschall, Antin, Ringwalt, & Saltz, 2011):</p> <ul style="list-style-type: none"> • Past 30-day alcohol problems (in general) • Problems in the physiological, social, and victimization domains. <p>*Effects did not persist to the following semester; only immediate effects were found.</p>
Evaluation Studies	Paschall, M. J., Antin, T., Ringwalt, C. L., & Saltz, R. F. (2011). Effects of AlcoholEdu for College on alcohol-related problems among freshman: A randomized multicampus trial. <i>Journal of Studies on Alcohol and Drugs</i> , 72(4), 642–650.
Recognition	A SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP) newly reviewed program for outcomes related to: alcohol use and alcohol use disorder, and substance-related consequences.

Brief Alcohol Education Intervention Delivered via Text Messages	
Description	Participants receive a series of standard, automated intervention text messages with immediate automated responses contingent on their answers to frequency and quantity of alcohol consumed. Text messages: (1) described NIAAA safe-drinking guidelines, (2) assessed participants' willingness to set a goal to reduce their drinking the following week, and (3) provided strategies for cutting down (for those who set a goal) or exercises to assist decisional balance (i.e., considering the pros and cons) for those unwilling to set a goal. All participants receive a booklet called, "Rethinking Drinking" published by the NIAAA.
Populations	18- to 24-year-olds
Settings	Emergency departments
Evaluation Design	Prospective, experimental design with participants randomly assigned to: (1) control group (no intervention); (2) Assessment only; (3) Assessment with intervention. Participants were surveyed at pre-intervention, immediate post, and 3 months post-intervention.
Evaluation Outcome(s)	Participants in the text message-based intervention group decreased the number of heavy drinking days and maximum drinks per drinking day (Suffoletto, Callaway, Kristan, Kraemer, & Clark, 2012).
Evaluation Studies	Suffoletto, B., Callaway, C., Kristan, J., Kraemer, K., & Clark, D. B. (2012). Text-message-based drinking assessments and brief interventions for young adults discharged from the emergency department. <i>Alcoholism: Clinical and Experimental Research</i> , 36(3), 552–560.
Recognition	N/A

Brief Alcohol Screening and Intervention for College Students (BASICS)	
Description	Informed by motivational interviewing principles, provides personalized feedback based on how a participant's rate of drinking compares to peer drinking rates. Participants also receive information on perceived drinking risks and benefits, drinking behavior myths, alcohol effects, and tolerance effects. Each participant receives a 1-page list of tips for reducing drinking risks.
Populations	High-risk college drinkers
Settings	College or university campuses
Evaluation Design	Baer, Kivlahan, Blume, McKnight, & Marlatt, 2001: Prospective, experimental design with high risk drinkers (n = 348) randomized to an intervention or no intervention

Brief Alcohol Screening and Intervention for College Students (BASICS)	
Evaluation Design (cont.)	<p>control group. A normative comparison sample (n = 151) was also randomly selected from the entire pool to track the natural history of changes in drinking behavior within the cohort over time. Participants completed a baseline measurement and follow-up measurement at 1 year, 2 years, 3 years, and 4 years post-intervention.</p> <p>Borsari & Carey, 2000: Prospective, experimental design with high risk college student drinkers randomly assigned to the Brief intervention (n = 29) or control group (n = 31). Participants completed a baseline measurement and follow-up measurement at 6 weeks.</p> <p>Larimer et al., 2001: Prospective, experimental design with 12 college fraternities randomly assigned to an intervention condition (n = 6 houses; 82 participants) or the treatment-as-usual control group (n = 6 houses; 77 participants). Each participant in the intervention condition was then randomly assigned to receive feedback from a fellow undergraduate student (peer) or a trained clinician (professional). All participants completed a baseline measurement and follow-up measurement one year after.</p>
Evaluation Outcome(s)	<p>Compared to high risk participants in the control group, participants who received the intervention significantly reduced frequency and quantity of alcohol use and negative consequences related to use between baseline and 1 year assessment that lasted over all follow-up years (Baer, Kivlahan, Blume, McKnight, & Marlatt, 2001).</p> <p>*For the normative comparison sample, there were no significant changes over the 4 years (Baer et al., 2001).</p> <p>Compared to participants in the control group, participants who received the intervention significantly reduced (Borsari & Carey, 2000):</p> <ul style="list-style-type: none"> • Number of drinks consumed per week • Number of times alcohol was consumed in the past month • Frequency of binge drinking in the past month. <p>Compared to participants in the control group, participants who received the intervention (peer or professional led) reported significantly greater reductions of (Larimer et al., 2001):</p> <ul style="list-style-type: none"> • Average drinks per week • Typical peak BAC. <p>Compared to students receiving the professional led intervention, participants receiving the peer led intervention reported significantly greater reductions in typical peak BACs (Larimer et al., 2001).</p>
Evaluation Studies	<p>Baer, J. S., Kivlahan, D. R., Blume, A. W., McKnight, P., & Marlatt, G. A. (2001). Brief intervention for heavy-drinking college students: 4-Year follow-up and natural history. <i>American Journal of Public Health, 91</i>(8), 1310–1316.</p>

Brief Alcohol Screening and Intervention for College Students (BASICS)	
Evaluation Studies (cont.)	<p>Borsari, B., & Carey, K. B. (2000). Effects of a brief motivational intervention with college student drinkers. <i>Journal of Consulting and Clinical Psychology</i>, 68(4), 728–733. doi:10.1037/0022-006x.68.4.728</p> <p>Larimer, M. E., Turner, A. P., Anderson, B. K., Fader, J. S., Kilmer, J. R., Palmer, R. S., & Cronce, J. M. (2001). Evaluating a brief alcohol intervention with fraternities. <i>Journal of Studies on Alcohol</i>, 62(3), 370–380.</p>
Recognition	<p>An Athena Forum Excellence in Prevention program for outcomes related to: Frequency of alcohol use, Quantity of alcohol use, Negative consequences of alcohol use https://www.theathenaforum.org/prevention-101/excellence-prevention-strategy-list</p> <hr/> <p>A CDC Community Guide recommended intervention for outcomes related to Alcohol Consumption, Alcohol-Related Harms https://www.thecommunityguide.org/findings/alcohol-excessive-consumption-electronic-screening-and-brief-interventions-e-sbi</p> <p>An OJJDP Model Programs Guide (operated by CrimeSolutions.gov) effective (more than one study) program for outcomes related to: Consequences of Alcohol Consumption, Quantities Consumed, Alcohol Consumption http://www.crimesolutions.gov/ProgramDetails.aspx?ID=138</p> <p>A SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP) legacy program for outcomes related to: Frequency of alcohol use, Quantity of alcohol use, Negative consequences of alcohol use</p> <hr/>

Brief Intervention: Assessment and Feedback	
Description	Uses motivational interviewing techniques in a 2-session format: one for assessment and one for a feedback interview. Harm reduction approach focuses on reducing the negative consequences associated with drinking, but does not focus on reduction or frequency of use. Personalized feedback is provided by mail 1 year after the second session.
Populations	High-risk drinking college students
Settings	College or university campuses
Evaluation Design	Prospective, experimental design with high-risk drinking students randomly assigned to the brief intervention (n = 153) or control (n = 160). A normative

Brief Intervention: Assessment and Feedback	
Evaluation Design (cont.)	comparative sample (including all levels of drinkers) was created (n = 77) and used to determine a risk cutpoint for each measure. Participants were surveyed at baseline (pre-intervention) and 2 years post-intervention.
Evaluation Outcome(s)	Compared to participants in the high-risk control group, the participants in the brief intervention group demonstrated patterns of improvement in alcohol-related problems (Roberts, Neal, Kivlahan, Baer, & Marlatt, 2000).
Evaluation Studies	Roberts, L. J., Neal, D. J., Kivlahan, D. R., Baer, J. S., & Marlatt, G. A. (2000). Individual drinking changes following a brief intervention among college students: Clinical significance in an indicated preventive context. <i>Journal of Consulting and Clinical Psychology</i> , 68(3), 500-505. doi: 10.1037/0022-006x.68.3.500
Recognition	<p>An OJJDP Model Programs Guide (operated by CrimeSolutions.gov) effective (one meta-analysis) program for outcomes related to: Drugs & Substance Abuse – Multiple substances</p> <p>https://www.crimesolutions.gov/PracticeDetails.aspx?ID=31</p> <p>A SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP) legacy program for outcomes related to: Alcohol use, Negative consequences/problems associated with alcohol use, Drinking and driving, Alcohol-related injuries, Drug use (cocaine and opiates), Retention in treatment</p>

Brief Intervention: Assessment, Skill-building, and Feedback	
Description	Participants attend a 2-hour class covering educational, attitudinal, and skills-based techniques encouraging responsible decision-making and moderate drinking behavior. Uses a motivational approach to encourage participants toward change. Participants are also informed of alcohol-related campus resources. One week after the class, participants receive mailed feedback that includes personalized information regarding their quantity and frequency of alcohol drinking, their peak weekly and monthly BAC levels, and information about other risk factors. Drinking quantity includes number of drinks per week and month, as well as the percentile relative to national and campus norms.
Populations	Moderate to heavy drinking college students
Settings	College or university campuses
Evaluation Design	Prospective, repeated measures experimental design with 37 participants randomly assigned to 1 of 3 groups: 1) a two-hour information and motivation session plus mailed personal feedback 2) mailed feedback only; or 3) no treatment. Participants

Brief Intervention: Assessment, Skill-building, and Feedback	
Evaluation Design (cont.)	were measured at baseline (pre-intervention), and follow-up assessments occurred at 6 weeks post-intervention.
Evaluation Outcome(s)	The feedback ONLY group significantly reduced their drinking at a 6-week follow-up, while the class plus feedback group did not differ significantly from the control group (Walters, 2000; Walters, Bennett, & Miller, 2000).
Evaluation Studies	Walters, S. T. (2000). In praise of feedback: An effective intervention for college students who are heavy drinkers. <i>Journal of American College Health</i> , 48(5), 235. Walters, S. T., Bennett, M. E., & Miller, J. H. (2000). Reducing alcohol use in college students: A controlled trial of two brief interventions. <i>Journal of Drug Education</i> , 30(3), 361–372. doi: 10.2190/jhml-0jpd-ye7l-14ct
Recognition	N/A

Brief Motivational Intervention for Physically Aggressive Dating Couples	
Description	Based on motivational interviewing principles, this program is designed to enhance motivation to reduce harmful behavior (i.e., partner aggression and harmful alcohol use). Romantic couples are assessed and receive from a trained therapist a 2-page individualized feedback sheet on their self-reported aggression levels, as well as on risk and consequences of aggression. Each member of the couple meets individually with a therapist to respond to the feedback and discuss possible behavior change (session lasts approximately 45 minutes). The couple then meets together with the therapist (for approximately 15 minutes) to discuss relationship hopes and concerns. The therapist reinforces statements of motivation to change risk factors for aggression.
Populations	College dating couples (18–25 years old) who report physical aggression in their current relationships
Settings	College and university campuses
Evaluation Design	Prospective, experimental design with 50 students and their partners participating in a 2-hour assessment session, and then randomly assigned to: (1) extensive individualized motivational feedback or (2) minimal non-motivational feedback. Couples were surveyed following the feedback, and 3, 6, and 9 months after the feedback session.
Evaluation Outcome(s)	Participants in the motivational feedback condition were more likely to report reducing their harmful drinking following the intervention than individuals in the minimal feedback condition (Woodin & O’Leary, 2010).

Brief Motivational Intervention for Physically Aggressive Dating Couples	
Evaluation Studies	Woodin, E., & O'Leary, K. (2010). A brief motivational intervention for physically aggressive dating couples. <i>Prevention Science, 11</i> (4), 371–383. doi:10.1007/s11121-010-0176-3
Recognition	<p>An OJJDP Model Programs Guide (operated by CrimeSolutions.gov) effective (one meta-analysis) program for outcomes related to: Drugs & Substance Abuse – Multiple substances</p> <p>http://www.crimesolutions.gov/PracticeDetails.aspx?ID=31</p> <p>A SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) legacy program for outcomes related to: Alcohol use, Negative consequences/problems associated with alcohol use, Drinking and driving, Alcohol-related injuries, Drug use (cocaine and opiates), Retention in treatment</p>

Brief Motivational Interview	
Description	Trained peer educators use motivational interviewing techniques to lead 20- to 30-minute guided discussions with youth. Educators provide feedback on participant substance use behaviors compared to the norm, discuss pros and cons of substance use, elicit change talk, create a plan for change, and discuss sources of resilience. Participants also receive a 5- to 10-minute “booster” phone call after the initial discussion where they review the change plan, discuss progress towards change, and receive further referrals (if needed).
Populations	14- to 21-year-olds
Settings	Pediatric emergency department
Evaluation Design	Prospective, experimental design with participants randomly assigned to 1 of 3 groups: (1) intervention (assessment, 20-30 min structured conversation plus “booster” phone call at 10 days post initial conversation; n = 283); (2) standard assessed control (assessment plus brief written handout; n = 284); and (3) minimally assessed control (screening survey only; n = 286). Follow up measurement occurred 3 months and 12 months post-intervention period.
Evaluation Outcome(s)	Compared to 18- to 21-year-old participants ⁵ in the standard assessed control group, 18- to 21-year-old participants who received the intervention significantly (Bernstein et al., 2010):

⁵ Although the study assessed outcomes for different age groups, only outcomes for 18–21 year olds are reported here.

Brief Motivational Interview	
Evaluation Outcome(s) (cont.)	<ul style="list-style-type: none"> • Tried to cut back on drinking • Tried to quit drinking • Tried to be careful when drinking.
Evaluation Studies	Bernstein, J., Heeren, T., Edward, E., Dorfman, D., Bliss, C., Winter, M., & Bernstein, E. (2010). A brief motivational interview in a pediatric emergency department, plus 10-day telephone follow-up, increases attempts to quit drinking among youth and young adults who screen positive for problematic drinking. <i>Academic Emergency Medicine, 17</i> (8), 890–902. doi:10.1111/j.1553-2712.2010.00818.x
Recognition	<p>An OJJDP Model Programs Guide (operated by CrimeSolutions.gov) effective (one meta-analysis) program for outcomes related to: Drugs & Substance Abuse – Multiple substances</p> <p>http://www.crimesolutions.gov/PracticeDetails.aspx?ID=31</p> <p>A SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP) legacy program for outcomes related to: Alcohol use, Negative consequences/problems associated with alcohol use, Drinking and driving, Alcohol-related injuries, Drug use (cocaine and opiates), Retention in treatment</p>

Check Your Drinking	
Description	This web-based program aims to reduce high-risk drinking behavior by providing personalized normative feedback about alcohol and its consequences to users. The program is free and available at www.CheckYourDrinking.net . Some participants also receive a 15-minute in-person motivational interview with a master’s-level trained counselor.
Populations	18- to 24-year-old employees
Settings	Workplace with high numbers of employees in the 18- to 24-year-old age group
Evaluation Design	Prospective, experimental design with 124 participants randomly assigned to: (1) web-based feedback (WI); (2) web-based feedback plus a 15-minute motivational interviewing session (MI); (3) control group. Participants were measured pre-intervention and 30 days post.
Evaluation Outcome(s)	Compared to the control group, participants in both intervention groups reported decreases in weekend drinking, drinking to intoxication, and peak drinking, especially among high-risk drinkers (Doumas & Hannah, 2008).

Check Your Drinking	
Evaluation Outcome(s) (cont.)	No significant differences were found between the WI and MI groups on any of the alcohol consumption measures (Doumas & Hannah, 2008).
Evaluation Studies	Doumas, D. M., & Hannah, E. (2008). Preventing high-risk drinking in youth in the workplace: A web-based normative feedback program. <i>Journal of Substance Abuse Treatment</i> , 34(3), 263–271.
Recognition	<p>An OJJDP Model Programs Guide (operated by CrimeSolutions.gov) effective (one meta-analysis) program for outcomes related to: Drugs & Substance Abuse – Multiple substances</p> <p>http://www.crimesolutions.gov/PracticeDetails.aspx?ID=31</p> <p>A SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP) legacy program for outcomes related to: Alcohol use, Negative consequences/problems associated with alcohol use, Drinking and driving, Alcohol-related injuries, Drug use (cocaine and opiates), Retention in treatment</p>

College Drinkers Check-Up (CDCU)	
Description	<p>Computer-based, brief motivational interviewing intervention that lasts 35 to 45 minutes with optional 15 to 20 minute follow-up sessions. Comprises screening, assessment, personalized feedback, and decision-making modules.</p> <p>Website: http://www.collegedrinkerscheckup.com</p>
Populations	College students (ages 18–24) who are heavy, episodic drinkers
Settings	College or university campuses
Evaluation Design	<p>[Evaluation Design #1] Prospective, experimental design with 144 students randomly assigned to the CDCU or an assessment-only control group. All participating students completed surveys at baseline (pre-intervention) as well as 1 month and 12 months post intervention follow-up.</p> <p>[Evaluation Design #2] Prospective, experimental design with 82 students randomly assigned to the CDCU or a delayed-assessment control group with assessments at baseline (CDCU group only) and at 1-month (both groups).</p>
Evaluation Outcome(s)	[Evaluation Design #1] Compared to students in the assessment-only control group, students who participated in CDCU demonstrated significant reductions in (Hester, Delaney, & Campbell, 2012):

College Drinkers Check-Up (CDCU)	
Evaluation Outcome(s) (cont.)	<ul style="list-style-type: none"> Drinks per week (12 month follow-up only) Average peak BAC on two heavier occasions in the previous month (1 month & 12 month follow-up) Average number of drinks in two heavy episodes (1 month & 12 month follow-up). <p>[Evaluation Design #2] Compared to students in the delayed-assessment control group, students who participated in CDCU demonstrated significant reductions in (Hester et al., 2012):</p> <ul style="list-style-type: none"> Drinks per week (1 month follow-up) Peak BAC typical week (1 month follow-up) Average peak BAC on two heavier occasions in the previous month (1 month follow-up) Average number of drinks in two heavy episodes (1 month follow-up).
Evaluation Studies	<p>Hester, R. K., Delaney, H. D., & Campbell, W. (2012). The College Drinker's Check-up: Outcomes of two randomized clinical trials of a computer-delivered intervention. <i>Psychology of Addictive Behaviors</i>, 26(1), 1–12.</p>
Recognition	<p>A CDC Community Guide recommended intervention for outcomes related to Alcohol Consumption, Alcohol-Related Harms</p> <p>https://www.thecommunityguide.org/findings/alcohol-excessive-consumption-electronic-screening-and-brief-interventions-e-sbi</p> <p>A SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP) legacy program for outcomes related to: Alcohol use</p> <hr style="width: 20%; margin-left: 0;"/>

College Health Intervention Projects (CHIPs)	
Description	<p>Delivered by trained primary care physicians to college students. During a routine physical, the physician provides feedback on current health behaviors, reviews high-risk drinking prevalence at colleges, and discusses negative alcohol consequences, the pros and cons of drinking, drinking cues, and life goals. The physician and patient come up with an agreement, and the physician writes it out in the form of a prescription. The student is given a blood alcohol level calculator and drinking diary cards. Two 15-minute visits with the physician are scheduled 1 month apart (brief intervention and reinforcement). Each patient receives a follow-up phone call or email from the primary care physician 2 weeks after the first visit and 1 month after the second.</p>

College Health Intervention Projects (CHIPs)	
Populations	High-risk college students seeking routine primary care
Settings	College or university health centers
Evaluation Design	Prospective, experimental design with students randomized to a brief intervention (n = 493) or a control group (n = 493). Participants were measured at baseline (pre-intervention), and then at 6 months and 12 months post-intervention.
Evaluation Outcome(s)	Compared to participants in the control, male and female college students using alcohol at high-risk levels who received CHIPs demonstrated significant reductions in alcohol use and alcohol-related harm (Fleming et al., 2010).
Evaluation Studies	Fleming, M. F., Balousek, S. L., Grossberg, P. M., Mundt, M. P., Brown, D., Wiegel, J. R., . . . Saewyc, E. M. (2010). Brief physician advice for heavy drinking college students: A randomized controlled trial in college health clinics. <i>Journal of Studies on Alcohol and Drugs</i> , 71(1), 23–31.
Recognition	N/A

Computer-Delivered Personalized Normative Feedback Intervention	
Description	Participants complete an assessment on perceived drinking norms and drinking behavior, then receive immediate feedback modeled after the normative feedback component of Brief Alcohol Screening and Intervention for College Students (BASICS). The feedback includes a summary of perceived drinking norms compared to actual drinking norms and a summary of participant’s consumption compared to average college drinking behavior. Participants also received their percentile ranking comparing their drinking to other college students’ drinking. The actual norms are based on data collected on the same campus in the previous year from a randomly selected sample of undergraduate students. Each participant receives a printout of the feedback.
Populations	Heavy drinking college students
Settings	College
Evaluation Design	Prospective, experimental design with participants randomly assigned to the intervention (n = 126) or control group (n = 126). Participants were measured at baseline (pre-intervention), and follow-up assessments occurred at 3 and 6 months.
Evaluation Outcome(s)	Compared to participants in the control group, participants in the intervention group reported greater reductions in perceived drinking norms at 3 and 6 month follow-ups (Neighbors, Larimer, & Lewis, 2004).

Computer-Delivered Personalized Normative Feedback Intervention	
Evaluation Outcome(s) (cont.)	In the intervention group, participants who drank more for social reasons reported greater reductions at 3 month follow-up than those who did not (effect no longer evident at 6 months; Neighbors, Larimer, & Lewis, 2004).
Evaluation Studies	Neighbors, C., Larimer, M. E., & Lewis, M. A. (2004). Targeting misperceptions of descriptive drinking norms: Efficacy of a computer-delivered personalized normative feedback intervention. <i>Journal of Consulting and Clinical Psychology</i> , 72(3), 434–447.
Recognition	<p>An Athena Forum Excellence in Prevention program for outcomes related to: Frequency of alcohol use, Quantity of alcohol use, Negative consequences of alcohol use https://www.theathenaforum.org/prevention-101/excellence-prevention-strategy-list</p> <hr/> <p>A CDC Community Guide recommended intervention for outcomes related to Alcohol Consumption, Alcohol-Related Harms https://www.thecommunityguide.org/findings/alcohol-excessive-consumption-electronic-screening-and-brief-interventions-e-sbi</p> <p>An OJJDP Model Programs Guide (operated by CrimeSolutions.gov) effective (more than one study) program for outcomes related to: Consequences of Alcohol Consumption, Quantities Consumed, Alcohol Consumption http://www.crimesolutions.gov/ProgramDetails.aspx?ID=138</p> <p>A SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP) legacy program for outcomes related to: Frequency of alcohol use, Quantity of alcohol use, Negative consequences of alcohol use</p> <hr/>

InShape Prevention Plus Wellness	
Description	<p>Based on the Behavior Image Model, participants are assessed on selected health behaviors (e.g., physical exercise, sleep, substance use, stress management), then receive an individualized 25-minute consultation with a goal plan that outlines behavior recommendations based on the consultation.</p> <p>Website: http://www.preventionpluswellness.com</p>
Populations	College students (18 to 21 years old)
Settings	College (Campus Medical Services)

InShape Prevention Plus Wellness	
Evaluation Design	Prospective, experimental design with 283 college students randomly assigned to the intervention group or standard care control group. Participants were surveyed immediately pre and 12 weeks post-intervention.
Evaluation Outcome(s)	Compared to the control, participants in the intervention group demonstrated significantly less (Werch et al., 2008): <ul style="list-style-type: none"> • Alcohol use • Heavy alcohol use • Marijuana use • Quantity of marijuana use • Driving after drinking alcohol.
Evaluation Studies	Werch, C. E., Moore, M. J., Bian, H., DiClemente, C. C., Ames, S. C., Weiler, R. M., . . . Huang, I.-C. (2008). Efficacy of a brief image-based multiple behavior intervention for college students. <i>Annals of Behavioral Medicine</i> , 36(2), 149–157.
Recognition	A Blueprints Programs promising program for outcomes related to: Alcohol, Illicit Drug Use http://www.blueprintsprograms.com/factsheet/inshape-prevention-plus-wellness A SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP) legacy program for outcomes related to: Alcohol use and driving after drinking, Marijuana use, Health-related quality of life, Quantity of sleep

Integrated Interventions	
Description	These interventions target more than one substance misuse or mental health issue. This specific intervention combines smoking cessation and binge drinking reduction strategies. Participants engage in a multi-session, individualized behavioral intervention in which a counselor provides personalized feedback about alcohol use, including comparisons of personal level of use to peer norms, and discusses the role that high-risk drinking plays in maintaining smoking. The intervention focuses on reducing heavy drinking as a way to stop smoking.
Populations	Young adults (18–30 years) who smoke cigarettes and have a history of binge drinking at least once a month in the past 3 months
Settings	Community

Integrated Interventions	
Evaluation Design	Prospective, experimental design with participants randomly assigned to: 1) individual behaviorally based smoking cessation intervention plus 8 weeks of nicotine patch therapy (Standard; n = 47) or 2) the identical smoking cessation treatment integrated with a binge drinking intervention (Integrated; n = 48). Participants were measured at baseline (pre-intervention), end-of-treatment (week 12), and end-of-study (week 24).
Evaluation Outcome(s)	Compared to participants in the Standard intervention, participants in the Integrated intervention were significantly more likely to (Ames, Pokorny, Schroeder, Tan, & Werch, 2014): <ul style="list-style-type: none"> • Abstain from tobacco at 6 month follow-up • Reduce alcohol use per month (only those who completed whole intervention) • Reduce binge drinking episodes per month (only those who completed whole intervention).
Evaluation Studies	Ames, S. C., Pokorny, S. B., Schroeder, D. R., Tan, W., & Werch, C. E. (2014). Integrated smoking cessation and binge drinking intervention for young adults: A pilot efficacy trial. <i>Addictive Behaviors</i> , 39(5), 848–853. doi:10.1016/j.addbeh.2014.02.001
Recognition	N/A

Interactive Multimedia Software: Alcohol 101	
Description	Interactive CD-ROM software program engages students by allowing them to simulate alcohol-related decision scenarios and understand consequences associated with unsafe choices and safe alternatives.
Populations	Undergraduate students
Settings	College or university campuses
Evaluation Design	Prospective, experimental design with participants (N = 643) randomly assigned to 1 of 3 groups: (1) Intervention - Alcohol 101 (n = 248); (2) Alternative education experience (n = 207; lecture on alcohol or exercise on alcohol use consequences); (3) Control group (n = 188; no intervention). Participants completed pretest and posttest surveys.
Evaluation Outcome(s)	Compared to students in the alternative education group, students in the Alcohol 101 group were more likely to (Reis, Riley, Lokman, & Baer, 2000):

Interactive Multimedia Software: Alcohol 101	
Evaluation Outcome(s) (cont.)	<ul style="list-style-type: none"> State that they know: how to take care of a friend with an overdose, the dangers of overconsumption of alcohol as related to unsafe sex and date rape, and problems with violent behavior related to drinking alcohol Report that they would try to behave safer and remain in control when alcohol was present.
Evaluation Studies	Reis, J., Riley, W., Lokman, L., & Baer, J. (2000). Interactive multimedia preventive alcohol education: A technology application in higher education. <i>Journal of Drug Education, 30</i> (4), 399–421.
Recognition	N/A

Motivational Interviewing in Emergency Departments	
Description	Counselors conduct an open-ended discussion with patients in the emergency department of a hospital that incorporates personalized feedback. The counselor discusses with the patient their alcohol use and other risky behavior, using a goals worksheet that helps to outline reasons to change and obstacles, as well as reduction and cessation strategies. Booster sessions occur 1 month and 3 months after the first session via phone, during which the patient reviews the goals set during the first session and discusses progress with the counselor.
Populations	18- to 24-year-olds who are alcohol positive at hospital admission or screen positive for alcohol problems
Settings	Emergency trauma center
Evaluation Design	Prospective, experimental design with participants randomly assigned to the motivational intervention (MI) plus personalized feedback (n = 79), or the personalized feedback report only (FO) group (n = 86). Participants were measured at baseline (pre-intervention), and follow-up assessments occurred at 6 and 12 months after baseline.
Evaluation Outcome(s)	<p>Both groups (MI and the FO group) significantly reduced alcohol consumption from baseline to 6- and 12-month follow-up (Monti et al., 2007).</p> <p>Compared to participants in the FO group, the participants in the MI group had significantly greater reductions (persisted over 12 months) in (Monti et al., 2007):</p> <ul style="list-style-type: none"> Average number of drinks per week in the past month Number of heavy drinking days in the past month Number of days drinking in the past month.

Motivational Interviewing in Emergency Departments	
Evaluation Studies	Monti, P. M., Barnett, N. P., Colby, S. M., Gwaltney, C. J., Spirito, A., Rohsenow, D. J., & Woolard, R. (2007). Motivational interviewing versus feedback only in emergency care for young adult problem drinking. <i>Addiction</i> , 102(8), 1234–1243. doi: 10.1111/j.1360-0443.2007.01878.x
Recognition	<p>An OJJDP Model Programs Guide (operated by CrimeSolutions.gov) effective (one meta-analysis) program for outcomes related to: Drugs & Substance Abuse – Multiple substances</p> <p>http://www.crimesolutions.gov/PracticeDetails.aspx?ID=31</p> <p>A SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP) legacy program for outcomes related to: Alcohol use, Negative consequences/problems associated with alcohol use, Drinking and driving, Alcohol-related injuries, Drug use (cocaine and opiates), Retention in treatment</p>

MyStudentBody.com (MSB)	
Description	<p>Interactive website designed for college students that offers a brief, tailored intervention using motivational feedback to help students reduce their alcohol intake. It includes two components: an informational component where students learn about general alcohol facts, drinking risks, and how to help peers who drink too much; and a brief intervention based on the Brief Alcohol Screening and Intervention for College Students (BASICS) program model where the student receives immediate, individualized feedback.</p> <p>Website: http://www.MyStudentBody.com</p>
Populations	Heavy drinking college students
Settings	College
Evaluation Design	Prospective, experimental design with binge drinking college students (N = 265) randomly assigned to the (1) MSB intervention group or (2) the control group who read research-based articles online. All participants were surveyed at baseline (pre-intervention), post-intervention, and 3 months post-intervention.
Evaluation Outcome(s)	Both the control and intervention group at post-intervention reported significant reduction in the maximum drinks per drinking day, but participants in the intervention group decreased it sooner and more profoundly (Chiauzzi, Green, Lord, Thum, & Goldstein, 2005).

MyStudentBody.com (MSB)	
Evaluation Outcome(s) (cont.)	<p>Compared to participants in the control group, participants in the MSB group who were persistent binge drinkers reported a more rapid decrease in average consumption (Chiauzzi et al., 2005).</p> <p>Compared to women in the control group, women in the intervention group reported significant reductions in (Chiauzzi et al., 2005):</p> <ul style="list-style-type: none"> • Total alcohol consumed on special occasions • Binge drinking episodes during special occasions • Negative consequences related to drinking.
Evaluation Studies	Chiauzzi, E., Green, T. C., Lord, S., Thum, C., & Goldstein, M. (2005). My Student Body: A high-risk drinking prevention web site for college students. <i>Journal of American College Health</i> , 53(6), 263–274.
Recognition	A SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP) legacy program for outcomes related to: Persistent heavy binge drinking, Special occasion drinking, Alcohol-related problem behaviors

Personalized Drinking Feedback plus Motivational Interviewing	
Description	Trained clinicians provide 30–50 minutes of feedback on participant’s drinking behavior as it compares to peers, personal blood alcohol content estimates, frequency and risks of heavy drinking, negative alcohol consequences, family history risk, and other information. Participants receive the feedback plus a discussion session with the trained clinician who uses motivational interviewing techniques to stimulate motivation to change and commitment to reduce harm.
Populations	Heavy drinking undergraduate students
Settings	College or university campus
Evaluation Design	<p>Prospective, experimental design with participants (N = 54) randomly assigned (separately by gender and drinks per week) to a Personalized Drinking Feedback only (n = 28) or a Personalized Drinking Feedback plus Motivational Interview group (n = 26).</p> <p>Participants were measured at baseline (pre-intervention) and at 6 months follow-up.</p>
Evaluation Outcome(s)	Participants in both intervention groups from baseline to follow-up, reported significantly reduced (Murphy et al., 2004):

Personalized Drinking Feedback plus Motivational Interviewing	
Evaluation Outcome(s) (cont.)	<ul style="list-style-type: none"> • Weekly drinking (women only) • Frequency of drinking • Frequency of heavy driving.
Evaluation Studies	Murphy, J. G., Benson, T. A., Vuchinich, R. E., Deskins, M. M., Eakin, D., Flood, A. M., . . . Torrealday, O. (2004). A comparison of personalized feedback for college student drinkers delivered with and without a motivational interview. <i>Journal of Studies on Alcohol</i> , 65, 200–203.
Recognition	<p>An OJJDP Model Programs Guide (operated by CrimeSolutions.gov) effective (one meta-analysis) program for outcomes related to: Drugs & Substance Abuse – Multiple substances</p> <p>http://www.crimesolutions.gov/PracticeDetails.aspx?!D=31</p> <p>A SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP) legacy program for outcomes related to: Alcohol use, Negative consequences/problems associated with alcohol use, Drinking and driving, Alcohol-related injuries, Drug use (cocaine and opiates), Retention in treatment</p>

Screening and Brief Intervention in Hospital Emergency Rooms	
Description	High-risk college drinkers complete a survey one-on-one with a counselor to assess alcohol drinking behavior and readiness to change. Once the survey/interview ends, an open-ended conversation begins that lasts 5 to 25 minutes, during which the counselor uses motivational interviewing techniques to increase readiness to change and reduce harm.
Populations	College students who screen positive for alcohol problems
Settings	University hospital emergency department
Evaluation Design	Non-experimental, quasi-experimental, pre-and post- design in which participants (n = 490) were measured at baseline (immediate pre-intervention) and then 3 months after baseline.
Evaluation Outcome(s)	<p>From baseline to 3 months after, participants reported significant reduction in (Helmkamp et al., 2003):</p> <ul style="list-style-type: none"> • Alcohol intake • Alcohol-related harm • Alcohol dependence symptoms.

Screening and Brief Intervention in Hospital Emergency Rooms	
Evaluation Studies	Helmkamp, J. C., Hungerford, D. W., Williams, J. M., Manley, W. G., Furbee, P. M., Horn, K. A., & Pollock, D. A. (2003). Screening and brief intervention for alcohol problems among college students treated in a university hospital emergency department. <i>Journal of American College Health, 52</i> (1), 7–16. doi: 10.1080/07448480309595718
Recognition	N/A

PARENT & FAMILY-FOCUSED

Adults in the Making (AIM)	
Description	Universal, family-centered intervention to promote resilience and prevent substance use by enhancing protective factors among African American youth as they enter adulthood. Protective processes addressed in the intervention include developmentally appropriate emotional support, educational mentoring, and strategies for dealing with discrimination. AIM provides adolescents experiencing racism with strategies for self-control and problem-focused coping. The intervention also supports youth in developing and pursuing educational or career goals and connects them with community resources.
Populations	Rural African American emerging adults
Settings	Community
Evaluation Design	Prospective, experimental design with random assignment to intervention or control group, and including assessments pretest and at 6.4, 16.6, and 27.5 months after pretest; sample of 347 youth (100% African American, 47% male)
Evaluation Outcome(s)	Compared to the control group, participants in the AIM intervention were less likely to increase alcohol use over time, particularly for high-risk youth (Brody et al., 2012).
Evaluation Studies	Brody, G. H., Yu, T., Chen, Y.-f., Kogan, S. M., & Smith, K. (2012). The Adults in the Making program: Long-term protective stabilizing effects on alcohol use and substance use problems for rural African American emerging adults. <i>Journal of Consulting and Clinical Psychology, 80</i> (1), 17–28.
Recognition	An OJJDP Model Programs Guide (operated by CrimeSolutions.gov) effective (one study) program for outcomes related to: Impact of AIM on Risk Behaviors, Interaction between AIM and Life Stress on Risk Behaviors, Alcohol Use, Substance Use Problems, Risk Taking, Susceptibility Cognitions www.crimesolutions.gov/ProgramDetails.aspx?ID=365

Parent Based Interventions (PBI)	
Description	Designed to educate parents about university policies regarding alcohol violations, student codes of conduct, and statistics about college drinking behavior and consequences. Parents of first-year students are given handbooks, mailed information regarding the effects of alcohol on the body, and provided communication techniques that they can use to talk to their child about alcohol and its consequences.
Populations	First-year college students and their parents
Settings	College or university campus
Evaluation Design	Prospective, experimental design with random assignment of parents from one university to: (1) control; (2) PBI delivered prior to college matriculation, (3) PBI delivered prior to college matriculation with a booster during fall semester, (4) PBI delivered after college matriculation during fall semester. 1901 incoming first-year students were measured prior to parental participation and at 5 months post-intervention.
Evaluation Outcome(s)	High-risk students in the PBI delivered prior to college matriculation with a booster were least likely to be risky drinkers at follow-up (Cleveland et al., 2013).
Evaluation Studies	Cleveland, M. J., Hultgren, B., Varvil-Weld, L., Mallett, K. A., Turrisi, R., & Abar, C. C. (2013). Moderation of a parent-based intervention on transitions in drinking: Examining the role of normative perceptions and attitudes among high- and low-risk first-year college students. <i>Alcoholism: Clinical & Experimental Research, 37</i> (9), 1587–1594. doi: 10.1111/acer.12126
Recognition	N/A

SMALL-GROUP INTERVENTIONS

Alcohol Expectancy-Challenge Prevention Program for Women	
Description	Small-group activity that involves interactive sessions (90–120 minutes) to challenge participants' alcohol-related social and sexual expectancies. During one session, participants simulate a party situation and play party games. During a second session, participants engage in a sexually charged activity. During each of the sessions, participants are given an “alcoholic” drink although none of the drinks contain alcohol. The group then identifies the individuals they thought consumed the alcohol and the behaviors that made them believe that they did even though

Alcohol Expectancy-Challenge Prevention Program for Women	
Description (cont.)	none of the participants were drinking alcohol. After the session, the group discusses pharmacological and expectancy effects of alcohol.
Populations	Undergraduate women (moderate to heavy drinkers)
Settings	College
Evaluation Design	Prospective, experimental design with participants (N = 37) randomly assigned to the Alcohol Expectancy-Challenge Prevention Program group (n = 19) or a control group (n = 18). Participants reported alcohol expectancies at pre- and posttest and reported daily drinking patterns for 6 weeks.
Evaluation Outcome(s)	Compared to participants in the control group, participants in the Alcohol Expectancy-Challenge Program group significantly reduced expectancies of changes in social behavior, sexual enhancement, and tension reduction due to alcohol consumption (Musher-Eizenman & Kulick, 2003).
Evaluation Studies	Musher-Eizenman, D. R., & Kulick, A. D. (2003). An alcohol expectancy-challenge prevention program for at-risk college women. <i>Psychology of Addictive Behaviors</i> , 17(2), 163–166. doi: 10.1037/0893-164x.17.2.163
Recognition	N/A

Expectancy Challenge Alcohol Literacy Curriculum (ECALC)	
Description	Single-session, group intervention that combines the expectancy challenge and media literacy strategies. ECALC starts with a 4-minute video clip explaining past expectancy challenge research that demonstrates the pharmacological versus expectancy effects of alcohol. Participants then watch 4 alcohol advertisements and deconstruct the messages using the information previously provided about alcohol expectancy effects.
Populations	College-aged men who are members of a fraternity
Settings	University or college campus (fraternity houses)
Evaluation Design	Prospective, experimental design with four fraternity chapters randomly assigned to an ECALC intervention group (2 chapters; n = 148) or a control group (2 chapters; n = 102). Data were collected 4 weeks before and 4 weeks after participating in the intervention.
Evaluation Outcome(s)	Compared to the control group, participants in the ECALC intervention had reduced (Fried & Dunn, 2012):

Expectancy Challenge Alcohol Literacy Curriculum (ECALC)	
Evaluation Outcome(s) (cont.)	<ul style="list-style-type: none"> • Average blood alcohol content (BAC) • Average drinks per sitting • Peak drinks per sitting • Number of binge episodes per month • Average drinking days per week • Positive expectations regarding alcohol effects.
Evaluation Studies	Fried, A. B., & Dunn, M. E. (2012). The Expectancy Challenge Alcohol Literacy Curriculum (ECALC): A single session group intervention to reduce alcohol use. <i>Psychology of Addictive Behaviors, 26</i> (3), 615–620. doi: 10.1037/a0027585
Recognition	N/A

Expectancy Challenge Interventions	
Description	Interactive sessions designed to challenge participants' alcohol-related social and sexual expectancies. During the sessions, participants simulate a party situation and play party games. Each are given a drink that tastes like alcohol although only 2 people actually have alcohol in their drink. The group then identifies the individuals they thought consumed the alcohol and the behaviors that made them believe that they did. After the exercise, the group discusses pharmacological and expectancy effects of alcohol.
Populations	Undergraduate students
Settings	College or university campuses
Evaluation Design	<p>Dunn, Lau, & Cruz, 2000: Prospective, non-experimental, pre-post evaluation design with 38 students completing expectancy and consumption measures at baseline (pre-intervention), expectancy measures post-intervention and consumption measures 30 days post-intervention.</p> <p>Lau-Barraco & Dunn, 2008: Prospective, experimental design with participants (N = 217) randomly assigned to 1 of 3 groups: (1) Expectancy Challenge Intervention; (2) CD-ROM alcohol education; (3) Assessment only (control). Alcohol consumption was measured at baseline (pre-intervention), and 1 month post-intervention. Alcohol expectancies were measured at baseline, immediate posttest, and 1 month follow-up.</p>
Evaluation Outcome(s)	<p>From pre-intervention to post-intervention, significant differences were found in the (Dunn et al., 2000):</p> <ul style="list-style-type: none"> • Reduction of alcohol use of heavy-drinking men (not women)

Expectancy Challenge Interventions	
Evaluation Outcome(s) (cont.)	<ul style="list-style-type: none"> Reduction of the sociability expectation (women and men). <p>Compared to participants in the control and CD-ROM alcohol education group, participants who received the Expectancy Challenge Intervention significantly (Lau-Barraco & Dunn, 2008):</p> <ul style="list-style-type: none"> Reduced typical weekly alcohol use from baseline to one month Reduced heavy episodic drinking frequency Reduced beliefs concerning the social enhancement and global positive effects produced by alcohol. <p>*The CD-ROM alcohol education group and the control group did not show significant changes over time (Lau-Barraco & Dunn, 2008).</p>
Evaluation Studies	<p>Dunn, M. E., Lau, H. C., & Cruz, I. Y. (2000). Changes in activation of alcohol expectancies in memory in relation to changes in alcohol use after participation in an expectancy challenge program. <i>Experimental and Clinical Psychopharmacology</i>, 8(4), 566–575. doi: 10.1037/1064-1297.8.4.566</p> <p>Lau-Barraco, C., & Dunn, M. E. (2008). Evaluation of a single-session expectancy challenge intervention to reduce alcohol use among college students. <i>Psychology of Addictive Behaviors</i>, 22(2), 168–175. doi: 10.1037/0893-164x.22.2.168</p>
Recognition	N/A

Lifestyle Management Class (LMC)	
Description	Small group, brief intervention program comprising two 2-hour sessions for undergraduate college students who have moderate to high-risk alcohol consumption patterns. Sessions encourage students to examine the relationship between their substance use and their personal and professional goals through lectures, self-assessment exercises, and group discussions.
Populations	Undergraduate students
Settings	College or university campus
Evaluation Design	Prospective, three-arm, experimental design with participant status (mandated participation or voluntary participation) with equal representation of mandated and voluntary participants included in the intervention groups: (1) professional-led LMC; (2) peer-led LMC; (3) control group. Pretest, posttest, 6-month follow-up.
Evaluation Outcome(s)	Compared to the control group, at immediate posttest, participants (voluntary and mandated samples) in LMC (regardless of peer or professional-led) reported reduced (Fromme & Corbin, 2004):

Lifestyle Management Class (LMC)	
Evaluation Outcome(s) (cont.)	<ul style="list-style-type: none"> • Driving after drinking • Heavy consumption (especially for participants high in readiness-to-change).
Evaluation Studies	Fromme, K., & Corbin, W. (2004). Prevention of heavy drinking and associated negative consequences among mandated and voluntary college students. <i>Journal of Consulting & Clinical Psychology</i> , 72(6), 1038–1049.
Recognition	N/A

Training for Intervention ProcedureS (TIPS) for the University	
Description	<p>Informed by social learning theory, this program teaches participants to know when risk reduction is necessary and to effectively intervene to reduce risk among peers or other drinkers. Three-hour program includes 3 modules: (1) information and facts; (2) skill-building; and (3) role-playing, during which students rehearse and practice skills. A 1.5-hour booster session reviews information from the original intervention, provides video vignettes, opportunities for additional role playing, and a discussion on what risk reduction strategies students tried since their last training and how it went (did or did not work).</p> <p>Website: http://www.gettips.com</p>
Populations	College fraternity members
Settings	College or university campus (fraternities)
Evaluation Design	Prospective, experimental design with 99 fraternity chapters randomly assigned to 1 of 3 conditions: (1) 3-hour intervention (SI); (2) 3-hour intervention plus 2 booster sessions (EI); or (3) assessment only (control; SP). Participants were assessed at baseline (pre-intervention), and 6, 12, and 18 months post-intervention.
Evaluation Outcome(s)	<p>Compared to the control group, the 3-hour intervention-only group reported, at 6-month follow-up, significantly steeper declines in (Caudill, Luckey, Crosse, Blane, Ginexi, & Campbell, 2007):</p> <ul style="list-style-type: none"> • Number of drinking days • Days consumed 5+ drinks • Days consumed 8+ drinks • Total number of drinks consumed. <p>*Positive outcomes dissipated by the 12- and 18-month post baseline follow-up assessments and negative effects were found at 18 months post baseline (Caudill et al., 2007).</p>

Training for Intervention Procedures (TIPS) for the University	
Evaluation Outcome(s) (cont.)	<p>Compared to frequently heavy drinkers in the control group, frequently heavy drinkers receiving the 3-hour intervention only reported, at 6-month follow-up, significantly steeper declines in (Caudill et al., 2007):</p> <ul style="list-style-type: none"> • Number of drinking days • Days consumed 5+ drinks • Days consumed 8+ drinks • Total number of drinks consumed. <p>Compared to frequently heavy drinkers in the control group, frequently heavy drinkers receiving the 3-hour intervention plus booster reported, at 6 month follow-up, significantly steeper declines in (Caudill et al., 2007):</p> <ul style="list-style-type: none"> • Number of drinking days • Days consumed 5+ drinks • Days consumed 8+ drinks • Total number of drinks consumed. <p>*No negative effects were found for frequent heavy drinkers between baseline and 12 and 18 months. There was still a decline, but not significant (Caudill et al., 2007).</p>
Evaluation Studies	<p>Caudill, B. D., Luckey, B., Crosse, S. B., Blane, H. T., Ginexi, E. M., & Campbell, B. (2007). Alcohol risk-reduction skills training in a national fraternity: A randomized intervention trial with longitudinal intent-to-treat analysis. <i>Journal of Studies on Alcohol and Drugs</i>, 68(3), 399–409.</p>
Recognition	N/A

ENFORCEMENT

College Alcohol Policy Enforcement	
Description	<p>Includes simultaneous implementation of one or more of 8 components: (1) confining alcohol to specific campus areas that are supervised; (2) mandating advance registration for all social events serving alcohol; (3) limiting “legal” alcohol possession in residence halls that only house students age 21 or older; (4) implementing alcohol education and prevention programs; (5) instituting enforcement procedures of all federal, state, local, and campus regulations; (6) requiring that colleges partner with surrounding communities to enforce alcohol laws; (7) establishing sanctions for student violators (including expulsion); and (8) establishing procedures where parents are notified of all underage alcohol policy violations.</p>

College Alcohol Policy Enforcement	
Populations	College students
Settings	College
Evaluation Design	Prospective, non-experimental, repeated measures design in which students and administrators at 11 public colleges/universities in MA completed surveys one year after the policy change and then two years after.
Evaluation Outcome(s)	<p>Between the 2 survey years, student participants reported a significant (Harris, Sherritt, Wechsler, & Knight, 2010):</p> <ul style="list-style-type: none"> • Decline in any past 30 days drinking and usual heavy episodic drinking for current drinkers • Decline in past 30-day alcohol drinking rates overall among underage students and on-campus residents • Decline in past 2 weeks heavy episodic drinking. <p>Higher Dean’s enforcement scores were significantly correlated with greater declines in the heavy episodic drinking rate (Harris et al., 2010).</p>
Evaluation Studies	Harris, S. K., Sherritt, L., Van Hook, S., Wechsler, H., & Knight, J. R. (2010). Alcohol policy enforcement and changes in student drinking rates in a statewide public college system: A follow-up study. <i>Substance Abuse Treatment, Prevention & Policy</i> , 5, 18–28. doi: 10.1186/1747-597x-5-18
Recognition	N/A

Enforcing Underage Drinking Laws (EUDL)	
Description	Developed by the Office of Juvenile Justice and Delinquency Prevention (OJJDP), this program supports efforts by states and local jurisdictions (including military base communities) to build law enforcement/prevention partnerships and apply environmental change strategies to address underage drinking. As part of this initiative, OJJDP offers comprehensive training and technical assistance to intervention sites.
Populations	Military personnel
Settings	Military bases and their surrounding communities
Evaluation Design	Ames & Spera, 2011: Prospective, quasi-experimental design with 5 experimental Air Force bases matched with 5 comparison bases; junior enlisted personnel surveys

Enforcing Underage Drinking Laws (EUDL)	
Evaluation Design (cont.)	<p>were compared from pre- and post-implementation across experimental and comparison sites as well as with the Air Force average.</p> <p>Spera et al., 2012: Prospective, quasi-experimental design with 5 experimental Air force bases matched with 5 comparison bases; compliance check failure, DUI/DWI, and possession by minor arrests enforcement data were compared pre-intervention to post-intervention.</p> <p>Spera et al., 2010: Prospective, quasi-experimental design with 5 experimental Air Force bases matched with 5 comparison bases; junior enlisted personnel surveys were compared from pre- and post-implementation.</p>
Evaluation Outcome(s)	<p>Relative to Air Force base comparison communities, Air Force base EUDL communities exhibited reductions in the percentage of junior enlisted personnel at risk for a drinking problem (Ames & Spera, 2011; Spera et al., 2010).</p> <p>Air Force bases implementing EUDL also demonstrated reductions in (Spera, Barlas, Szoc, Prabhakaran, & Cambridge, 2012):</p> <ul style="list-style-type: none"> • Failed compliance checks by local alcohol establishments • Arrests of minors in possession of alcohol • DUIs/DWIs for active duty and civilians under 21 years old.
Evaluation Studies	<p>Ames, G. M., & Spera, C. (2011). Prevention in the military: Early results on an environmental strategy. <i>Alcohol Research and Health</i>, 34(2), 180–182.</p> <p>Spera, C., Barlas, F., Szoc, R. Z., Prabhakaran, J., & Cambridge, M. (2012). Examining the influence of the Enforcing Underage Drinking Laws (EUDL) program on alcohol-related outcomes in five communities surrounding Air Force bases. <i>Addictive Behaviors</i>, 37(4), 513–516.</p> <p>Spera, C., Franklin, K., Uekawa, K., Kunz, J. F., Szoc, R. Z., Thomas, R. K., & Cambridge, M. H. (2010). Reducing drinking among junior enlisted Air Force members in five communities: Early findings of the EUDL program’s influence on self-reported drinking behaviors. <i>Journal of Studies on Alcohol and Drugs</i>, 71(3), 373–383.</p>
Recognition	N/A

COMMUNICATIONS

21st Birthday Card Program	
Description	Identifies students on campus who are turning age 21 and sends them a personalized birthday card 5 days before their birthday that details information about a true story of a past student who died from alcohol poisoning as well as information on the signs and symptoms of alcohol poisoning.
Populations	College students turning 21 years old
Settings	University
Evaluation Design	Prospective, experimental design with participants (n = 1731) randomly assigned to a control or intervention group. Participants in the intervention group were then randomly assigned to groups who receive: (1) only the standard card, (2) the standard card plus an insert with gender-specific alcohol-poisoning information, and (3) the standard card plus an insert with gender-neutral alcohol-poisoning information.
Evaluation Outcome(s)	<p>Compared to participants in the control group or those who did not pay attention to the card, participants who received, read, and remembered more about the card (Hembroff, Atkin, Martell, McCue, & Greenamyre, 2007):</p> <ul style="list-style-type: none"> • Took more steps to protect themselves against alcohol • Were significantly less likely to report they got drunk • Were less likely to report not being able to recall parts of the celebration • Reduced the total number of drinks consumed. <p>Receiving the gender-tailored or gender-neutral insert did not affect self-protecting behaviors (Hembroff et al., 2007).</p>
Evaluation Studies	Hembroff, L., Atkin, C., Martell, D., McCue, C., & Greenamyre, J. T. (2007). Evaluation results of a 21st Birthday Card Program targeting high-risk drinking. <i>Journal of American College Health</i> , 56(3), 325–332.
Recognition	N/A

Challenging College Alcohol Abuse (CCAA)	
Description	Social norms marketing campaign and media strategy aimed at dispelling inaccurate alcohol use beliefs such as “everybody drinks.” Messages correct existing overestimations about the quantity and frequency of heavy drinking among students and seek to educate students using alcohol-related facts.

Challenging College Alcohol Abuse (CCAA)	
Populations	Undergraduate students
Settings	College
Evaluation Design	<p>[Evaluation Design #1] Prospective, non-experimental design using pooled cross-sectional data analysis in which undergraduate students were randomly selected to participate in the Core Alcohol and Drug Survey (CORE) the first year (Spring Semester 1995; n = 288), third (Spring Semester 1997; n = 268), and fourth years (Spring Semester 1998; n = 317) of CCAA implementation.</p> <p>[Evaluation Design #2] Prospective, non-experimental design in which all students living on campus in a residence hall or fraternity/sorority house were sampled and asked to complete the Health Enhancement Survey the second (Spring Semester 1996; n = 842), third (Spring Semester 1997; n = 542), and fourth years (Spring Semester 1998; n = 746) of CCAA implementation.</p>
Evaluation Outcome(s)	<p>[Evaluation Design #1] From 1995 to 1998, participants reported a significant decrease in (Glider, Midyett, Mills-Novoa, Johannessen, & Collins, 2001):</p> <ul style="list-style-type: none"> • Binge drinking • Alcohol use in the past 30 days • Using alcohol 3 or more times per week in the past year • Experiencing negative alcohol consequences. <p>[Evaluation Design #2] From 1996 to 1998, participants reported a significant decrease in (Glider et al., 2001):</p> <ul style="list-style-type: none"> • Alcohol use in the past 30 days • Belief that “most college students have five or more drinks when they party” • Belief that “most students drink heavily during spring break” • Belief that “drinking alcohol increases sexual opportunity” • Belief that “alcohol-free events are not as much fun as events with alcohol” • Saying that they “would rather go to a party that served alcohol than one that did not” • Belief that “most college students are not interested in alcohol-free events.”
Evaluation Studies	<p>Glider, P., Midyett, S. J., Mills-Novoa, B., Johannessen, K., & Collins, C. (2001). Challenging the collegiate rite of passage: A campus-wide social marketing media campaign to reduce binge drinking. <i>Journal of Drug Education</i>, 31(2), 207–220. doi: 10.2190/u466-epfg-q76d-yhtq</p>

Challenging College Alcohol Abuse (CCAA)	
Recognition	An Athena Forum Excellence in Prevention program for outcomes related to: Heavy drinking, Frequent drinking, Attitudes/beliefs related to alcohol, Consequences of alcohol and drug use https://www.theathenaforum.org/prevention-101/excellence-prevention-strategy-list

Social Marketing: “Before One More” Campaign	
Description	Uses techniques adapted from commercial marketing to encourage positive, voluntary behavior change. Involves disseminating messages that reinforce the benefits of engaging in a specific behavior while minimizing the perceived negative consequences typically associated with behavior change. The “Before One More” Campaign addresses high risk drinking behavior by emphasizing moderate drinking through providing factual information and strategies that students could use to make less risky alcohol drinking decisions.
Populations	College students
Settings	College campus
Evaluation Design	Retrospective, non-experimental design with a random, stratified sample (n = 1910) reflecting on perceived changes in attitudes and behavior 18 months after social marketing strategy was implemented.
Evaluation Outcome(s)	When implemented with college students, social marketing strategies have been linked to increased confidence in and use of techniques to reduce alcohol-related harm (Thompson, Heley, Oster-Aaland, Stastny, & Crawford, 2013).
Evaluation Studies	Thompson, E. B., Heley, F., Oster-Aaland, L., Stastny, S. N., & Crawford, E. C. (2013). The impact of a student-driven social marketing campaign on college student alcohol-related beliefs and behaviors. <i>Social Marketing Quarterly</i> , 19(1), 52–64.
Recognition	N/A

Social Marketing: “Less is More” Campaign	
Description	Uses techniques adapted from commercial marketing to encourage positive, voluntary behavior change. Involves disseminating messages that reinforce the benefits of engaging in a specific behavior while minimizing the perceived negative consequences typically associated with behavior change. The “Less is More” Campaign encourages drinking alcohol in moderation while avoiding the social

Social Marketing: “Less is More” Campaign	
Description (cont.)	stigma of overconsumption. The messages include phrases: “Don’t be that Girl” with an image of a young woman bending over a toilet; and “Avoid Sketchy Drunk Guys” with an image of 2 guys and a warning statement about avoiding guys who drink excessively.
Populations	College students
Settings	College campus
Evaluation Design	Prospective, non-experimental, time series design with randomly selected students participating in assessments during fall semester 2004 (baseline; n = 473), fall semester 2005 (n = 1006), fall semester 2006 (n = 785), spring semester 2007 (n = 835), fall semester 2007 (n = 745), and spring semester 2008 (n = 546).
Evaluation Outcome(s)	When implemented with college students, social marketing strategies have been linked to (Glassman, Dodd, Miller, & Braun, 2010): <ul style="list-style-type: none"> • Decreased rates of self-reported high-risk drinking • Decreased rates of drinking and driving • Decreased rates of DUI violations • Decreased rates in alcohol-related judicial violations • Decreased transports to the emergency department for alcohol overdose • Decreased perception that alcohol facilitates sexual opportunity.
Evaluation Studies	Glassman, T. J., Dodd, V., Miller, E. M., & Braun, R. E. (2010). Preventing high-risk drinking among college students: A social marketing case study. <i>Social Marketing Quarterly</i> , 16(4), 92–110.
Recognition	N/A

Social Norms Marketing: “Just the Facts” Campaign	
Description	Media strategies to promote healthy normative behavior. In this specific intervention for college students highly visible posters are displayed on the college campus that contain messages (based on accurate college data) that dispel inaccurate beliefs such as “everybody drinks.” The messages correct existing overestimations about the quantity and frequency of heavy drinking among students. For example, the format for creating messages in “Just the Facts” includes “[Percentage/proportion] of [Institution Name] students [have/drink] [drinking level] [when they party/per week].” A specific example: “67% of XYZ University students have 4 or fewer drinks when they party.”

Social Norms Marketing: “Just the Facts” Campaign	
Populations	College students
Settings	College
Evaluation Design	<p>DeJong et al., 2006: Prospective, experimental design with 18 larger universities matched on demographics; one from each pair was randomly assigned to an experimental condition (n = 9) or control (n = 9). All student participants were surveyed at baseline (n = 2,538) and posttest (n = 2,939).</p> <p>DeJong et al., 2009: Prospective, experimental design with 14 large universities matched on demographics; one from each pair was randomly assigned to an experimental condition (n = 7) or control (n = 7). All student participants were surveyed at baseline (n = 2,439) and posttest (n = 2,128).</p>
Evaluation Outcome(s)	<p>Compared with control universities, students attending universities with social norms marketing campaigns reported (DeJong et al., 2006):</p> <ul style="list-style-type: none"> • Lower perceived student alcohol use • Less alcohol use • Fewer alcoholic drinks consumed during a drinking episode. <p>A later replication of DeJong and colleagues’ (2006) study found that, compared with control universities, those participating in a social norms marketing campaign did not have significantly different rates of student drinking perceptions or self-reported alcohol consumption (DeJong et al., 2009).</p>
Evaluation Studies	<p>DeJong, W., Schneider, S. K., Towvim, L. G., Murphy, M. J., Doerr, E. E., Simonsen, N. R., . . . Scribner, R. A. (2006). A multisite randomized trial of social norms marketing campaigns to reduce college student drinking. <i>Journal of Studies on Alcohol</i>, 67(6), 868–880.</p> <p>DeJong, W., Schneider, S. K., Towvim, L. G., Murphy, M. J., Doerr, E. E., Simonsen, N. R., . . . Scribner, R. A. (2009). A multisite randomized trial of social norms marketing campaigns to reduce college student drinking: A replication failure. <i>Substance Abuse</i>, 30(2), 127–140.</p>
Recognition	N/A

Social Norms Marketing: “Stand Up and Be Counted” Campaign	
Description	Media strategies to promote healthy normative behavior. In this specific intervention for college students, highly visible posters are displayed in residence halls that contain messages (based on accurate college data) that dispel inaccurate beliefs such as “everybody drinks.” The messages correct existing overestimations about the quantity and frequency of heavy drinking among students. For example,

Social Norms Marketing: “Stand Up and Be Counted” Campaign	
Description (cont.)	the media messages include: “70% of (school name) students have never let drinking get in the way of academics”; “85% of (school name) students drink less than once a week”; “66% of (school name) students have refused an offer of alcohol in the past 30 days.”
Populations	College students
Settings	College
Evaluation Design	Prospective, non-experimental design with immediate pre- and post-test of 474 residence hall students exposed to social norms campaign.
Evaluation Outcome(s)	College student exposure to social norms campaigns about student drinking has been linked to reductions in (Mattern & Neighbors, 2004): <ul style="list-style-type: none"> • Perceptions of typical student drinking frequency and quantity • Drinking among non-abstaining students.
Evaluation Studies	Mattern, J. L., & Neighbors, C. (2004). Social norms campaigns: Examining the relationship between changes in perceived norms and changes in drinking levels. <i>Journal of Studies on Alcohol</i> , 65(4), 489–493.
Recognition	N/A

Social Norms Marketing: College Student-Athlete Campaign	
Description	Media strategies to promote healthy normative behavior. In this specific intervention for college student athletes, highly visible posters are displayed on campus focusing particularly on athletic buildings that contain messages (based on accurate college athlete data) that dispel inaccurate beliefs such as “everybody drinks.” The messages correct existing overestimations about the quantity and frequency of heavy drinking among student athletes. Some example messages include: “The majority of athletes (71%) do not use alcohol to relieve academic pressures”; “82% of [this school’s] student-athletes never injure themselves or others as a result of alcohol consumption during the academic year”; and “89% of athletes at [this school] never miss or perform poorly in athletic events as a result of drinking during the academic year.”
Populations	College student athletes
Settings	College

Social Norms Marketing: College Student-Athlete Campaign	
Evaluation Design	Prospective, quasi-experimental design with undergraduate student athletes compared to non-athletes (intervention targeted student athletes only). Students were surveyed in the fall 2001 (baseline), and fall 2002 and fall 2003 (both post-intervention).
Evaluation Outcome(s)	College student exposure to social norms campaigns about student drinking has been linked to reductions in (Perkins & Craig, 2006): <ul style="list-style-type: none"> • Misperceptions of alcohol consumption among athletes • Frequency and quantity of personal alcohol consumptions among athletes.
Evaluation Studies	Perkins, H. W., & Craig, D. W. (2006). A successful social norms campaign to reduce alcohol misuse among college student-athletes. <i>Journal of Studies on Alcohol</i> , 67(6), 880–889.
Recognition	N/A

Social Norms Marketing: Harvard School of Public Health College Alcohol Study Colleges	
Description	Media strategies to promote healthy normative behavior. In this specific intervention for college students, highly visible posters are displayed in residence halls that contain messages (based on accurate college data) that dispel inaccurate beliefs such as “everybody drinks.” The messages correct existing overestimations about the quantity and frequency of heavy drinking among students.
Populations	College students
Settings	College campuses
Evaluation Design	Prospective, quasi-experimental design comparing students who attended colleges that implemented a social norms intervention (n = 57 colleges) versus colleges that did not implement a social norms intervention (n = 61 colleges).
Evaluation Outcome(s)	Found that colleges employing social norms marketing programs did not differ on measures of student alcohol use compared to non-implementing schools (Wechsler et al., 2003).
Evaluation Studies	Wechsler, H., Nelson, T. F., Lee, J. E., Seibring, M., Lewis, C., & Keeling, R. P. (2003). Perception and reality: A national evaluation of social norms marketing interventions to reduce college students’ heavy alcohol use. <i>Journal of Studies on Alcohol</i> , 64(4), 484–494.

Social Norms Marketing: Harvard School of Public Health College Alcohol Study Colleges

Recognition	N/A
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Social Norms Marketing: Multi-targeted Campaign at a Public University

Description	This particular media intervention includes targeting specific populations across a three year period to promote healthy normative behavior. First-year college students are targeted, then general undergraduate populations, and then at-risk groups (e.g., athletes, fraternities, sororities). Each group receives messages that correct existing overestimations about the quantity and frequency of heavy drinking among their group, and dispel inaccurate beliefs such as “everybody drinks.” The messages are delivered through highly visible posters displayed in residence halls and other buildings where the groups congregate.
Populations	First-year students; all undergraduate students; at-risk groups
Settings	College
Evaluation Design	Prospective, non-experimental design using pooled cross-sectional data analysis with 2,500 randomly selected undergraduates participating in a survey annually over 6 years.
Evaluation Outcome(s)	College student exposure to social norms campaigns about student drinking has been linked to reductions in (Turner, Perkins, & Bauerle, 2008): <ul style="list-style-type: none"> • Students having an estimated blood alcohol content greater than .08 the last time they partied • Serious consequences associated with alcohol use.
Evaluation Studies	Turner, J., Perkins, H. W., & Bauerle, J. (2008). Declining negative consequences related to alcohol misuse among students exposed to a social norms marketing intervention on a college campus. <i>Journal of American College Health, 57</i> (1), 85–94.
Recognition	N/A

Social Norms Marketing: Normative Group Intervention

Description	Media strategies to promote healthy normative behavior. In this specific intervention for college students, students use a computerized handheld keypad to answer questions related to their alcohol use as well as their perception of their peers’ alcohol use. They then receive a message with a graphical image to illustrate
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Social Norms Marketing: Normative Group Intervention	
Description (cont.)	the differences between perceived and actual group drinking behavior. The messages correct existing overestimations about the quantity and frequency of heavy drinking among students.
Populations	College fraternity, sorority, and service organization members
Settings	College
Evaluation Design	Prospective, experimental design with 20 campus organizations randomly assigned to intervention or control conditions (N = 1,162 student participants). All participants were surveyed at pre-intervention (baseline), and then at 1-month and 2-month follow-ups.
Evaluation Outcome(s)	Fraternity, sorority, and service organization members who were exposed to tailored information regarding normative drinking behaviors of those groups reported greater reductions than comparison groups in (LaBrie, Hummer, Neighbors, & Pedersen, 2008): <ul style="list-style-type: none"> • Drinking behavior • Misperceptions of group norms.
Evaluation Studies	LaBrie, J. W., Hummer, J. F., Neighbors, C., & Pedersen, E. R. (2008). Live interactive group-specific normative feedback reduces misperceptions and drinking in college students: A randomized cluster trial. <i>Psychology of Addictive Behaviors</i> , 22(1), 141–148.
Recognition	N/A

Social Norms Marketing: University of Arizona’s Campaign	
Description	Media strategies to promote healthy normative behavior. In this specific intervention for college students, highly visible posters are displayed around the college campus that contain messages (based on accurate college data) that dispel inaccurate beliefs such as “everybody drinks.” The messages correct existing overestimations about the quantity and frequency of heavy drinking among students. For example, one message written on poster displayed at the University of Arizona was “Most of U of A (64%) students have 4 or fewer drinks when they party.”
Populations	College students
Settings	College

Social Norms Marketing: University of Arizona’s Campaign	
Evaluation Design	Prospective, non-experimental, pre- and post-test design with randomly selected undergraduate students surveyed during spring semester 1995 (baseline; n = 288), spring semester 1997 (n = 268), and spring semester 1998 (n = 317).
Evaluation Outcome(s)	College student exposure to social norms campaigns about student drinking has been linked to increases in positive perception of alcohol-free activities and reductions in (Glider et al., 2001): <ul style="list-style-type: none"> • Self-reported binge drinking • Serious consequences associated with alcohol use.
Evaluation Studies	Glider, P., Midyett, S. J., Mills-Novoa, B., Johannessen, K., & Collins, C. (2001). Challenging the collegiate rite of passage: A campus-wide social marketing media campaign to reduce binge drinking. <i>Journal of Drug Education, 31</i> (2), 207–220.
Recognition	N/A

POLICY-ORIENTED STRATEGIES

.08 Blood Alcohol Concentration (BAC) Per Se Laws	
Description	These laws make it illegal to drive with a blood alcohol concentration of .08 or higher.
Populations	U.S. drivers
Settings	Community
Evaluation Design	Retrospective, quasi-experimental design using annual state-level data from the Fatality Analysis Reporting System (1982 to 1998) and comparing traffic fatalities in states with illegal per se at 0.08 to states with illegal per se at 0.10 or higher.
Evaluation Outcome(s)	.08 BAC laws reduced traffic fatality rates (Dee, 2001): <ul style="list-style-type: none"> • 14% among 18–20 year olds • 9.7% among 21–24 year olds.
Evaluation Studies	Dee, T. S. (2001). Does setting limits save lives? The case of 0.08 BAC laws. <i>Journal of Policy Analysis & Management, 20</i> (1), 111–128.
Recognition	A CDC Community Guide recommended intervention for outcomes related to: alcohol-related crash fatalities

.08 Blood Alcohol Concentration (BAC) Per Se Laws	
Recognition (cont.)	http://www.thecommunityguide.org/mvoi/AID/BAC-laws.html

Alcohol Ban on College Campus	
Description	Administrative policy that prohibits alcohol use on campus for all students, regardless of age.
Populations	Undergraduate students
Settings	College
Evaluation Design	<p>Wechsler, H., Lee, J. E., Gledhill-Hoyt, J., & Nelson, T. F. (2001): Retrospective, quasi-experimental, cross-sectional design in which responses of 2,252 students at 19 ban schools were compared to 9,051 students at 76 schools without the ban.</p> <p>Williams, J., Chaloupka, F. J., & Wechsler, H. (2005): Retrospective, quasi-experimental design using 1997 and 1999 data from the College Alcohol Study (N = 20,558 observations at ~130 schools) from which responses of students at alcohol-campus-ban schools in low-bar-density neighborhoods were compared to students at alcohol-campus-ban-schools in high-bar-density neighborhoods, and with students at non-ban schools in high-bar-density neighborhoods.</p>
Evaluation Outcome(s)	<p>Compared to students attending colleges without a ban, students attending colleges that banned alcohol were significantly less likely to (Wechsler et al., 2001):</p> <ul style="list-style-type: none"> • Drink alcohol • Be heavy episodic drinkers (White students only) • Get hurt or injured • Experience secondhand effects of alcohol use • Report having 5+ drinks at a dorm social event, fraternity party and on campus dance • Report marijuana use in the past 30 days. <p>*Alcohol drinking students at banned colleges drank as frequently, at the same drinking levels and were intoxicated as often as those students at nonban colleges (Wechsler et al., 2001).</p> <p>Compared to all other students, students who attended colleges that had an alcohol ban and were situated in a low bar density neighborhood reported reduced odds of becoming a heavy drinker (Williams et al., 2005).</p>

Alcohol Ban on College Campus	
Evaluation Studies	<p>Wechsler, H., Lee, J. E., Gledhill-Hoyt, J., & Nelson, T. F. (2001). Alcohol use and problems at colleges banning alcohol: Results of a national survey. <i>Journal of Studies on Alcohol</i>, 62, 133–141.</p> <p>Williams, J., Chaloupka, F. J., & Wechsler, H. (2005). Are there differential effects of price and policy on college students' drinking intensity? <i>Contemporary Economic Policy</i>, 23(1), 78–90.</p>
Recognition	N/A

Alcohol Price Increases	
Description	Involves raising the unit price of alcohol by raising excise taxes (often included in the price of alcohol) and/or sales taxes (charged in addition to the price of alcohol). Revenue generated from tax increase(s) can be used to support public health and public safety services.
Populations	Youth, college students
Settings	Community
Evaluation Design	<p>Chesson, Harrison, & Kassler, 2000: Using a retrospective, quasi-experimental design and nationally representative survey data, estimated the influence of state alcohol tax changes on state-level STD rates.</p> <p>Hollingworth, Ebel, McCarty, Garrison, Christakis, & Rivara, 2006: Using a retrospective, quasi-experimental design and nationally representative survey data on transitions in drinking habits by age, conducted sensitivity analysis to assess the impact of tax increases on alcohol-attributable mortality.</p> <p>Markowitz, Kaestner, & Grossman, 2005: Using a retrospective, quasi-experimental design and nationally representative survey data, assessed the influence of different state-level tax policies on sexual behaviors.</p> <p>Ponicki, Gruenewald, & LaScala, 2007: Using a retrospective, quasi-experimental design, conducted pooled cross-sectional analysis of Fatality Analysis Reporting System data (1975–2001) to assess the influence of state-specific MLDA changes and increases in beer taxes on youth traffic fatalities over time.</p> <p>Wagenaar, Tobler, & Komro, 2010: Using a meta-analytic design, analyzed 50 studies examining the effects of alcohol tax and price increases on morbidity and mortality.</p> <p>Williams, Chaloupka, & Wechsler, 2005: Using a retrospective, quasi-experimental design, and data from the Harvard School of Public Health College Alcohol Study (1997 and 1999), estimated the effect of alcohol pricing on drinking behavior.</p>

Alcohol Price Increases	
Evaluation Design (cont.)	<p>Xuan et al., 2013: Using a retrospective, non-experimental design and nationally representative data, estimated the influence of alcohol taxes on the relationship between state adult binge drinking and individual-level youth drinking.</p> <p>Young & Bielinska-Kwapisz, 2006: Using a retrospective, non-experimental design and national representative fatality data from 48 contiguous states, estimated the influence of alcohol price on consumption and traffic fatalities.</p>
Evaluation Outcome(s)	<p>Alcohol price increases have been associated with reductions in:</p> <ul style="list-style-type: none"> • Harmful youth drinking (Hollingworth et al., 2006; Williams, Chaloupka, & Wechsler, 2005) • Youth drinking through its effect on adult alcohol consumption (Xuan et al., 2013). <p>Alcohol price increases have been linked to reductions in the following potential consequences of underage drinking:</p> <ul style="list-style-type: none"> • Sexually transmitted infections and diseases among youth and young adults (Chesson, Harrison, & Kassler, 2000; Markowitz, Kaestner, & Grossman, 2005; Wagenaar, Tobler, & Komro, 2010) • Traffic fatalities involving youth (Ponicki, Gruenewald, & LaScala, 2007; Young & Bielinska-Kwapisz, 2006) • Violence and crime on college campuses (Wagenaar et al., 2010).
Evaluation Studies	<p>Chesson, H., Harrison, P., & Kassler, W. J. (2000). Sex under the influence: The effect of alcohol policy on sexually transmitted disease rates in the United States. <i>Journal of Law and Economics</i>, 43(1), 215–238.</p> <p>Hollingworth, W., Ebel, B. E., McCarthy, C. A., Garrison, M. M., Christakis, D. A., & Rivara, F. P. (2006). Prevention of deaths from harmful drinking in the United States: The potential effects of tax increases and advertising bans on young drinkers. <i>Journal of Studies on Alcohol</i>, 67(2), 300–308.</p> <p>Markowitz, S., Kaestner, R., & Grossman, M. (2005). An investigation of the effects of alcohol consumption and alcohol policies on youth risky sexual behaviors. <i>The American Economic Review</i>, 95(2), 263–266.</p> <p>Ponicki, W. R., Gruenewald, P. J., & LaScala, E. A. (2007). Joint impacts of minimum legal drinking age and beer taxes on US youth traffic fatalities, 1975 to 2001. <i>Alcoholism: Clinical and Experimental Research</i>, 31(5), 804–813.</p> <p>Wagenaar, A. C., Tobler, A. L., & Komro, K. A. (2010). Effects of alcohol tax and price policies on morbidity and mortality: A systematic review. <i>American Journal of Public Health</i>, 100(11), 2270–2278.</p>

Alcohol Price Increases	
Evaluation Studies (cont.)	<p>Williams, J., Chaloupka, F. J., & Wechsler, H. (2005). Are there differential effects of price and policy on college students' drinking intensity? <i>Contemporary Policy Issues</i>, 23(1), 78–90.</p> <p>Xuan, Z., Nelson, T. F., Heeren, T., Blanchette, J., Nelson, D. E., Gruenewald, P., & Naimi, T. S. (2013). Tax policy, adult binge drinking, and youth alcohol consumption in the United States. <i>Alcoholism: Clinical and Experimental Research</i>, 37(10), 1713–1719.</p> <p>Young, D. J., & Bielinska-Kwapisz, A. (2006). Alcohol prices, consumption, and traffic fatalities. <i>Southern Economic Journal</i>, 72(3), 690–703.</p>
Recognition	<p>A CDC Community Guide recommended intervention for outcomes related to: excessive alcohol consumption and related harms</p> <p>http://www.thecommunityguide.org/alcohol/increasingtaxes.html</p>

Alcohol Restrictions at Community Events	
Description	Policies that control the availability and use of alcohol at public venues (e.g., concerts, street fairs, and sporting events). Restrictions can be implemented voluntarily by event organizers or through local legislation.
Populations	College students
Settings	College campuses
Evaluation Design	<p>Bormann & Stone, 2001: Prospective, non-experimental design examining enforcement data one year before and four years after restrictions implemented.</p> <p>Johannessen, Glider, Collins, Hueston, & DeJong, 2001: Prospective, non-experimental design examining enforcement data three years before and four years after homecoming policies implemented.</p>
Evaluation Outcome(s)	<p>A beer ban policy at a university football stadium has been linked to reductions in arrests, assaults, ejections from the stadium, and student referrals to the judicial affairs office (Bormann & Stone, 2001).</p> <p>Campus-based alcohol restrictions have been linked to reductions in the number of neighborhood calls for complaints related to homecoming activities (Johannessen, Glider, Collins, Hueston & DeJong, 2001).</p>
Evaluation Studies	Bormann, C., & Stone, M. (2001). The effects of eliminating alcohol in a college stadium: The Folsom Field beer ban. <i>Journal of American College Health</i> , 50(2), 81–88.

Alcohol Restrictions at Community Events	
Evaluation Studies (cont.)	Johannessen, K., Glider, P., Collins, C., Hueston, H., & DeJong, W. (2001). Preventing alcohol-related problems at the University of Arizona's homecoming: An environmental management case study. <i>American Journal of Drug & Alcohol Abuse</i> , 27(3), 587–597.
Recognition	N/A

Ban of Salvia Divinorum (reclassified as a Schedule 1 substance)	
Description	Involves changing state policy to make Salvia Divinorum a scheduled controlled substance, therefore making possession of it a felony. Intended to deter recreational use of this plant by increasing legal consequences.
Populations	College students
Settings	States and communities
Evaluation Design	Prospective, non-experimental design using a convenience sample of college students in Florida (n = 534) to assess outcomes 18–21 months prior and 15–18 months following the rescheduling of salvia divinorum in Florida.
Evaluation Outcome(s)	Participants after the ban were more likely to report (Stogner, Khey, Griffin, Miller, & Boman, 2012): <ul style="list-style-type: none"> • An increase in awareness of salvia divinorum • Reduction of recent recreational use of salvia divinorum.
Evaluation Studies	Stogner, J., Khey, D. N., Griffin, O. H., III, Miller, B. L., & Boman IV, J. H. (2012). Regulating a novel drug: An evaluation of changes in use of salvia divinorum in the first year of Florida's ban. <i>International Journal of Drug Policy</i> , 23(6), 512–521.
Recognition	N/A

Blood Alcohol Concentration (BAC) Limits for Minors (Zero Tolerance) Laws	
Description	Prohibits youth under the age of 21 from driving with a blood alcohol content above measurable levels (usually 0.01–0.02 compared to 0.08 for adults).
Populations	Youth under 21 years old
Settings	Community

Blood Alcohol Concentration (BAC) Limits for Minors (Zero Tolerance) Laws	
Evaluation Design	<p>Carpenter, 2004a: Using a retrospective, quasi-experimental design and data from the CDC’s National Center for Health Statistics Mortality Detail Files (1981–1998), compared number of suicide deaths in states with zero tolerance laws to those with no zero tolerance laws.</p> <p>Carpenter, 2004b: Using a retrospective, quasi-experimental design, and data from the Behavioral Risk factor Surveillance System (1984–2001), compared alcohol related behaviors among 18–20 year olds with those of 22–24 year olds in states with and without zero tolerance laws.</p> <p>Carpenter, 2005: Using a retrospective, quasi-experimental design and CDC data, compared gonorrhea rates in states with zero tolerance laws to those without such laws.</p> <p>Chang, Wu, & Ying, 2012: Using a retrospective, quasi-experimental design and FARS data, compared traffic fatality rates in states that make it illegal for anyone under the age of 21 to drive with any measurable amount of alcohol in their blood to states that set no special limit for minors.</p> <p>Fell, Fisher, Voas, Blackman, & Tippetts, 2009: Using a retrospective, non-experimental design and data from the Alcohol Policy Information System (1998–2005), the Digests of State Alcohol-Highway Safety Related Legislation (1983–2006), Westlaw, and Fatality Analysis Reporting System (1982–2004), examined change before and after zero tolerance law implementation.</p> <p>Liang & Huang, 2008: Using a retrospective, quasi-experimental design and data from the Harvard School of Public Health College Alcohol Survey (1993, 1997, and 1999), compared drinking and binge drinking in states with zero tolerance laws and those without.</p> <p>Markowitz, Chatterji, & Kaestner, 2003: Using a retrospective, quasi-experimental design and data from the National Health Statistics’ Compressed Mortality File (1976–1999), compared states with no zero tolerance law to those with zero tolerance laws on suicide.</p> <p>McCartt, Blackman, & Voas, 2007: Using a retrospective, non-experimental design and data from Washington’s BAC registry and Department of Licensing, examined trends of underage drivers arrested for alcohol-related offenses before and after modifications to the Washington State zero tolerance law in 1994.</p> <p>Voas, Tippetts, & Fell, 2003: Using a retrospective, quasi-experimental design and data from the Fatality Analysis Reporting System compared early state adopters of zero tolerance and minimum legal drinking age laws with late adopters (1982–1997) on the proportion of underage drinking drivers in fatal crashes over time.</p>
Evaluation Outcome(s)	<p>Regarding underage drinking <i>behaviors</i>, implementation of lower BAC limits for minors has been associated with reductions in:</p>

Blood Alcohol Concentration (BAC) Limits for Minors (Zero Tolerance) Laws	
Evaluation Outcome(s) (cont.)	<ul style="list-style-type: none"> • Heavy episodic drinking (five or more drinks at one sitting) among 18–20-year-old males (Carpenter, 2004b) • Drinking and driving among college students (Liang & Huang, 2008). <p>Regarding potential <i>consequences</i> of underage drinking behaviors, implementation of lower BAC limits for minors has been associated with reductions in:</p> <ul style="list-style-type: none"> • Fatal motor vehicle crashes that involve drinking and driving for drivers younger than 21 years old (Voas, Tippetts, & Fell, 2003; Fell, Fisher, Voas, Blackman, & Tippetts, 2009) • Alcohol-related fatal motor vehicle crashes (Chang, Wu, & Ying, 2012) • Suicide deaths among males ages 15–17, and males ages 18–20 (Carpenter, 2004a), as well as among males ages 20–24 (Markowitz, Chatterji, & Kaestner, 2003) • Gonorrhea rates among white males ages 15–19 (Carpenter, 2005). <p>Implementation of lower BAC limits for minors has been associated with increased sanctions for drinking and driving among youth ages 16–20 (McCartt, Blackman, & Voas, 2007).</p>
Evaluation Studies	<p>Carpenter, C. (2004a). Heavy alcohol use and youth suicide: Evidence from tougher drunk driving laws. <i>Journal of Policy Analysis and Management</i>, 23(4), 831–842.</p> <p>Carpenter, C. (2004b). How do zero tolerance drunk driving laws work? <i>Journal of Health Economics</i>, 23(1), 61–83.</p> <p>Carpenter, C. (2005). Youth alcohol use and risky sexual behavior: Evidence from underage drunk driving laws. <i>Journal of Health Economics</i>, 24(3), 613–628.</p> <p>Chang, K., Wu, C-C., & Ying, Y-H. (2012). The effectiveness of alcohol control policies on alcohol-related traffic fatalities in the United States. <i>Accident Analysis & Prevention</i>, 45, 406–415.</p> <p>Fell, J. C., Fisher, D. A., Voas, R. B., Blackman, K., & Tippetts, A. S. (2009). The impact of underage drinking laws on alcohol-related fatal crashes of young drivers. <i>Alcoholism: Clinical and Experimental Research</i>, 33(7), 1208–1219.</p> <p>Liang, L., & Huang, J. (2008). Go out or stay in? The effects of zero tolerance laws on alcohol use and drinking and driving patterns among college students. <i>Health Economics</i>, 17(11), 1261–1275.</p> <p>Markowitz, S., Chatterji, P., & Kaestner, R. (2003). Estimating the impact of alcohol policies on youth suicides. <i>The Journal of Mental Health Policy and Economics</i>, 6(1), 37–46.</p> <p>McCartt, A. T., Blackman, K., & Voas, R. B. (2007). Implementation of Washington State’s zero tolerance law: Patterns of arrests, dispositions, and recidivism. <i>Traffic Injury Prevention</i>, 8(4), 339–345.</p>

Blood Alcohol Concentration (BAC) Limits for Minors (Zero Tolerance) Laws	
Evaluation Studies (cont.)	Voas, R. B., Tippetts, A. S., & Fell, J. C. (2003). Assessing the effectiveness of minimum legal drinking age and zero-tolerance laws in the United States. <i>Accident Analysis & Prevention</i> , 35(4), 579–587.
Recognition	A CDC Community Guide recommended intervention for outcomes related to: alcohol-related crashes in the United States and Australia http://www.thecommunityguide.org/mvoi/AID/lowerbaclaws.html

Dram Shop Liability Laws	
Description	Statutory (i.e., written) provisions that allow licensed drinking establishments (e.g., restaurants, bars, liquor stores) to be held financially liable for serving alcohol to an underage or intoxicated person who later causes injury to a third party.
Populations	18- to 20-year-old minors
Settings	Community
Evaluation Design	Powell, Williams, & Wechsler, 2004: Using a retrospective, non-experimental design and Harvard School of Public Health College Alcohol Studies data (1997 and 1999), examined associations between college student alcohol consumption and state imposed restrictions on alcohol use, including dram shop liability laws. Whetten-Goldstein, Sloan, Stout, & Liang, 2000: Using a retrospective, quasi-experimental design and data from the Fatality Analysis Reporting System (1984–1995), compared traffic fatalities over time in states where bars can be sued for serving minors with those that do not allow such legal action.
Evaluation Outcome(s)	Dram shop liability laws have been linked to reductions in: <ul style="list-style-type: none"> • Alcohol-related motor vehicle fatalities of 18–20 year olds (Whetten-Goldstein, Sloan, Stout, & Liang, 2000) • Drinking levels by college students (Powell, Williams, & Wechsler, 2004).
Evaluation Studies	Powell, L. M., Williams, J., & Wechsler, H. (2004). Study habits and the level of alcohol use among college students. <i>Education Economics</i> , 12(2), 135–149. Whetten-Goldstein, K., Sloan, F. A., Stout, E., & Liang, L. (2000). Civil liability, criminal law, and other policies and alcohol-related motor vehicle fatalities in the United States: 1984–1995. <i>Accident Analysis and Prevention</i> , 32(6), 723–733.
Recognition	A CDC Community Guide recommended intervention for outcomes related to: alcohol related harms

Dram Shop Liability Laws	
Recognition (cont.)	http://www.thecommunityguide.org/alcohol/dramshop.html

Happy Hour Restrictions	
Description	Policies that reduce or limit alcohol price promotions and specials. Happy hour promotions often attract younger drinkers and encourage binge drinking by making alcohol less expensive.
Populations	Underage youth; college students
Settings	Community
Evaluation Design	<p>Kuo, Wechsler, Greenberg, & Lee, 2003: Using a retrospective, non-experimental design and data from the 2001 College Alcohol Study and direct observational assessments (N = 10,000 students, 830 on-premise and 1,684 off-premise establishments at 118 colleges), examined associations between the alcohol environment surrounding college campuses on students' drinking.</p> <p>Wechsler, Lee, Nelson, & Kuo, 2002: Using a retrospective, quasi-experimental design and data from the Harvard School of Public Health College Alcohol Studies (1992, 1997, 1999 and 2001), compared alcohol use of underage students with that of their 21–23-year-old peers living in states with specific underage drinking laws to those living in states without such laws.</p> <p>Wechsler, Lee, Nelson, & Lee, 2003: Using a retrospective, non-experimental design and 2001 Harvard School of Public Health College Alcohol Studies data, examined associations between student alcohol consumption (N = 10,904 students and 120 schools) and state and local level policies and enforcement activities.</p>
Evaluation Outcome(s)	<p>No outcome data found for role of happy hour restrictions on their own in preventing underage drinking and/or its consequences.</p> <p>When happy hour restrictions have been combined with other laws and policies targeting underage drinking, they have been associated with reductions in:</p> <ul style="list-style-type: none"> • Binge-drinking among underage youth on campuses (Kuo et al., 2003; Wechsler et al., 2002) • Drinking and driving among college-aged students (Wechsler, Lee, Nelson, & Lee, 2003).
Evaluation Studies	<p>Kuo, M., Wechsler, H., Greenberg, P., & Lee, H. (2003). The marketing of alcohol to college students: The role of low prices and special promotions. <i>American Journal of Preventative Medicine</i>, 25(3), 204–211. Retrieved from http://www.ajpmonline.org/article/S0749-3797(03)00200-9/pdf</p>

Happy Hour Restrictions	
Evaluation Studies (cont.)	<p>Wechsler, H., Lee, J., Nelson, T. F., & Kuo, M. (2002). Underage college students' drinking behavior, access to alcohol, and the influence of deterrence policies. <i>Journal of American College Health, 50</i>(5), 223.</p> <p>Wechsler, H., Lee, J., Nelson, T., & Lee, H. (2003). Drinking and driving among college students: The influence of alcohol control policies. <i>American Journal of Preventive Medicine, 25</i>(3), 212–218.</p>
Recognition	<p>A CDC Community Guide recommended intervention for outcomes related to: alcohol-related harms</p> <p>http://www.thecommunityguide.org/alcohol/limitinghourssale.html</p>

Minimum Age of Alcohol Purchase, Sale, and Server Laws	
Description	<p>Suite of alcohol control policies that stipulate the minimum age for alcohol transactions. Minimum age of purchase laws prohibit minors from buying or attempting to buy alcoholic beverages. Minimum age of seller laws specify a minimum age for employees who sell alcoholic beverages in off-premises establishments (e.g., liquor, grocery, and convenience stores). Minimum age of server laws specify a minimum age for employees who serve or dispense alcoholic beverages in on-premises establishments (e.g., bars and restaurants).</p>
Populations	College students
Settings	Community
Evaluation Design	<p>Wechsler, Lee, Nelson, & Kuo, 2002a,b: Using a retrospective, quasi-experimental design and data from the Harvard School of Public Health College Alcohol Studies (1992, 1997, 1999 and 2001), compared alcohol use of underage students with that of their 21–23-year-old peers living in states with specific underage drinking laws to those living in states without such laws.</p> <p>Fell, Fisher, Voas, Blackman, & Tippetts, 2008: Using a retrospective, quasi-experimental design and annual Fatality Analysis Reporting System data (1982–1990), compared the ratio of drinking to nondrinking drivers aged 20 and younger who were involved in fatal crashes in states with specific underage drinking laws to those without such laws.</p>
Evaluation Outcome(s)	<p>Compared to geographical areas with three or fewer underage laws, those with four or more underage laws (e.g., laws requiring a minimum age for servers and sellers, fake ID restrictions, laws on attempts to purchase or consume, laws requiring the posting of warning signs in alcohol outlets) have lower (Wechsler, Lee, Nelson, & Kuo, 2002a, 2002b):</p>

Minimum Age of Alcohol Purchase, Sale, and Server Laws	
Evaluation Outcome(s) (cont.)	<ul style="list-style-type: none"> • Annual alcohol use rates among underage college students • Rates of drinking in the past 30 days among underage college students • Binge-drinking rates among underage college students <p>States with laws establishing 21 as the minimum age to sell alcohol have lower alcohol use and binge-drinking rates among underage college students (Wechsler et al., 2002a).</p> <p>States with stricter laws regarding the use of false identification to purchase alcohol have lower rates of alcohol-related traffic fatalities involving underage drinkers (Fell et al, 2008).</p>
Evaluation Studies	<p>Fell, J. C., Fisher, D. A., Voas, R. B., Blackman, K., & Tippetts, A. S. (2008). The relationship of underage drinking laws to reductions in drinking drivers in fatal crashes in the United States. <i>Accident Analysis & Prevention</i>, 40(4), 1430–1440.</p> <p>Wechsler, H., Lee, J. E., Nelson, T. F., & Kuo, M. (2002a). Underage college students' drinking behavior, access to alcohol, and the influence of deterrence policies: Findings for the Harvard School of Public Health College Alcohol Study. <i>Journal of American College Health</i>, 50(5), 223–236.</p> <p>Wechsler, H., Lee, J. E., Nelson, T. F., & Kuo, M. (2002b). Underage college students' drinking behavior, access to alcohol, and the influence of deterrence policies: Findings for the Harvard School of Public Health College Alcohol Study: Erratum. <i>Journal of American College Health</i>, 51, 37.</p>
Recognition	N/A

Minimum Legal Drinking Age (MLDA) Laws and Beer Taxes	
Description	Policies that affirm the age where it is legal to buy alcohol. Beer taxes involve raising or lowering the cost of alcohol via changing tax rates.
Populations	U.S. citizens
Settings	Community
Evaluation Design	Using a retrospective, quasi-experimental design, conducted pooled cross-sectional analysis of Fatality Analysis Reporting System data (1975–2001) to assess the influence of state-specific MLDA changes and increases in beer taxes on youth traffic fatalities over time.
Evaluation Outcome(s)	For ages 18–20 (Ponicki, Gruenewald, & LaScala, 2007): <ul style="list-style-type: none"> • Fatalities decline with higher MLDA

Minimum Legal Drinking Age (MLDA) Laws and Beer Taxes	
Evaluation Outcome(s) (cont.)	<ul style="list-style-type: none"> • Increase in beer tax rates decreases youth fatalities • Increase in beer taxes decreases traffic fatalities when more young people can legally drink (low MLDA) than when fewer can drink (high MLDA). <p>For ages 21–24 (Ponicki et al., 2007):</p> <ul style="list-style-type: none"> • Moving MLDA from 18 to 21 significantly decreased fatalities among 21–24 year olds • Increase in beer taxes decreased fatalities
Evaluation Studies	Ponicki, W. R., Gruenewald, P. J., & LaScala, E. A. (2007). Joint impacts of minimum legal drinking age and beer taxes on US youth traffic fatalities, 1975 to 2001. <i>Alcoholism: Clinical and Experimental Research</i> , 31(5), 804–813.
Recognition	N/A

Social Host Liability Laws	
Description	Impose civil and/or criminal penalties on individuals (social hosts) for underage drinking events held on property they own, lease, or otherwise control.
Populations	Youth under 21 years old
Settings	Community
Evaluation Design	<p>Dills, 2010: Using a retrospective, quasi-experimental design and state-level Fatality Analysis Reporting System data (1975–2005), compared alcohol-related traffic fatality rates in states with social host laws to those without such laws.</p> <p>Whetten-Goldstein, Sloan, Stout, & Liang, 2000: Using a retrospective, quasi-experimental design and data from the Fatality Analysis Reporting System (1984–1995), compared traffic fatalities over time in states where bars can be sued for serving minors with those that do not allow such legal action.</p> <p>Wagoner, Sparks, Francisco, Wyrick, Nichols, & Wolfson, 2013: Using a retrospective, quasi-experimental design where communities with social host policies in place prior to intervention were compared to communities that passed social host policies during the intervention and to communities that had no law. Cross-sectional data from 11,205, 14–20-year olds were analyzed using multilevel modeling to account for variation within and between communities.</p>
Evaluation Outcome(s)	<p>Implementation of social host liability laws has been associated with reductions in:</p> <ul style="list-style-type: none"> • Alcohol-related traffic fatality rates for 18–20 year olds (Dills, 2010)

Social Host Liability Laws	
Evaluation Outcome(s) (cont.)	<ul style="list-style-type: none"> Total motor vehicle deaths for 18–20 year olds (Whetten-Goldstein, Sloan, Stout, & Liang, 2000) Self-reported probability of heavy, episodic drinking and driving while under the influence among all drinkers (Stout, Sloan, Liang, & Davies, 2000). <p>Relative to comparison communities, those communities with social host liability laws have demonstrated reductions in youth drinking (14–20 year olds) in large peer groups (Wagoner et al., 2013).</p>
Evaluation Studies	<p>Dills, A. K. (2010). Social host liability for minors and underage drunk-driving accidents. <i>Journal of Health Economics</i>, 29(2), 241–249.</p> <p>Stout, E. M., Sloan, F. A., Liang, L., & Davies, H. H. (2000). Reducing harmful alcohol-related behaviors: Effective regulatory methods. <i>Journal of Studies on Alcohol</i>, 61(3), 402–412.</p> <p>Whetten-Goldstein, K., Sloan, F., Stout, E., & Liang, L. (2000). Civil liability, criminal law, and other policies and alcohol-related motor vehicle fatalities in the United States: 1984–1995. <i>Accident Analysis and Prevention</i>, 32(6), 723–733.</p>
Recognition	N/A

Substance Restricted College Housing	
Description	Administrative policies that prohibit substance use (in general) or alcohol use in housing for all students regardless of age.
Populations	Undergraduate students
Settings	College
Evaluation Design	Retrospective, quasi-experimental, cross sectional design in which responses of 2,555 students living in different types of residences (substance-free, alcohol-free, and unrestricted) were compared on 52 campuses.
Evaluation Outcome(s)	<p>Compared to students living in alcohol-free or unrestricted college housing, students living in substance-free housing were significantly less likely to report (Wechsler, Lee, Nelson, & Lee, 2001):</p> <ul style="list-style-type: none"> Current use of cigarettes or marijuana Frequency and quantity of alcohol use Experience of alcohol-related problems Riding with a driver who had been drinking Secondhand effects of drinking.

Substance Restricted College Housing	
Evaluation Outcome(s) (cont.)	*No differences between alcohol-free living and unrestricted living were found (Wechsler et al., 2001).
Evaluation Studies	Wechsler, H., Lee, J. E., Nelson, T. F., & Lee, H. (2001). Drinking levels, alcohol problems and secondhand effects in substance-free college residences: Results of a national study. <i>Journal of studies on alcohol</i> , 62, 23–31.
Recognition	N/A

MULTI-COMPONENT

Border Binge-Drinking Reduction	
Description	Combines media, enforcement, and policy strategies to reduce underage drinking and binge drinking in border towns. Aims to prevent U.S. youth under 21 years old from entering another country that has a lower legal drinking age (i.e., Mexico) to gain commercial access to alcohol.
Populations	Underage youth (18–21 years old) crossing U.S.-Mexico border
Settings	Border communities
Evaluation Design	Romano et al., 2004: Prospective, non-experimental design examining the number of alcohol-related American arrests in Tijuana, Mexico over an 18-month period. Voas et al, 2002: Prospective, non-experimental design examining the number of youth crossing into Mexico, their returning BACs (N = 6,000), and reductions in alcohol-related crashes during a three-year period.
Evaluation Outcome(s)	Border binge drinking reduction efforts have been associated with reductions in the number of: <ul style="list-style-type: none"> • 16- to 20-year-old drivers who had been drinking alcohol and were involved in nighttime crashes (Voas et al., 2002) • Underage drinking pedestrians crossing the Mexico-U.S. border between midnight and 4:00 a.m. (Voas et al., 2002) • Young Americans getting arrested for alcohol-related violations in Tijuana (Romano et al., 2004).
Evaluation Studies	Romano, E., Cano, S., Lauer, E., Jimenez, A., Voas, R. B., & Lange, J. E. (2004). Tijuana alcohol control policies: A response to cross-border high-risk drinking by young Americans. <i>Prevention Science</i> , 5(2), 127–134.

Border Binge-Drinking Reduction	
Evaluation Studies (cont.)	Voas, R. B., Tippetts, A. S., Johnson, M. B., Lange, J. E., & Baker, J. (2002). Operation safe crossing: Using science within a community intervention. <i>Addiction</i> , 97(9), 1205–1214.
Recognition	An Athena Forum Excellence in Prevention program for outcomes related to: Americans arrested in Tijuana, Mexico, for alcohol-related violations; Number of Tijuana bars with a majority of American patrons; Number of nighttime alcohol-related crashes; Number of youth crossing into Tijuana to drink; Number of youth returning from Tijuana with high BAC http://www.theathenaforum.org/sites/default/files/XX%20Border%20Binge-

Brief Motivational Intervention + Alcohol Expectancy Challenge	
Description	<p>Brief motivational intervention is a one-on-one, 45 to 60 minute session conducted by trained graduate students to high-risk undergraduate student drinkers. Participants track their drinking 2 weeks before the session. During the session, a personalized feedback report generated from the 2-week prior drinking behavior is used to guide the discussion. Discussion focuses on normative information, alcohol consequences, risk factors, and other health-related information (e.g., average weekly calories consumed from alcohol; money spent on alcohol).</p> <p>The Alcohol Expectancy Challenge (AEC) is a small-group intervention comprising 2 sessions held 2 weeks apart in a simulated bar. Students are randomly given two alcoholic drinks (only those over 21 years) or non-alcoholic drinks. Students then engage in a social activity for 20 minutes. Following the activity, participants have to identify which students in the group consumed alcohol. After the first session, the group discusses expectancies related to alcohol use during social situations. After the second session, the group discusses alcohol expectations in relation to sexual behavior.</p>
Populations	High-risk drinking college students (aged 20–24 years old)
Settings	College
Evaluation Design	Prospective, experimental design with participants (N = 335) randomly assigned to 1 of 4 groups: (1) brief motivational intervention (BMI) only; (2) alcohol expectancy challenge (AEC) only; (3) BMI plus AEC (BMI–AEC); (4) Control. Participants were measured at baseline (pre-intervention), and follow-up assessments occurred at 1, 3, and 6 months.
Evaluation Outcome(s)	Compared to participants in the control group, the participants in BMI only and participants in the AEC only group reported significantly reduced heavy drinking

Brief Motivational Intervention + Alcohol Expectancy Challenge	
Evaluation Outcome(s) (cont.)	<p>(however effect diminished for AEC-only group at 6-month follow-up, but remained for BMI only) (Wood, Capone, Laforge, Erickson, & Brand, 2007).</p> <p>Compared to participants in the control group, the participants in BMI only and participants in the BMI-AEC group reported significantly reduced alcohol problems (however effect diminished for BMI-AEC group at 6-month follow-up, but remained for BMI only) (Wood et al., 2007).</p> <p>No evidence of the additive effect of combining BMI with AEC was found (Wood et al., 2007).</p>
Evaluation Studies	<p>Wood, M. D., Capone, C., Laforge, R., Erickson, D. J., & Brand, N. H. (2007). Brief motivational intervention and alcohol expectancy challenge with heavy drinking college students: A randomized factorial study. <i>Addictive Behaviors</i>, 32(11), 2509–2528.</p>
Recognition	<p>An OJJDP Model Programs Guide (operated by CrimeSolutions.gov) effective (one meta-analysis) program for outcomes related to: Drugs & Substance Abuse – Multiple substances</p> <p>http://www.crimesolutions.gov/PracticeDetails.aspx?ID=31</p> <p>A SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP) legacy program for outcomes related to: Alcohol use, Negative consequences/problems associated with alcohol use, Drinking and driving, Alcohol-related injuries, Drug use (cocaine and opiates), Retention in treatment</p>

Combined Alcohol Intervention (Brief Alcohol Screening and Intervention for College Students + Parent Intervention)	
Description	<p>In Brief Alcohol Screening and Intervention for College Students (BASICS), trained peer facilitators use motivational interviewing techniques to conduct a 45- to 60-minute session with participants, providing feedback on alcohol use, normative perceptions, negative consequences, and protective behavior strategies.</p> <p>In the Parent Intervention, parents receive a handbook during the summer prior to their child’s college matriculation which includes college drinking facts, strategies for communicating effectively with teens, tips for teens to develop assertiveness, and basic alcohol effects on the body. The parent discusses the information in the handbook with their child.</p>
Populations	<p>High school athletes transitioning to college and their parents</p>
Settings	<p>College or university campus</p>

Combined Alcohol Intervention (Brief Alcohol Screening and Intervention for College Students + Parent Intervention)	
Evaluation Design	Prospective, experimental design with participants (N = 1275) randomly assigned to 1 of 4 conditions: (1) BASICS only (n = 277), (2) parent only (n = 316), (3) combined BASICS + parent (n = 342), or (4) control (n = 340). Participants completed measures at baseline during the summer before starting college (pre-intervention) and ten months later (follow up).
Evaluation Outcome(s)	Compared to all other groups, the combined BASICS and parent intervention group participants reported significantly reduced use of marijuana at follow-up (Grossbard et al., 2010).
Evaluation Studies	Grossbard, J. R., Mastroleo, N. R., Kilmer, J. R., Lee, C. M., Turrisi, R., Larimer, M. E., & Ray, A. (2010). Substance use patterns among first-year college students: Secondary effects of a combined alcohol intervention. <i>Journal of substance abuse treatment, 39</i> (4), 384–390. doi: 10.1016/j.jsat.2010.07.001
Recognition	<p>An Athena Forum Excellence in Prevention program for outcomes related to: Frequency of alcohol use, Quantity of alcohol use, Negative consequences of alcohol use</p> <p>https://www.theathenaforum.org/prevention-101/excellence-prevention-strategy-list</p> <p>An OJJDP Model Programs Guide (operated by CrimeSolutions.gov) effective (more than one study) program for outcomes related to: Consequences of Alcohol Consumption, Quantities Consumed, Alcohol Consumption</p> <p>http://www.crimesolutions.gov/ProgramDetails.aspx?ID=138</p> <p>A SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP) legacy program for outcomes related to: Frequency of alcohol use, Quantity of alcohol use, Negative consequences of alcohol use</p>

Common Ground	
Description	Implemented by a campus-community coalition, this program combines media (social norms campaign, media advocacy), enforcement (disciplinary system to address off-campus student behavior), and policy (social host liability) strategies to prevent alcohol use and its consequences among college students.
Populations	College students
Settings	College and surrounding community

Common Ground	
Evaluation Design	Prospective, quasi-experimental design, using repeated-measures with one intervention and one comparison large university; 500 students were randomly selected to participate in the survey at each university. Students completed a pre-implementation survey (Year 1) serving as baseline, and were surveyed yearly for three consecutive years as follow-up.
Evaluation Outcome(s)	<p>Relative to a comparison group, students exposed to Common Ground demonstrated significant increases in perceived likelihood of apprehension for violating the minimum legal drinking age and using false identification (Wood et al., 2009).</p> <p>Students exposed to Common Ground also reported (Wood et al., 2009):</p> <ul style="list-style-type: none"> • Increased awareness of formal alcohol-control efforts • Increased perceived likelihood of enforcement and perceptions of responsible beverage service • Decreased perceptions of student misbehavior at off-campus parties. <p>The community surrounding the Common Ground university experienced a decrease in complaints to local police regarding student disturbances in the community (Wood et al., 2009).</p>
Evaluation Studies	Wood, M. D., DeJong, W., Fairlie, A. M., Lawson, D., Lavigne, A. M., & Cohen, F. (2009). Common ground: An investigation of environmental management alcohol prevention initiatives in a college community. <i>Journal of Studies on Alcohol and Drugs</i> , 516, 96–105.
Recognition	N/A

Communities Mobilizing for Change on Alcohol (CMCA)	
Description	Community-organizing program designed by community members (including youth) and led by a part-time community organizer that combines policy, law enforcement, and communications strategies to prevent underage drinking.
Populations	18- to 20-year-olds
Settings	Community
Evaluation Design	Prospective, experimental design with 15 communities randomly assigned to an intervention condition (n = 7) or control (n = 8).

Communities Mobilizing for Change on Alcohol (CMCA)	
Evaluation Outcome(s)	<p>Compared to matched comparison communities, CMCA communities from baseline to three years during intervention implementation reported greater:</p> <ul style="list-style-type: none"> • Reductions in the number of driving under the influence (DUI) arrests among 18–20 year olds (Wagenaar, Murray, & Toomey, 2000) • Reductions in the number of 18- to 20-year-olds trying to buy alcohol, drinking alcohol within the past 30 days, and providing alcohol to their peers (Wagenaar, Murray, Gehan et al., 2000) • Reductions in the number of merchants selling alcohol to minors (Wagenaar, Murray, Gehan et al., 2000) • Increases in the number of merchants checking age identification during alcohol transactions (Wagenaar, Murray, Gehan et al., 2000).
Evaluation Studies	<p>Wagenaar, A. C., Murray, D. M., Gehan, J. P., Wolfson, M., Forster, J. L., Toomey, T. L., . . . Jones-Webb, R. (2000). Communities Mobilizing For Change on Alcohol: Outcomes from a randomized community trial. <i>Journal of Studies on Alcohol and Drugs</i>, 61(1), 85.</p> <p>Wagenaar, A. C., Murray, D. M., & Toomey, T. L. (2000). Communities Mobilizing for Change on Alcohol (CMCA): Effects of a randomized trial on arrests and traffic crashes. <i>Addiction</i>, 95(2), 209–217.</p>
Recognition	<p>An Athena Forum Excellence in Prevention program for outcomes related to: Youth access to alcohol through commercial outlets, Youth access to alcohol through noncommercial outlets, Driving under the influence (DUI) arrests</p> <p>https://www.theathenaforum.org/prevention-101/excellence-prevention-strategy-list</p> <p>A SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP) program for promising outcomes related to: Youth access to alcohol through commercial outlets, Youth access to alcohol through noncommercial outlets, Driving under the influence (DUI) arrests</p>

DUI Prevention Intervention	
Description	<p>Includes sobriety checkpoints, a media advocacy campaign, and a social marketing campaign. Sobriety checkpoints occur on three main streets surrounding campus. Media advocacy campaign includes local media (local TV news, campus newspaper) and focuses on need for increased enforcement efforts. Social marketing campaign includes advertisements in the school newspaper, magnets with messages around campus, and promotional cards.</p>

DUI Prevention Intervention	
Populations	College students
Settings	College towns
Evaluation Design	Prospective, quasi-experimental, non-equivalent comparison group design with 2 large universities (N = 4832; 1 experimental university; 1 comparison university) participating in pre and post surveys.
Evaluation Outcome(s)	The DUI Prevention Intervention was associated with reductions in self-reported driving under the influence by college students (Clapp et al., 2005).
Evaluation Studies	Clapp, J. D., Johnson, M., Voas, R. B., Lange, J. E., Shillington, A., & Russell, C. (2005). Reducing DUI among US college students: Results of an environmental prevention trial. <i>Addiction</i> , 100(3), 327–334.
Recognition	N/A

Safer California Universities	
Description	Multiple prevention components are implemented simultaneously, including party patrols, compliance checks, sobriety checkpoints, social host ordinances, and media advocacy.
Populations	College students
Settings	University and surrounding community
Evaluation Design	Prospective, experimental design with 14 large public universities randomly assigned to an intervention condition or comparison condition. A random cross section of undergraduates at all universities were sampled at baseline (2003) and every year consecutively until 2007 (~500–1000 per campus per year).
Evaluation Outcome(s)	Compared to students in the comparison group, students participating in the Safer California Universities strategy reported reductions in incidence and likelihood of intoxication at off-campus parties, bars, and restaurants (Saltz, Paschall, McGaffigan, & Nygaard, 2012).
Evaluation Studies	Saltz, R. F., Paschall, M. J., McGaffigan, R. P., & Nygaard, P. M. (2010). Alcohol risk management in college settings: The safer California universities randomized trial. <i>American Journal of Preventive Medicine</i> , 39(6), 491–499.
Recognition	N/A

Saving Lives	
Description	Aimed at reducing alcohol-impaired driving incidents, Massachusetts' Saving Lives program combines community mobilization efforts with enforcement of underage drinking laws, community events, communication campaigns, environmental modifications, and focused education/trainings.
Populations	Emerging adults
Settings	Community
Evaluation Design	Prospective, quasi-experimental design comparing intervention cities with the rest of Massachusetts using interrupted time series analysis of Fatality Analysis Reporting System data and Department of Motor Vehicle data. Four cross-sectional random-digit dialing telephone surveys (N = 15,188) over 5 years' time assessed program awareness, beliefs about police enforcement, and frequency of driving after drinking.
Evaluation Outcome(s)	Relative to the rest of Massachusetts, Saving Lives communities demonstrated greater (Hingson et al., 1996): <ul style="list-style-type: none"> • Reductions in fatal crashes involving drivers aged 15–25 • Reductions in reported driving after drinking among drivers aged 16–19 • Increases in awareness of driving under the influence (DUI) or driving while intoxicated (DWI) laws and sanctions for teenage offenders • Increases in awareness of speeding sanctions among teenagers.
Evaluation Studies	Hingson, R., McGovern, T., Howland, J., & Heeren, T. (1996). Reducing alcohol-impaired driving in Massachusetts: The Saving Lives program. <i>American Journal of Public Health, 86</i> (6), 791–797.
Recognition	N/A

Study to Prevent Alcohol Related Consequences (SPARC)	
Description	Combines community organizing and environmental strategies to address alcohol-related problems on college campuses and in surrounding communities.
Populations	College students
Settings	Colleges and surrounding communities
Evaluation Design	Prospective, experimental design with 10 universities randomly selected to an intervention or comparison condition; randomly selected students (n = ~1200 for

Study to Prevent Alcohol Related Consequences (SPARC)	
Evaluation Design (cont.)	each survey) completed surveys at 4 different times: baseline, 1 year, 2 years and 3 years follow-up.
Evaluation Outcome(s)	<p>Compared to non-SPARC colleges/communities, those that participated in SPARC demonstrated decreases in (Wolfson et al., 2012):</p> <ul style="list-style-type: none"> • Severe consequences due to students' own drinking • Students causing alcohol-related injuries to others. <p>These decreases were larger in colleges/communities with higher doses (e.g., more thorough implementation) of the intervention (Wolfson et al., 2012).</p>
Evaluation Studies	Wolfson, M., Champion, H., McCoy, T. P., Rhodes, S. D., Ip, E. H., Blocker, J. N., . . . & DuRant, R. H. (2012). Impact of a randomized campus/community trial to prevent high-risk drinking among college students. <i>Alcoholism: Clinical and Experimental Research</i> , 36(10), 1767–1778.
Recognition	N/A

Western Washington University's Neighborhoods Engaging with Students (NEST) Project	
Description	A comprehensive campus-community prevention intervention that involves simultaneously implementing party patrols; increased campus-based, late-night programming; an educational website that teaches students how to live safely and legally in a community; campus-community service-learning opportunities; and a neighborhood-based conflict-resolution program.
Populations	College students
Settings	University and surrounding community
Evaluation Design	Prospective, quasi-experimental design with 2 universities (n = 2,160) receiving the intervention and 1 university (n = 1,033) serving as comparison. Students were surveyed pre-implementation (baseline) and 1 year post baseline.
Evaluation Outcome(s)	Compared to students in the comparison group, students participating in the Western Washington University's Neighborhoods Engaging with Students project reported reductions in heavy episodic drinking (Saltz, Welker, Paschall, Feeney & Fabiano, 2009)
Evaluation Studies	Saltz, R. F., Welker, L. R., Paschall, M. J., Feeney, M. A., & Fabiano, P. M. (2009). Evaluating a comprehensive campus-community prevention intervention to reduce

Western Washington University’s Neighborhoods Engaging with Students (NEST) Project	
Evaluation Studies (cont.)	alcohol-related problems in a college population. <i>Journal of Studies on Alcohol and Drugs, Supp16, 21–27.</i>
Recognition	N/A

SECTION 3. SEARCH METHODS AND INCLUSION CRITERIA

The strategies and programs in this document were culled from studies published between 2000 and 2015. This time range was determined to be the most appropriate as more recent articles are likely to be more relevant to current prevention planning activities.

The search was conducted using relevant online EBSCO databases (e.g., PsychINFO, Medline). Search terms included the following:

- (Age Group Key Words): Emerging adult* OR Young adult* OR College-age OR college OR Late adolescen* OR College attending
- AND (Substance Key Words) Alcohol OR Underage drinking OR Binge drinking OR Heavy drinking OR Excessive drinking OR Heavy episodic drinking OR Marijuana OR Substance abuse OR Cannabis OR Cocaine OR illicit drugs OR prescription drugs OR Opioids OR Stimulants OR Tranquilizers OR Heroin OR Opiates OR Painkillers OR substance use
- AND (Strategies Key Words) Strategy OR Program OR Intervention OR Policy OR Practice
- AND (Effective Key Words) Evaluation OR Systematic review OR Meta* OR Effective* OR Literature review
- AND (Prevention Key Words) Prevent*

Strategies and related studies selected for inclusion (or referenced) were those that had the following characteristics:

- Published in a peer-reviewed journal
- Was an evaluated prevention program implemented with a U.S.-based sample
- Published in English
- Positive or negative findings related to substance abuse
- Intervention, program, or policy core elements (i.e., it is easy to tell what was implemented)

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- Evaluation methods that are non-experimental (e.g., pretest/posttest only, some trend analyses), quasi-experimental (e.g., comparison group, non-random assignment to condition), or experimental (i.e., control group, random assignment to condition)

Excluded studies had these characteristics:

- Focused on substance use treatment
- Were literature reviews, non-primary sources, commentaries, news reports, or historical perspectives. Note, however, that studies meeting inclusion criteria were distilled from literature reviews produced in our search
- Qualitative evaluation studies (e.g., case study analysis)

Other documents reviewed included:

- Decision-support tools on [binge drinking prevention](#), [prescription drug misuse prevention](#), and [youth marijuana use prevention](#)
- [Environmental Strategies to Prevent Underage Drinking](#) online guide
- Centers for Disease Control and Prevention [Community Guide](#)

Caveats. Please use prudence when interpreting the information included in these records. Here is why:

1. The findings are limited to the time frame, databases, search parameters, and exclusion criteria described above.
2. Our review did not focus on the quality of research methods employed. Although we include brief information on general types of evaluation methods, we do not rate the quality of, for example, research design, reliability and validity of measures, fidelity of program implementation, and appropriateness of statistical analyses. For more information on the types of methods used, and to determine limitations specific to individual studies, review the full text article and/or consult your evaluator.
3. Some strategies that could eventually be found effective may have not yet been evaluated or only evaluated in studies that found weak evidence supporting them. As such, additional studies of previously evaluated and not-yet-evaluated strategies should occur.
4. The methodological rigor of the studies in this tool varies widely, from experimental studies that include pre- and post-assessment of intervention and control groups to which participants are assigned at random, to quasi-experimental designs that include pre- and post-assessment of intervention and comparison groups that are assumed to be nonequivalent, to non-experimental studies that include participant assessment before and after intervention participation but no comparison group.