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Staying Safe While Consuming Alcohol:

A Qualitative Study of the Protective Strategies and Informational Needs of College Freshmen

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Abstract

Objective—In this qualitative study, the authors examined how students attempt to minimize harm to themselves and others when drinking.

Participants—The authors recruited freshmen at a large, mid-Atlantic US public university during the fall semester of 2005 to participate in 8 focus groups.

Methods—The moderator’s guide was developed through an iterative process that included input from experts and pilot testing. The researchers audiotaped focus group conversations, transcribed them, and subjected them to an interrater reliability check. Analysis was based on the framework of Information-Motivation-Behavioral Skills Model and a phenomenological approach.

Results—College students have a repertoire of coping strategies they use in an attempt to safeguard themselves and their friends from harm when drinking. Strategies encompass planning a safe context for drinking, using safety measures to minimize harm when drinking, and taking care of someone who has consumed too much alcohol.

Conclusions—A harm-reduction focus that acknowledges and builds on existing protective strategies may be a promising avenue for alcohol interventions.

Keywords

alcohol; college health; gender; health education

More than 20 years after US federal law raised the minimum age for the purchase and public possession of alcohol from age 18 to 21 years, alcohol consumption remains prevalent among underage youths and is associated with significant morbidity and mortality.¹⁻⁵ Trend data from a variety of national probability samples suggest that college students’ drinking patterns have remained relatively constant; furthermore, college students appear more likely than their noncollege peers to use alcohol, particularly at higher levels.⁶ A 2002 report by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) documented the annual toll that drinking takes on US college campuses: 1,400 college student deaths from alcohol-related causes, 500,000 unintentional injuries, 600,000 assaults, and 70,000 cases of sexual assault and acquaintance rape.⁷ College students’ continued widespread use and abuse of alcohol remains a major health and educational concern on US campuses and at the national level, most notably reflected by the inclusion of targeted objectives on collegiate binge drinking in *Healthy People 2010*, the blueprint for decennial public health efforts.⁴

Notwithstanding efforts of federal, state, and local policies and programs to discourage alcohol use, college students continue to drink, and heavy alcohol consumption often is seen as a normative part of the college experience.³ Because much of the concern regarding college student drinking is centered on negative consequences, Ham and Hope⁸ argue that the definition of *alcohol misuse* should be the occurrence of problems from drinking; thus, a parallel focus should be to reduce drinking-related harms. Using a focus group approach to assess college students' opinions about alcohol issues and programs, Rapaport et al⁹ found that students do not want to be told whether they can drink; they believe that drinking is not only an expected part of campus life but an ingrained part of the student culture that cannot be changed. Schulenberg and Maggs¹⁰ argue that because heavy drinking seems to be embedded in the cultural transition to college, administrators should adopt a harm-reduction perspective, which centers on decreasing the negative consequences from heavy drinking.

A reformulation of college drinking as a public health issue—away from a focus solely on the occurrence of alcohol use to a broader framework that incorporates harm-reduction strategies—requires an appreciation of the nature and extent to which students already practice safety while drinking. Although research has established that adolescents draw heavily from personal experience and exhibit a great deal of optimistic bias when assessing risk,¹¹ few investigators have examined the protective strategies used by students to keep themselves and their friends safe when they are going to drink or when they have had too much to drink. In a cross-sectional study conducted among stratified samples of undergraduates across 4 university campuses in a midwestern state, Benton et al¹² reported that engagement in self-protective strategies (from a list of 10 strategies that included stopping drinking at least 1-2 hours before going home, alternating with nonalcoholic beverages, having a designated driver, and limiting the number of drinks) moderated the negative effects of heavy alcohol consumption among women and men. In another cross-sectional study, Delva et al¹³ examined the nature and extent to which college students engaged in protective behaviors when they consumed alcohol and whether such engagement was associated with a reduction in alcohol-related harm. The authors measured protective strategies using a checklist that included numerous behaviors similar to those used by Benton et al¹² (eg, use of a designated driver, alternating nonalcoholic with alcoholic beverages, pacing drinks to 1 or fewer per hour). Student drinkers who regularly used multiple types of protective strategies were less likely to experience alcohol-related problems. In multivariate analyses, the magnitude of the association between protective strategies and alcohol-related problems remained significant only for women. The finding that women are more likely to use protective strategies substantiates earlier work by Clapp, Shillington, and Segars.¹⁴ Elsewhere, Clapp and Shillington¹⁵ found that having food available was associated with fewer negative consequences. Concerning alcohol education, findings from one study suggested that college students are interested in particular kinds of information about safety, such as first aid for an intoxicated person, how to respond to an alcohol overdose, how to drink safely, and how to watch out for friends.⁹

In this study, we had 2 goals: (1) to examine how students attempt to minimize harm to themselves and others when they drink and (2) to determine what information students believe is needed to enhance their protective strategies. We also investigated differences in perceptions and behaviors between the sexes. Examining alcohol-related harm reduction through the lens of college students' perceptions of drinking risks and safety practices acknowledges their subjective agency—that is, the importance of students' subjective experiences as they relate to their drinking behaviors. Operating from this premise may shed new light on how to develop and disseminate alcohol-prevention messages and programs that will resonate with and be adopted by college students.

METHODS

Design, Recruitment, and Data Collection

We conducted this qualitative study at a large mid-Atlantic public university with a diverse student body. It was part of a larger NIAAA-funded intervention trial that aimed to capitalize on the social influence existing in college dormitories to promote information, motivation, and behavioral skills to reduce drinking-related pressures and negative drinking consequences.

The university sits on a corridor between 2 major cities where there is ready access to alcohol. Our research was composed of taped focus group discussions with 47 university freshmen at the beginning of their first semester on campus. We recruited participants from a list of all first-year freshmen living in predominantly freshman residence halls on campus. We adopted a purposive sampling frame to assure that we weighted dormitory and special living-learning residential programs proportionately by sex among the recruited students.

After receiving university institutional review board approval, we recruited potential participants via a variety of means, including personalized letters, e-mails, and flyers hung in residence halls. All recruitment materials provided basic information on the project's aims and procedures, including the provision of refreshments (pizza and drinks) and reimbursement (a pair of movie tickets or a bookstore gift card). Recruitment materials directed students to a Web site that contained a list of focus group dates and times; students selected all focus groups in which they could participate. We assembled 8 focus groups—3 all female, 3 all male, and 2 both sexes.

Once students arrived at the location, we asked them to read and sign a written consent form and complete a 4-item demographic questionnaire (age, sex, ethnicity, class standing). We tape-recorded all discussions. Focus group sessions lasted approximately 1.5 hours. A moderator, note-taker, and observer attended each focus group; the latter 2 documented the implementation process and group dynamics. The moderators (2 women, 1 man) had previous experience facilitating group discussions and underwent additional facilitation training prior to implementing the focus groups.

The focus group moderator's guide was developed with input from a committee composed of the project research staff as well as faculty co-investigators, university health center staff, dormitory administrative staff, and student affairs staff. The moderator's guide underwent an iterative process of review to ensure comprehension, relevance, and ease of administration (see Appendix).

Analysis

Members of the research staff transcribed the audiotapes of focus group discussions verbatim. A different researcher reviewed each audiotape and transcript to assure accuracy and completeness. We then entered transcripts into ATLAS.ti,¹⁶ a qualitative data-management software package. ATLAS.ti provides a virtual set of tools that enable coding, retrieval, data management, and linkage, among other functions. All project staff involved in the data analysis participated in extensive ATLAS.ti training.

As a preliminary step in data analysis, the team developed a codebook or dictionary of terms based on the Information-Motivation-Behavioral Skills (IMB) Model and a phenomenological approach to qualitative data analysis. The IMB model theorizes that a person's information, motivation, and skills influence health-related behaviors.¹⁷

Phenomenological analysis is an inductive method. In our analysis, we were concerned with how different parts of each focus group's transcript fit into single or multiple discourses and

the relationships among texts from all focus groups.¹⁸ This involved repeated reading of transcripts to generate additional dictionary terms from emergent or reoccurring themes in the texts. Once the dictionary was complete, we reread each transcript and coded passages using the dictionary terms. To strengthen synchronic reliability,¹⁹ we performed a reliability check on each coded transcript. That is, once all transcripts were initially coded, a second researcher reread and reviewed each transcript to assure that all initial coding was accurate and coding was consistent across transcripts. We flagged discordant codings and discussed them until we achieved consensus.

We analyzed data with particular attention to (1) the behavioral strategies used by students in an attempt to stay safe when drinking, (2) caretaking approaches when someone has drunk too much, and (3) perceptions of skills and information needs. We generated a list of relevant dictionary codes for each thematic area. Using ATLAS.ti, we extracted all narrative segments with these codes or combinations of these codes and examined them for meaning.

RESULTS

Of the 47 first-year freshmen participating in the focus group discussions, 53% were women ($n = 25$), and the majority was Caucasian (64%). The number of participants in each focus group ranged from 4 to 10, with an average of 6 participants per discussion. Drinkers and nondrinkers (as self-reported by students during focus groups) were represented in each group.

Ensuring Safety When Drinking

When asked, “What do students do to stay safe when they are going out to drink?” participants in all focus groups responded that students should plan to stay with their group of friends and keep at least 1 person sober throughout the night. Women in particular stated the importance of knowing the plan for the night; they believed that a lack of planning (ie, knowing where you are going and how you are getting home) could lead to dangerous situations. Many participants mentioned eating before drinking and setting an a priori limit to the amount of alcohol that would be consumed during the night as strategies against overconsumption. Students also discussed drinking only on weekends as a way to minimize harm.

Unvaryingly across focus groups, participants said going out in coed groups of friends was a way to be protected when planning to drink. Women also provided specific guidelines for having a group function as a protective strategy. In planning for a night out, they deemed important (1) always going back with the same group you began with, (2) girls depending on the guys in the group to look out for them and prevent them from getting into unsafe situations (both men and women agreed this was a good idea), and (3) group members monitoring the amount and frequency of alcohol consumption of other group members. Two students summed up these practices:

[W]e go out in, like, a group of girls and guys, so the guys can kind of, like, help the girls out ... just going out with people you really know and know they'll, like, watch out for you.

Be sure you drink with your friends. At least keep one person sober.

Students spoke about the role of one friend whose job it was to stay sober and be responsible for those in the group when out drinking; in fact, the sober person was empowered to make decisions that ensured everyone got home safely. This sober friend typically would have numerous responsibilities, including helping friends stick to their preset limits, preventing further consumption if someone already had too much to drink, making sure groups stayed together and no one left with a stranger, and making sure people got home safely. The sober friend also took care of friends who were getting sick, passing out, or experiencing some other

negative consequence from drinking too much. We observed a difference between sexes in caretaking:

Girls take care of each other more than guys do ... I know when I go out ... I make sure I do inventory ... make sure we have everybody before we leave, that everybody, like, we came in with. ... [I]f you're with ... a guy that you know we know you just met ... we're gonna make you come with us.

Whereas women believed they were natural caretakers—that it was instinctual to want to care for others who were in need—this did not come up in male or mixed-sex focus groups. A more widely acknowledged difference between the sexes was noteworthy: women expressed concern that students, especially other women, should know what was in their drinks and keep track of their drink during the night. This included not taking drinks from strangers, not drinking “jungle juice,” and perhaps only *pregaming* (drinking before going out to parties or clubs). One female participant expressed her concerns with partying at unfamiliar places: “[P]arty hopping ... I think it's kind of not safe at all because you don't know where you're going, you don't know what you're drinking, especially if it's ... jungle juice, you don't know, like, what's in anything.”

Another female student echoed this sentiment:

If you pregame in your room ... you're pouring your own drink. ... [Y]ou know what you're drinking, and you don't have to be ... paranoid about it, and you know that what you're drinking is OK.

In contrast, men mentioned drink content only when referring to not drinking hard liquor.

While out drinking, students mentioned keeping mental count of the number of drinks consumed during the night—what was referred to as the *predetermined number of drinks* that should not be exceeded if one were to stay safe. Students in all focus groups identified problems with this strategy, such as losing count of how many drinks were consumed, relying on friends to know what one's limit was, or simply losing self-control because one had become drunk. As 2 men noted:

I find it pretty easy for myself, but I know some people have a very tough time with [sticking to a predetermined limit], though. When you start drinking, you always think you can have another.

Once you're under the influence, you don't really have control, so any self-control you're purported to have is pretty much abolished.

Only women talked about giving their friends water and nonalcoholic beverages early in the night to prevent them from drinking too much.

Ensuring a Safe Return Home After Drinking

Across focus groups, there was agreement that it was OK to walk home after a night of drinking if you were with people you trusted. Men thought that getting home safely was a particular problem for women, believing them more likely to be taken advantage of. Some women believed that walking in pairs was not safe enough, others believed one should never walk across campus at night, and still others believed one should not leave a party drunk.

Caring For Someone Who Had Too Much to Drink

When students were asked, “What would you do if you knew your hallmates or best friend had too much to drink?” they uniformly spoke about how they would take care of the person. When probed as to the specific nature of the caretaking, students discussed staying with the intoxicated person or trying to stop the person from drinking further. They talked about getting

people to their rooms, which might entail walking them home or using public transportation to avoid driving or riding with someone who had been drinking. Once back in the residence halls, they discussed giving intoxicated people food or water, taking them to the bathroom or shower, propping them up in bed or on their side (in case they vomited), staying up with them all night, or calling 911, if necessary. Many students said they never were taught the necessary skills to either identify or properly care for someone who has had too much to drink. Students often described intervening at a time when the other person already was throwing up or showing other signs of severe intoxication; women said they would stop a friend from drinking before they got severely intoxicated. Yet women also mentioned that the signs by which they were guided, including falling over and slurring speech, could manifest too late to intervene before severe intoxication. Some students expressed frustration over the fact that teens were taught only to not drink at all. One student summed up that feeling:

We're being educated, but we're being told not to drink at all. ... We're not being told, like, "Alright now, so if you do get trashed this weekend, drink some water before you go to bed and ... eat some bread ... keep people on their sides or on their stomach," and stuff like that. We're not being told stuff like that. We're just being told "Don't drink."

Another student stated that an alcohol-education program would be more successful if abstinence was not the primary focus:

People would respond better if you were telling them first aid ... how to take care of drunk friends rather than "Don't drink." I think they would accept it better and actually listen, uh, just simple facts that you can remember when you're buzzed yourself: give water to drink, put person on his or her side, have bucket ready. ... I'm not going to lie, it's what the cool people do ... so I think it'd be better if you give helpful hints to take care of yourself while you're drunk.

Students suggested that being acquainted with the person was a necessary step in knowing how and when to intervene. Women generally stated that they would try to help friends and strangers alike, yet they reflected concern that caretaking for a problem drinker could become enabling over time. Most women agreed that their maternal instinct would kick in and that they would help a person in trouble; however, men seemed to place certain qualifications on whether and when to offer assistance. The first consideration was the level of familiarity with the person who was drunk, as exemplified by the following: "People won't really take ... care for a, uh, drunk hallmate if they're not close to them."

A second consideration centered on reciprocity of care; that is, men said they would be more willing to help a drunk person if they believed the assistance would be returned: "You wanna make sure your hallmate's safe, but you might take better care of your best friend ... 'cause you know they'd do the same for you." Indeed, a sense of obligation was seen as a motivation to assist others, but there were limits on the degree of civic duty that was required: "Just make sure they're not gonna get hurt or, like, hurt anyone else. ... I think once you ensure their safety, like, your obligation's over."

Refusing Alcohol and Peer Pressure to Drink

Students in all focus group discussions could identify refusal skills they practiced; these ranged from simply saying no to more elaborate strategies that seemed to allow them to remain a part of the drinking crowd and not lose face, such as "say you had a whole bunch of grain alcohol ... and your stomach doesn't feel good or you have an empty stomach." One male student downplayed the pressure that students face by stating, "It's not that big of a deal to refuse a drink; all you gotta say is, 'Hey, I'm good, you know, you know I got you next weekend,' or whatever." Still, students identified areas related to refusal skills in which incoming freshmen

may need knowledge or guidance, and identified skills students can use rather than just saying no. “[Y]ou don’t really want to say no, or you don’t wanna act like you don’t drink ‘cause you think that’s not cool; like, I mean, you can always take the drink and not drink it.” A number of women echoed this strategy by stating:

[W]alk around with it, act like you’re drinking, maybe even act drunk if you want.

[I]t’s so much easier just walk around with a big red cup in your hand than to just not have one and people keep trying to force something down your throat.

The discussion of refusal skills led to a discussion of peer pressure in nearly all focus groups. Some men admitted that it is rare for one guy to tell another guy to stop drinking and that men often encourage each other to drink more. Students in all focus groups mentioned that men encourage each other to drink large quantities of alcohol. Although men initially listed ways to refuse a drink, one man admitted that men often use alcohol for “liquid courage” to enable them to be more sociable. Other men agreed that this desire to be more sociable leads to pressure to drink. Women admitted feeling peer pressure to drink, particularly at fraternity parties. They said resisting peer pressure is something that should be taught. In the female focus groups, participants stressed the importance of women being firm with their drink refusal. Too often, they said, women can appear “wishy-washy” or not very firm in their decision not to drink, and this leads to peer pressure and excessive drinking. This resonated with one man’s comment that, regardless of the peer pressure, it is likely students will drink if they have not made the decision whether or not to drink before coming to college. “[I]f you haven’t already solidly made up your mind that you’re absolutely not going to drink in college, you’re probably going to drink. ... I don’t think a presentation will change that.”

Personal Drinking Limits

Although students were readily able to identify skills to manage alcohol consumption, they also discussed information they lacked or felt a need to better understand, such as how different types of alcohol can affect a person and how alcohol affects an individual over time. For example, students believed they needed more information about the difference between drinking 5 drinks in an hour versus 5 drinks over 3-4 hours:

I think a really important thing that I learned in, like, high school ... was, like, just about how much you drink in, like, a certain amount of time and how, like, if you drink over a long period of time it’s better than if you drink, like, everything within, like, 10 minutes or something.

In the male focus groups, participants voiced concern that women need to better understand sex differences in drinking limits; at the same time, men verbalized their confusion regarding the best predictors of safe alcohol consumption. Furthermore, men said it was hard to know when to stop while playing drinking games. They believed that in those instances, women had a better sense of when to stop drinking; that is, women would play one game and decide to quit, whereas men, because of their competitive nature, often found it difficult to stop playing these games, even when displaying obvious signs of drunkenness. Men discussed how they relied on behavioral changes as cues to determine when to stop drinking. These behavioral cues included feeling like passing out or throwing up, the inability to walk straight, feeling aggressive, and fighting. Both men and women discussed difficulties in keeping within a preset drinking limit.

Students in all focus groups suggested several creative strategies to get others to stop drinking; however, most students were unclear about when someone was technically drunk and the appropriate time to intervene with another student. This also was complicated by whether the person was a friend. All students were confident that they would be more likely to know the appropriate time to intervene with a close friend as opposed to a stranger.

Caring for a Drunk Person

Students uniformly expressed the need to know how to take care of or “deal with” someone who was drunk. In particular, students said freshmen should be taught (1) the signs of drunkenness, (2) how alcohol affects the body, (3) how to cut off someone who has drunk too much, and (4) how to take care of a drunk person. Regarding the latter, they were keenly aware that there are dos and don’ts. Students seemed to be familiar with basic caretaking practices, such as keeping hydrated while drinking alcohol, not putting drunk people on their backs but rather on their sides, and trying to get them to sleep; they believed this information and related skills should be taught to all students.

Only women stressed the importance of talking to people about their drinking behavior. Women seemed to believe strongly that the ability to communicate was an important skill for helping others who often drink too much. Again, men qualified their responses by saying one needed to know the affected person to intervene. When prodded, students said programs should focus on facilitating the bonding of communities within wings and floors of resident dorms; however, they did not suggest specific activities that could foster this type of relationship.

Alcohol Education Informational Needs

Students expressed interest in acquiring specific information and skills related to alcohol use and abuse in the following areas: alcohol laws, alcohol toxicity, refusal skills, peer pressure, personal drinking limits, caretaking when drinking, accessing resources, and nonalcohol-related activities. A sentiment expressed across several focus groups was the desire to know about local laws; men, in particular, expressed the need to know more about campus alcohol policies and legal consequences. Among the nondrinkers in the male focus groups, there was consensus that their peers needed information on how alcohol affects the brain and how it is a deadly drug when abused. One man believed that other men did not realize the caloric content in alcohol and that a night of drinking could nullify all the time spent exercising.

Accessing Resources and Informational Needs

Across all focus groups, students expressed the need to know about resources on campus that could be accessed to ensure students get home safely after drinking. Although some students said the time to call 911 was when you could not wake up the drunk person, the majority of students believed caring for someone was limited to helping them throw up and putting them to sleep. They also expressed the concern that students too often rely on experience to learn how to take care of someone who is intoxicated. Men mentioned the need for a phone number they could call for help without having to worry about getting in legal trouble. When it came to deciding when to get help from a resident assistant (RA) or 911, women seemed more likely to err on the side of caution and seek help from an RA; they stressed the importance of having a close relationship with the RA so one would feel comfortable asking for help. Students discussed the importance of knowing about alcohol-free campuswide activities. Students said that although there was probably a lot to do on campus and in the surrounding community, they did not believe this information was well disseminated or advertised in a way to capture students’ attention.

COMMENT

Until recently, university administrators have directed limited attention at identifying and understanding the types of protective behaviors students engage in prior to, during, and after consuming alcohol.¹²⁻¹⁴ Our findings indicate that college students have a repertoire of coping strategies they use to safeguard themselves and their friends from harm when consuming alcohol. These strategies encompass preparatory planning to ensure a safe context for drinking,

safety measures to minimize harm when drinking, and caretaking strategies for when they or their friends have drunk too much.

Identification of the sober person—a role much akin to that of the designated driver—was an important protective strategy that emerged from this study. Although measures of self-protective behaviors that gauge involvement of friends as designated drivers or address personal drinking limits exist,¹³ the numerous responsibilities that the sober person appears to assume are worthy of greater consideration than have been accorded in the research and prevention fields.

On the basis of our focus group discussions, we believe college students are willing to intervene in alcohol-related contexts to assist peers in minimizing harm. More attention, however, needs to be focused on the motivations and contextual factors that prompt this behavior and the success of various initiatives.²⁰ The development of living-learning communities on university campuses, either formally through academic programs or informally through resident housing, provides an unparalleled opportunity for civic engagement and capacity-building among dormitory residents. This research could have important implications for campus community-building efforts and universitywide policies to deter access to and harm from alcohol use.²¹

Furthermore, nondrinkers need to be targeted for educational programs on alcohol use and abuse. Although these students do not suffer from self-induced alcohol-related problems, secondhand consequences, such as disrupted sleep and studying, vomit in common areas, and the loud and obnoxious behavior of others, is a growing concern among campus residents.^{3, 22,23} Interventions should help nondrinkers feel as much a part of their living environment as do drinkers.

In terms of informational and behavioral needs, students expressed both frustration at being taught only to abstain from drinking and genuine interest in acquiring specific kinds of knowledge and skills. Salient among their concerns was knowing how to drink responsibly—that is, pacing oneself, knowing one's limit, and taking care of oneself and others who have drunk too much. Educational and intervention programs that provide information about the effects of different kinds of alcohol, particularly in relation to differences between the sexes, and information on safe alcohol consumption may have a better chance of attracting and sustaining college students' interest. These programs may be more effective than current approaches being implemented on college campuses at incorporating skill-building activities that reduce the likelihood of irresponsible drinking and discourage binge drinking. This is resonant with the recent development in the alcohol-prevention field of including protective behavioral strategies in educational programs.^{24,25} These strategies center on self-control behaviors prior to or during drinking to limit either consumption or negative consequences associated with alcohol use. The dilemma, of course, is that drinking until age 21 is illegal and program planners do not want to seemingly condone or facilitate illegal behavior.

Future Directions and Implications for Prevention

Further research into the protective strategies that young adults use and the extent to which enactment of these strategies prevents or minimizes harm to self and others is necessary to reformulate the public health approach to collegiate drinking so that it better reflects a harm-reduction focus. This focus may be more favorably received and be more effective than approaches based on either an abstinence message or fear arousal. A disconnect clearly exists between the needs students voice and the messages they report receiving regarding alcohol use. Our findings underscore the fact that “just say no” campaigns and messages focused on the negative consequences of alcohol use fail to address young adults' social acceptance of drinking as a normative behavior.^{26,27} Pervasive use and misuse of alcohol undoubtedly will continue to be of concern to researchers, academic administrators, and counseling personnel.

Acceptance of college students as members of a society in which alcohol use is a normative social activity is requisite to understanding the psychological, interpersonal, and social contexts that shape their perceptions and determine their repertoire and enactment of protective skills.

Limitations

The use of focus groups^{9,28-30} and other qualitative methods^{11,31,32} to uncover a more nuanced understanding of college students' attitudes, beliefs, and behaviors has gained popularity and respect in the alcohol prevention field. Such an approach includes numerous strengths, including a more in-depth, textured appreciation of phenomena and an ability to examine meaning and context; at the same time, the method is not without its limitations. Despite efforts to recruit a diverse sample of students that reflected the sociodemographic and academic makeup of the freshman class, logistical and selection factors affected the selection process. Particularly with qualitative studies, large sample sizes and representativeness of the sample are often not the goal. Thus, the strategies used and concerns raised by study participants may not echo those of the larger freshman population. The richness of the data generated from qualitative methods is unparalleled and should serve as an important starting point to further such investigations with larger, more representative samples. Yet because participants in this study did not know each other, both self-censorship and social desirability might have been operative, thus affecting participants' willingness to be honest and express unpopular opinions. In addition, the dominance of 1 or 2 focus group participants might have influenced the group dynamics. Although these issues arise in all such studies, the careful selection of focus group facilitators and the thorough training process they received, including role-playing through mock focus groups and post-focus group debriefings, should minimize these dynamics. In analyzing qualitative data, experts must consider issues related to the accuracy of the transcription, coding errors, and bias^{28,30}; however, the deliberative, iterative processes by which we conducted the analysis should give confidence in the results.

Conclusions

College students use a repertoire of coping strategies to safeguard themselves and their friends from harm when consuming alcohol. Furthermore, they are interested in gaining skills and knowledge on how to drink responsibly. The link between the knowledge they request, alcohol protection strategies they use, and age-appropriate health, academic, and social outcomes should be further investigated.

APPENDIX

Focus Group Moderator's Guide

It seems that alcohol is a part of the social life on campus, and we are interested in your opinions about problem drinking.

- How do you define *problem drinking*?
- Specifically for women, what are the biggest problems associated with alcohol use?
- Specifically for men, what are the biggest problems?

We are also interested in things you do to protect yourself from alcohol problems.

- What do you do to stay safe when going out to drink?
- How could you refuse a drink if one were offered?
- How do you decide when to stop drinking?

We would like to encourage you to help others as well as yourself avoid alcohol problems.

- How do you help your friends and hallmates avoid alcohol problems?
- How can you tell when someone has had too much to drink?
- What would you do if you knew one of your hallmates has had too much to drink?
- What would you do if you knew your best friend has had too much to drink?
- (If the responses to the 2 previous questions differ, ask: Why do you think people would react differently toward a hallmate than a best friend?)

Most of you have had some type of alcohol education.

- What did you find helpful and what information and skills do you believe you still need?
- What knowledge and skills have been most helpful?
- What knowledge and skills do you think students still need?

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