

# **Think More, Drink Less**

**McKenzie Wilson**

**Georgia Keith**

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## **Introduction and Background**

### **Behavior to be addressed**

We chose to address the behavior of binge drinking among college students, which is defined as five or more alcoholic beverages during one night (Haines & Spear, 1996).

### **Rationale for intervention**

The purpose of this assignment is to examine the factors that contribute to binge drinking among college students and strategies that can be used to prevent it. Evidence shows that this is a relevant topic since alcohol is the most commonly used drug among adolescents (Komro & Toomey, 2011). A large number of youth engage in the consumption of alcohol before the legal age of 21, most drinking large amounts of alcohol in short amounts of time. The number of binge-drinking days, which are defined as consuming large amounts of alcohol in a short amount of time with serious negative health effects, sharply increases during adolescence and then continually decreases thereafter (Masten et al., 2008). Similarly, 80-90% of college students drink alcohol and 40-45% of these students engage in binge drinking, defined as five or more alcoholic beverages during one night (Haines & Spear, 1996). Drinking underage while in college has serious, negative health effects on students. Most of the underage drinking done in college is binge drinking, which is the most dangerous type of alcohol consumption. Binge drinking has been known to have negative effects on behaviors including being a factor in date rape, vandalism, accidents and unintended sexual activities (Haines & Spear, 1996). Some other negative consequences of this style of drinking include academic difficulties, antisocial behavior, health and psychosocial problems, and other risky behaviors (Wechsler, Lee, Nelson, & Kuo, 2002).

### **Healthy People 2020 Objectives**

Healthy People 2020 is aimed to improve the health of the country in a decade with specific topics and objectives pointed towards this goal. Decreasing underage binge drinking among college students would fall under the category of Substance Abuse. The goal is to reduce substance abuse to protect the health, safety, and quality of life for all, especially children (*Healthy People 2020: Substance Abuse*, 2014). This is important because binge drinking places

the safety of the college students engaging in high alcohol consumption and their peers in jeopardy, as well as lowering their overall health and quality of life. The specific objective that we will be looking at is SA-14.2 that aims to reduce the proportion of college students engaging in binge drinking during the past 2 weeks (*Healthy People 2020: Substance Abuse*, 2014). While the national average of students that reported binge drinking in the past two weeks is 41.1, the goal of Healthy People 2020 is to reduce that number to 37 percent (*Healthy People 2020: Substance Abuse*, 2014). We believe that this is a relevant issue at Clemson University, highlighted by a survey done by the US Department of Education, which found that 43.9 percent of Clemson students reported binge drinking in the past two weeks (Toppe, 2013). We hope to do our part in reducing this percentage to align with the national goal of 37.0%.

### **Predisposing, Enabling and Reinforcing Factors**

Predisposing factors to binge drinking among college students are considered the antecedents to the behavior, which include the knowledge, attitudes, and beliefs that college students have towards underage drinking. These predisposing factors can also be called intrapersonal factors. Personality is one of the main determinants of college binge drinking that falls under this category. The transition into a new environment, college for example, causes personality to have a very large influence on behavior and the knowledge, attitudes, and beliefs toward this behavior (Cyders et al., 2009). These personality traits are related to low conscientiousness, an emotional-based disposition, and sensation seeking (Cyders et al., 2009). Another main determinant is the effect of mass media on the attitudes of college students towards drinking. Many adolescents perceive drinkers as being attractive, athletic, or successful due to advertising campaigns (Grube & Wallack, 1994). They also perceive both the amount of alcohol regularly consumed by their peers to be higher than in actuality as well as the amount of their peers that actually drink (Haines & Spear, 1996). All of these factors predispose college students to be more likely to engage in binge drinking.

Enabling factors to binge drinking among college students are considered the antecedents that facilitate behavior change, which include the availability and accessibility of health resources that affect underage drinking as well as the laws, regulations, and policies set in place. The National Minimum Drinking Age Act that was passed in 1984 and prevents adolescents under the age of 21 is the most successful method for combating underage binge drinking

(Wechsler et al., 2002). There are also additional state laws that monitor the sale of alcohol (Wechsler et al., 2002). There are also abundant resources on the Internet that provide information on negative effects of binge drinking and ways to manage drinking in a safe way. Many colleges require their incoming freshmen to participate in courses that focus on alcohol education and awareness. All of these factors enable college students to make informed decisions about whether or not to drink and how much to drink.

Reinforcing factors to binge drinking among college students are considered the interactions with others that provide rewards or feedback for the behavior, which include interactions with peers, family members, co-workers, health providers, etc. Family and friends provide a huge support system for students throughout their college years. Students who have a good relationship with their friends and a stable family life are less likely to use alcohol in excess (Komro & Toomey, 2011). Conversely, those students with friends or family who use alcohol frequently are more likely to binge drink.

### **Intrapersonal Factors**

Beliefs, values, attitudes, and knowledge are all considered predisposing factors for behavior change. For one to view how these factors affect college students' views on binge drinking, we must first analyze the interaction of these beliefs, values, attitudes, and knowledge intrapersonal factors among adolescents. With the boom of technology within the past 20 years, more young people are becoming exposed to things of the "adult world" at a younger age. One of these main things is advertisements. Whether they're on the television, Internet, or billboards on the highway, advertisements shape the thoughts and attitudes of those who are viewing them. According to a Grube and Wallack study in 1994 on how television beer advertisements affect schoolchildren's drinking knowledge, beliefs, and intentions, showed positive correlations between exposure to beer advertisements and likelihood to drink as adults (Grube & Wallack, 1994). The children that were more aware of beer advertisements more positive beliefs about drinking, intended to drink as adults, and had more knowledge of beer brands and slogans (Grube & Wallack, 1994). Though this study was aimed at children and their habits into adulthood, it's safe to say that college students are even more exposed to the influences of beer advertisements and the effect on their attitudes of drinking. The study also proved that many schoolchildren didn't understand the negative aspects of drinking too much, showing that their

beliefs about drinking are largely being influenced by media's association of drinking with romance, sociability, and relaxation (Grube & Wallack, 1994). Advertising has a large portion of making people believe that drinking is fun and relaxing, no matter how much you drink, and those beliefs affect what adolescents value: a fun carefree lifestyle. College students' attitudes towards drinking are that it is a sociable and fun past time, while their knowledge of the negative effects of it are limited.

One's beliefs, values, attitudes, and knowledge are largely influenced by their demographics and socio-economic status. One's demographics and socio-economic status has a large influence on the way that one is raised to interact within ourselves and with others. According to a study done by Komro and Toomey in 2011 factors that have a high correlation with high alcohol use among adolescents include low socio-economic status and minimal parental education, and other parental and peer influenced factors (Komro & Toomey, 2011). Families in a low socio-economic situation are more likely to be exposed to stressful situations, and stress is a high influencing factor in high alcohol use (Masten et al., 2008). These families are also more likely to have less parental involvement and supervision of their adolescents' lives due to increasing demands on their time and attention, which lead to poor parent-child relationships, having a high influence on alcohol use during adolescence (Komro & Toomey, 2011).

One's psychological and personality characteristics largely influence their likelihood to engage in binge drinking in college. College is a time where most adolescents are living on their own for the first time and are figuring out who they want to be and what they want to stand for. This newfound freedom also leads to many risky behaviors, experimenting with drinking is one. There are certain personality traits that are risk factors for students to engage in binge drinking in college. According to a study done by Cyders, Flory, Rainer, and Smith in 2009, there are five behaviors with higher likelihood to engage in risky behaviors such as binge drinking: lack of planning, lack of perseverance, negative urgency (the tendency to act rashly when distressed), positive urgency (the tendency to act rashly when extremely positive), and sensation seeking (Cyders, Flory, Rainer, & Smith, 2009). Obviously, some personality traits are more likely to lead someone to engage in risky behaviors than others and the college years are the most apparent time that adolescents discover these traits within themselves.

## **Interpersonal Factors**

Family and close friends provide a huge support system for students throughout their college years. The first few years of college are tough living on your own for the first time, which includes making new friends and figuring out what kind of person you want to be. It's during these stressful times that college students look to stress relievers. If they don't have people that they can talk to in their lives, students are more likely to engage in binge drinking to relieve their stress. Those who have "family disruption and conflict," "weak family bonds," and "low parental supervision" are social influences that favor high alcohol use (Komro & Toomey, 2011). Close friends are also huge parts of one's social support. Friends, peer group norms, and social policies are also factors that influence binge drinking (Masten et al., 2008). Relationships with family and close friends are extremely important for social support, especially in high stress situations like college years. If one doesn't have this support, then they are more likely to engage in binge drinking.

Social interactions are largely shaped throughout one's late teens/ early 20s. The social interactions during the college years largely involve alcohol, even though most students are underage at this time. Access to alcohol is much easier during this time of life than it was in the past and the emphasis on social interactions is also increased, which has led to this view of binge drinking as a "rite of passage" by many parents as well as adolescents (Masten et al., 2008). Interestingly enough, antisocial personality and family history of antisocial behavior are also risk factors for high alcohol use (Masten et al., 2008). This proves the importance placed on social interactions and strength that alcohol has, or is viewed to have, in reducing barriers that may be preventing these interactions.

Not only does the presence or absence of these social influences affect binge drinking among college students, but the beliefs that others have towards this behavior is likely to influence how likely one is to partake in it. Social norms help provide a theory that states that "our behavior is influenced by incorrect perceptions of how other members of our social groups think or act" (Berkowitz, 2004). The key to this definition is "incorrect perceptions" meaning that what we think other people believe is more important than their actual beliefs or actions (Berkowitz, 2004). This misperception is what drives college students to constantly evaluate others' opinions on certain topics, particularly binge drinking. If their family or peers have a favorable view of drinking, then they are more likely to drink in excess. The first few years of

college are key in developing opinions and beliefs, as well as connecting with others, which is why social norms have a greater impact on behavior than biological, personality, familial, religious, cultural, and other influences (Berkowitz, 2004).

### **Organizations and Social Institutions**

College is tough for many adolescents with the stress of newfound freedom, studying for classes, figuring out who their morals, and more, which is why many clubs and organizations have been created to help alleviate this stress as well as to form bonds among students with common interests. Involvement in these institutions, or lack of involvement, can affect a college student's decision to drink in excess. Many students choose to join a social fraternity or sorority. According to Clemson University's Fraternity and Sorority Life page, twenty three percent of Clemson students are members of one of the 42 Inter/National Greek Organizations (*Clemson University: Fraternity and Sorority Life*, 2014). An article in 2008 in *The Harold Journal* reported that a study that showed alcohol use and binge drinking rates are noticeably higher in Greek organizations than in comparison to the student population. The percentage of students who used alcohol within the last 30 days was 65%, while among Greek students the percentage jumped to 90% (Stevens, 2008). Of the freshman (ages 17-19), half reported to using alcohol within the last month (Stevens, 2008). The rate of binge drinking among students was 40%, while the Greek percentage also jumped up to an alarming 80% (Stevens, 2008). Of the 390 students surveyed, 273 were between the ages of 17 to 20 (Stevens, 2008). Many people stereotype Greek students as "crazy partiers" for their emphasis on alcohol at many of their events. This may influence college students to drink in excess due to the easy access, peer pressure, and social stigma towards drinking within their Greek community.

### **Physical Environment**

The physical environment of many college campuses is encouraging for drinking among students, even drinking in excess. Clemson University, for example, has bars on seemingly every corner of downtown, which is within walking distance of campus. One thing that restricts college students from drinking in excess are the police officers that continually patrol the bars to keep people safe as well as to enforce the legal drinking age. Though those that are under 21 are allowed to go into bars, they must get large X's marked on their hands so that police officers can



easily identify who is legally allowed to drink and who is not. The problem with this is that fake ID's are widely used on college campuses and many bars don't check closely enough to recognize a fake ID. This leads to underage college students having access to alcohol downtown and drinking in excess because underage bar drinkers are more likely to drink in excess than of-age bar drinkers. Another environmental factor is the availability of alcohol at fraternity parties. Many fraternity houses are located on or near most campuses involving only a walk or short drive to attend. These parties consist of large amounts of alcohol and most don't limit drinkers, making it very easy and even acceptable for students to drink in excess. These environmental factors of easy access to alcohol within close distances to campus whether downtown, at fraternity parties, or even at house parties, positively affect students' decisions to binge drink.

### **Public Policy, Laws, and Regulations**

The biggest legal restriction combating binge drinking among college students is the legal drinking age. The National Minimum Drinking Age Act that was passed on July 17, 1984 prohibits anyone under the age of 21 from purchasing and publically possessing alcoholic beverages and has been the most successful method to decrease the adverse affects of alcohol on adolescents and even lower the amount of alcohol consumption among under 21-year-olds (Wechsler, Lee, & Nelson, & Kuo, 2002). There have also been passed other laws in certain states that require those selling alcohol be 21 years or older and limiting purchase of alcohol for high volume sales and consumption (Wechsler et al., 2002). Colleges are even required to inform their students about the laws that regulate alcohol use, including the MLDA, to warn them about the consequences from drinking underage and drinking in excess (Wechsler et al., 2002). These federal, state, and local laws are put in place to help deter college students from binge drinking and the adverse consequences that comes from it.

### **Demographics of Priority Population**

Drinking affects people of all ages, whether it is directly or indirectly. Our primary focus though, is on college students who range in age between 18 and 22 years old. This population includes both females and males, as they have many influences on each other for reasons to drink. Universities and colleges around the country are ethnically and culturally diverse, so we will be including all races into our intervention, and they will have no effect on our goals.

The Institute of Alcohol Studies sent out a survey called the Opinions and Lifestyle survey (OPN) asking respondents questions regarding alcohol consumption. Their studies showed that the age group between 16-24 had the second highest estimated weekly alcohol consumption for boys and girls (IAS 2013). For a group consisting of almost all underage respondents this was a very alarming. We want to focus on both girls and boys in this age group and try and lower their percentage of heavy alcohol consumption.

### **Psychosocial Characteristics**

When researching college drinking we are primarily focusing on heavy alcohol consumption, like binge drinking, and the reasons for this behavior. Examining the consequences of college student drinking offers a useful approach to understanding the context and psychosocial factors in which problematic drinking occurs (Park and Grant 2005). Research shows that the more one drinks, the more likely one is to encounter negative and positive consequences. When this topic is focused on, researches and public health officials primarily tend to focus on the negative aspects of drinking, while the college students, the ones performing the behavior, focus on the positive consequences as a result of their drinking. So while working on our intervention plan, we are going to examine several aspects of alcohol related consequences, and focus on both the positive and the negative consequences. We want to try and understand their side, why they drink for the positive consequences, but at the same time convey to them that the negative consequences far outweigh the positive ones. What the students think of as positive consequences have seen to be linked with psychosocial factors (Park and Grant 2005). The students beliefs and attitudes about themselves and others lead them to drink more. Examples of the social factors that play a major role in one's decision to drink are: stress, peer pressure, ones sense of self-worth, the idea of fitting in, and insecurity. Girls and guys are constantly wanting to impress each other, and the idea that drinking will make one more fun, or more attractive, is something that will cause one to binge drink. College life can be very stressful, balancing work along with having a social life, and for many, drinking becomes a crutch to make up for the stress. People also tend to drink heavily when dealing with problems in their life, they believe that drinking will make it better. Insecurity is another social factor, and insecurity can create stress in ones life and also make one more vulnerable to peer pressure. Peer pressure is one of the main reasons students feel like they need to binge drink (Park and Grant

2005) . They do this because their peers and everyone around them are doing it, so they want to do it in order to fit in better. A lot of students come into college thinking “everybody” is drinking, so they are more likely to binge to conform. If we can educate students and correct this misconception we might be able to empower the college students and break these attitudes and beliefs that lead to collegiate alcohol abuse (Binge Drinking, 2010).

### **Research Questions and Assessment Strategies**

Correcting the misperceptions about college student drinking is challenging. Many researchers try to highlight and publicize the extent of binge drinking and stories of drinking epidemics to try and sell more publications. But scare tactics have actually been seen to have counter productive results (Binge Drinking, 2010). It turns out it is more effective to reduce alcohol abuse by telling the truth and make sure that college students understand the facts. We are going to base our intervention strategies off of this information. We don’t want to cause students to feel pressured, scared, or get flustered by our presence or strategies. We want to present the facts and the truth in a friendly but professional way.

We will access our population through the college campus and its local resources. A strong intervention plan would consist of talking to the students who participate in the binge drinking, getting involved on campus trying to bring awareness, and educating the students more about the truthful facts of alcohol consumption. We want to be able to partner with other organizations and groups looking to help this issue, and try and make their efforts stronger. We will also partner with organizations on campus and try to host more sober activities available on campus during the weekends for students to be able to participate in.

One way we will begin accessing our population is through social media. We will create a Facebook Page, Twitter Account, and Instagram to cover all of our bases. College kids are constantly checking these sites, so if we can post inspirational thoughts, encouragement, alcohol education, and various other topics on these social media sites we will be access a larger population. We think if these sites stay extremely active on the weekends, when the drinking takes place, will also be strong intervention strategy. Students will also be able to tweet us or message us on Facebook for more information or if they have any questions.

Another assessment strategy that we are going to rely on is highlighting the difference between the perceived and actual behaviors associated with alcohol consumption. Individuals

almost always believe that others on campus drink more than they do and that they are not doing any harm to themselves or to others, but most of their perceptions are false. This strategy of highlighting the difference between students' perceptions and actuality of alcohol consumption among their peers, has been done before on college campuses. Surveys were conducted of actual student behavior then the results were posted for students to see. This strategy showed a significant decrease in heavy drinking, and a decrease in alcohol related injuries (Binge Drinking, 2010). We are going to follow this strategy's lead and try and post more factual information and misconceptions on campus, in hopes to have the same results. One way we can do this is through the campus email system and posting or handing out flyers with facts about student alcohol consumption. We will set up a system to email reminders once a month containing alcohol education hopefully making students think twice about binge drinking on the upcoming weekend. We will also email out anonymous surveys and ask more specific questions about binge drinking to educate ourselves, so that we can make our intervention strategies stronger.

Questions that we want to focus our research on are:

1. Where are they most likely to participate in binge drinking?
2. Are they most likely to binge drink on the weekends or week days?
3. Why they think they need to drink heavily?
4. What are the positive and negative consequences of drinking?
5. Do they think the positive consequences or negative consequences of drinking are more important?
6. Do they think they drink more or less than their friends?

Table 1 below shows the estimated weekly consumption of alcohol among various age group. As stated previously, the age group 16-24 (which includes college students) has the second highest mean for men and women. The chart is an example of what we will show students, and let them see that they fall into the category of heavy drinkers.

**Table 1. Estimated Weekly Alcohol Consumption**

Estimated weekly alcohol consumption	Age group							Total
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
Men Mean number of units	17.2	14.9	16.5	18.3	21.1	16.9	10.7	17
Women Mean number of units	10.2	9.5	12	11.4	10.9	9.3	5.5	10.2

### **Theoretical basis and best practice**

Because of the high emphasis on attitudes and subjective norms placed on alcohol consumption, we are using the Theory of Reasoned Action and Planned Behavior to focus our intervention efforts to reduce binge drinking among college students. This theory, commonly referred to as the Theory of Planned Behavior (TPB), has been largely successful in examining and predicting the binge drinking behavior among students (Collins and Carey, 2007). This intervention model places high emphasis on examining self efficacy, attitudes, subjective norms, intention, and past high episodic drinking (HED) in predicting future HED behavior (Collins and Carey, 2007). This theoretical basis will provide us with information about how to effectively plan prevention and intervention to hopefully lower binge drinking among college students.

The important constructs in the TPB that we will use to guide our intervention plan are students' attitudes towards binge drinking, subjective norms towards binge drinking, perceived behavioral control of binge drinking, and intention of students to binge drink. We will evaluate students' attitudes towards binge drinking by conducting surveys that ask students questions about their drinking habits and their beliefs about drinking. These beliefs are determined by what students believe will come of binge drinking and how important these outcomes are to them. Studies show that positive attitudes towards alcohol lead to future use of alcohol by college students (Collins and Carey, 2007). In addition, there will be survey questions that evaluate the subjective norms by asking students what other people think about alcohol (also known as normative beliefs) and how influenced they are by others' opinions (motivation to comply with perceived norms) (Collins and Carey, 2007). This construct is important to measure because a person is more likely to engage in a behavior if someone they think highly of approves of the behavior. This is crucial to our study because adolescents and college students are more likely to be influenced by their peers than they are by adults (Collins and Carey, 2007). The construct of

perceived behavioral control both directly influences the behavior and indirectly influences it, through behavioral intentions. A person's perceived control over their behavior is largely influenced by their self-efficacy, a person's belief in their ability to control a certain behavior in a certain situation (Collins and Carey, 2007), and their control beliefs, the belief that the presence of certain factors will help or hinder their ability to perform a certain behavior. We will measure these constructs by asking students questions about how in control do they feel they are of their actions and what are factors that they feel facilitate or impede their efforts to drink responsibly. All of these constructs affect behavioral intentions, so we will then ask students questions about what their intentions are concerning alcohol through their college years. Once we have the answers to these surveys, we can evaluate the answers concerning each construct and see how they relate to behavioral intentions to drink and plan a successful intervention concerning each of these areas.

Best practices are certain procedures that are known for being correct or most effective. The University of Minnesota presented what they had found to be the best practices to preventing binge drinking in a workshop entitled "Preventing Binge Drinking on College Campuses: A Guide to Best Practices" (Nelson and Winters, 2014). Their best practices would focus on changing the high risk individuals as well as the population majority (Nelson and Winters, 2014). Their idea of the best way to do this is to focus on screening and brief intervention (Nelson and Winters, 2014). The best practice tool used for screening would be an assessment or self survey similar to the one we mentioned in our intervention plan. The most successful screening tools are formal assessments such as CRAFFT and AUDIT (Nelson and Winters, 2014). The next best practice tool would be Motivational Interviewing, a discussion-based conversation with at-risk or abusing students that is non confrontational and focused on the client's involvement (Nelson and Winters, 2014). The last best practice tool would be to promote college programs that increase education about alcohol and its negative consequences. Together these best practices need to target high-risk individuals as well as changing the population norms towards high episodic drinking.

## **Generalization, Goals, and Objectives**

### **Program Rationale**

The goal of our intervention Think More, Drink Less, is to decrease the amount of alcohol consumed by college students. We chose this population based on the results of needs assessments, and evidence based research that stated that the college population is most likely to engage in heavy episodic drinking (HED) (Collins and Carey, 2007). Think More, Drink Less will focus on the education of students and psychographic segmentation as a means of changing the behavior.

There are many barriers to overcome in order to best impact the participants. The population is both male and female college students, age 18-22, and all races and levels of socioeconomic status. We will plan for our intervention to be beneficial and available to all groups within the University group. In doing this, our sessions and intervention strategies will be carried out in ways that give all students the equal opportunity to be informed and educated as well as participate in the program.

Think More, Drink Less sessions will be promoted in a way that will get students interested and be willing to come and attend. A majority of students don't take the Alcohol Education courses seriously or turn their backs on alcohol-free events, the sessions will be appealing to students making them willing to attend our sessions. After attending our sessions that they will become more interested and educated on the facts that are associated with heavy episodic drinking (HED), and will realize that HED could be a serious issue in their lives. Studies show that the more educated students become and the more they realize how risky their behaviors are, the less alcohol they will consume when they do decide to go out and drink. We know that college students will continue to drink, our aim is to educate them in a way that makes them reduce the amount that they choose to consume.

### **Goals and Objectives:**

Goal: To reduce the amount of alcohol that students choose to consume during a short time period.

Objectives:

1. By the end of the intervention, 85% of the students will be able to list 5 reasons why they believe binge drinking is unhealthy for them.
2. By the end of the intervention, 85% of the students will be able to identify 5 ways that they can change the subjective norm of drinking among their peers.
3. By the end of the intervention, 85% of the students will be able to identify 5 ways that they can reduce the amount of alcohol they consume.

### **Sequence of Intervention**

**\_Develop program rationale:** Through collecting primary and secondary research and identifying the best strategies.

**\_Conduct Needs Assessment:** Collect relevant needs assessment data based upon various survey methods.

**\_Develop goals and objectives:**

Goal: To reduce the amount of alcohol that students choose to consume during a short time period.

Objectives:

1. By the end of the intervention, 85% of the students will be able to list 5 reasons why they believe binge drinking is unhealthy for them.
2. By the end of the intervention, 85% of the students will be able to identify 5 ways that they can change the subjective norm of drinking among their peers.
3. By the end of the intervention, 85% of the students will be able to identify 5 ways that they can reduce the amount of alcohol they consume.

**\_ Create the Intervention:** Think More, Drink Less

**\_ Gather monetary resources:** from stakeholders, other Alcohol Education groups and organizations, local health departments, and University safety organizations.

**\_ Create Sessions:** We will create sessions based off of our overall goal and objectives.

**\_ Create marketing materials:** Creating flyers, posters, and any other informational items that we will hand out for when students attend sessions.



\_ **Assemble resources:** Gathering information to create the marketing materials, networking with other organization to get people to help with sessions, and gathering the supplies to put on successful and beneficial sessions.

\_ **Recruit Human Resources:** This will involve asking for volunteers around campus and in the college community to help with marketing and with the sessions that we hold.

\_ **Formative evaluation:** Throughout our intervention process, we need to continually be evaluating our progress and any barriers that we encounter. All steps need to be evaluated to ensure that the intervention is successful and continues to improve.

\_ **Marketing intervention:** Hang posters, post on social media, pass out informational flyers.

\_ **Conduct Sessions:** This will include sessions 1-5

- Session 1: Pre-Intervention Meeting
- Session 2: Increasing knowledge and targeting attitudes and beliefs
- Session 3: Change subjective norm
- Session 4: Perceived behavioral control
- Session 5: Post-Intervention Meeting

\_ **Gather Feedback:** This will be done by questionnaires and surveys that are sent out after the intervention to people who have attended our sessions or that have shown any interest throughout the entire process. We would also like others who haven't attended our sessions to take surveys on why they did not want to attend, in order to improve our promotional efforts.

\_ **Collect post-intervention data/ follow up:** Can do this by sending the same surveys out as before the intervention to see what has changed. Also use sentiment mining through social media to collect data.

## **Session Goals and Objectives**

### **Session 1: Pre-Intervention Meeting**

Goal: To inform participants of the overall intervention plan strategies, and to collect the pre-intervention data.

Objectives:

1. By the end of the session, all students will be informed of the intervention goals and objectives.

2. By the end of the session, all students will know the intervention timeline and that they will have multiple opportunities to attend a certain session.
3. By the end of the session, all students will understand the importance of completing the intervention thoroughly.
4. By the end of the session, we will have collected data, through a survey, from 90% of participants that attend. (accounting for 10% drop-out)

**Location:** Large, auditorium style classroom on campus.

**Materials:** snacks, water bottles, sign in sheet, pre-intervention survey, consent form, pens/pencils

**Check-in:** (10 minutes)

There will be a table outside the classroom, with Think More, Drink Less representatives at it. There will be several sign in sheets for participants to sign in and to collect their materials for the session. This is also where they can get a snack if they would like.

**Greeting:** (5 minutes)

We will let everyone get settle then welcome everyone for coming, with a small introduction of the Think More, Drink Less intervention.

*We are going to start off by letting each of the staff members introduce themselves and tell a little bit about their role that they have played in planning for this intervention and the role they will play as we will continue through this semester. Each of their contact information is included in one of the sheet that you received at the door.*

**Presentation:** (45 minutes)

A member of the Think More, Drink Less intervention staff will discuss the program rationale and discuss our overall goals and objectives for the intervention. Participants will be informed about the process we will take to cover all aspects of the intervention. We will discuss the importance of completing the intervention thoroughly; coming to every session, and giving their honest thoughts on all surveys. We will give them an overview of all the upcoming dates, (which

they will also be given at the sign in desk) and let them know that there will be multiple dates for each session, so that they can work them into their schedules. The major incentives for completing the intervention will be discussed. Then, a staff member will go over the consent form (also given to them at the check in desk) and give participants the opportunity to leave at the time if they no longer want to participate. After all information is covered, another representative will guide participants in the process of filling out the survey and consent form. Students will be asked to complete the pre-intervention survey and consent form and told they can leave when they are finished. They are just reminded to drop these forms in a basket as they walk out the door. They will be told to hang on to all the contact information and the intervention timeline that has all of the dates. Then the staff member will thank them all for coming and that they will look forward to seeing them again at the next session.

## **Session 2:** Increasing knowledge and targeting attitudes and beliefs

Goal: For students to understand the negative consequences of binge drinking and why it is unhealthy for them.

### Objectives:

By the end of the session:

1. 85% of students will be able to identify 5 negative consequences of binge drinking.
2. 85% of students will be able to state at least 5 facts about the consumption of alcohol among college students that they did not know before. (i.e. The percentage of college students who participate in binge drinking and what binge drinking is defined as)
3. 95% of students will be able to identify 5 short term consequences of binge drinking (i.e. impaired judgment, distorted vision, vomiting, blackouts, and decreased perception and coordination)
4. 90% of students will be able to identify 4 long term consequences of binge drinking. (i.e. unintentional injuries, increased relational problems, permanent brain damage, and liver disease)

**Location:** A classroom on campus, that would hold about 50 people comfortably, sitting in desks.

**Materials:** snacks, water bottles, 2 sets of questionnaires per person (to be filled out before and after session)

**Greeting and Check-in:** (10 minutes)

We will welcome everyone to our session and give them time to mingle with each other and grab a snack before our introduction begins. We will give them their pre-session questionnaire and give them time to answer the questions before we begin.

**Introduction:** (5 minutes)

*Welcome to Think More, Drink Less, showing students why it's important to know what role drinking plays in their college lives. We are excited to share with you interesting information about the positive and negative aspects of drinking and how it relates to you. We will be watching a brief PowerPoint presentation about some of these little known facts of alcohol consumption as well as participating in an activity afterwards to develop your own personal attitudes and beliefs towards drinking.*

**PowerPoint and Activities:** (45 minutes)

We will then share a PowerPoint presentation that will contain interesting facts about alcohol consumption (PowerPoint found in Appendix A)

The group of 50 students will now break into 5 groups of 10 to partake in our activity. They will discuss things that they thought were interesting from the PowerPoint and a session facilitator will lead them in a discussion geared towards informing them of the facts binge drinking and its' importance to them. This discussion will hopefully lead to the changing of their beliefs and attitudes towards binge drinking.

**Wrap Up:** (10 minutes)

We will thank the students for participating in our session and give them the post-session questionnaire in which we will discover what they learned from the session. (questionnaire found in Appendix A)

### **Session 3: Changing subjective norm**

Goal: To change the subjective norm of drinking among students to cause them to desire to consume less alcohol in a short amount of time.

#### Objectives:

By the end of the session:

1. 85% of students will be able to explain the discrepancy between the perceived social norm of heavy episodic drinking among students and the actual amount of consumption of alcohol among students.
2. 80% of students will be able to identify 3 ways that they can overcome their motivation to comply with the opinion of their peers.
3. 75% of students will say that they desire to encourage their friends to drink less.

**Location:** A small classroom on campus with movable chairs to accommodate around 10 students comfortably.

**Materials:** snacks, water bottles, 2 sets of questionnaires per person (to be filled out before and after session), index cards, pens.

#### **Greeting and Check-in:** (10 minutes)

We will greet each student and check them in giving them snacks and water. We will give them their pre-session questionnaire and give them time to fill it out before we begin.

#### **Introduction:** (5 minutes)

*Welcome to the third session of Think More, Drink Less. Today we will be discussing what we believe the subjective norm about alcohol consumption is among our peers. Many college students have different perceptions about how many of their peers choose to drink and how much each peer consumes on a regular basis. The focus of this activity will be to discover the truth about alcohol consumption among our peers. Whatever is said or done during this session is completely confidential, so we urge you to be honest in your answers.*

**Activities: (45 minutes)**

1) The first activity will be focused on what students perceive is the social norm of drinking among their peers. They will be asked the following questions and then record their answers on separate index cards for each question:

- -“Thinking about all of the students at Clemson, how many students out of ten choose to consume alcohol on a regular basis?”
- -“Thinking about all of the students at Clemson, how much alcohol (in standard drinks) do you think that they consume per drinking episode?”
- -“Thinking about your ten closest friends, how many of them choose to consume alcohol on a regular basis?”
- -“Thinking about your ten closest friends, how much alcohol (in standard drinks) do you think that they consume per drinking episode?”
- -“Thinking about yourself, do you choose to consume alcohol on a regular basis?”
- -“If you choose to consume alcohol, what is the average amount (in standard drinks) that you consume per drinking episode?”

They will then be asked to share their answers one at a time with the group. The session facilitator will point out the discrepancies between what the group perceives to be the norm and what the actual norm is.

2) The next activity will be geared towards helping those in attendance see how motivated they are to comply with the opinions of their peers. They will be asked the following questions and then will discuss them with the session facilitator leading the discussion.

- -“How likely are you to choose to drink if you think that others around you are drinking?”
- -“How likely are you to choose to drink if those who you are with are drinking?”
- -“How likely are you to choose to drink more than you intended if you think others around you are drinking more?”
- -“How likely are you to choose to drink more than you intended if those who you are with are drinking more?”

3) The last activity will be focused on how to make the discrepancies between the perceived norm of heavy episodic drinking among college students and the actual norm of drinking known

to other students. The students will be asked ways in which they could share these facts with their peers and encourage each other to drink less.

**Wrap Up: (5 minutes)**

We will thank the students for attending our session and give them the post-session questionnaire to see what they learned in our session.

**Session 4: Targeting perceived behavioral control**

Goal: To increase participants' perceptions of their ability to reduce the amount of alcohol they consume in a short amount of time.

Objectives:

1. By the end of the session, 90% of participants will be able to target their top trigger for drinking. (ex. to fit in, to be more fun, to be more attractive, to be more outgoing) (10% of participants will claim they don't have a specific trigger)
2. By the end of the session, 85% students will record that they are more confident in who they are. (15% of participants will need more serious help than just these activities given)
3. By the end of the session, 85% of participants will claim they have confidence in their ability to not to turn to binge drinking when they feel "they need to." (15% of students will still report they need alcohol to feel better about themselves)
4. By the end of the session, all participants will be given the opportunity to fill in a chart that will help change their negative thoughts to positive thoughts.
5. By the end of the session, all participants will be given the opportunity to fill in lists that will help them feel good about themselves.
6. By the end of the session, all participants will be given the opportunity to write out positive affirmations about themselves.

**Location:** In a smaller classroom, with comfy seating, and tabletops so that the students have something to bare down on when they write.

**Materials:**

Water bottles, snacks, pens, packet of activities, PowerPoint

**Greeting and Check in: (10 minutes)**

We will have water bottles and snacks available outside the classroom for the students to grab as they walk in to make them feel more comfortable. We will have people welcoming students at the door and to help them to find their seats. When coming in, they will be given a few sheets of paper stapled together for note taking and activities. (packet seen in Appendix B)

**Introduction: (10 minutes)**

*Most of us feel bad about ourselves every once in awhile. Feelings of low self-esteem or low self worth may be triggered by being treated poorly by someone else, by a person's own judgments of him or herself, or other things like making a bad grade on a test. These feelings are more common than you think. Everyone has their own "trigger" that brings about these feelings.*

*For many people, low self esteem is an everyday occurrence; especially those who experience depression, anxiety, have fear, a disability, or illness. If you are one of these people, you may go through life just feeling hopeless and bad about yourself. Low self-esteem keeps you from enjoying life, doing the things you enjoy, and reaching your goals.*

*Each of you have the right to these three things. You have the right to feel good about who you are and who you were made to be. I know it can be very difficult to overcome these thoughts. I know one semester I got C's on all my first rounds of exams, that I had studied really hard for. I just thought to myself, "I am no good, if I did this bad when I studied so hard, I might as well give up now." And then it was just a downward spiral, that you feel like you can't escape. For many people when they start experiencing this they turn to something that is worse for them, like alcohol, and getting drunk to overcome these feelings. Think about what usually triggers you to feel this way.*

*This session is going to help to start getting you on the track of feeling better about yourself and eventually start raising that self-esteem.*

**PowerPoint Presentation and Activities: (45 minutes)**

*We are going to go through a PowerPoint presentation we have put together for ya'll. Feel free to write anything you think is important on any of the pages in your packet, we won't be taking these up, so it will be all confidential. (ppt. seen in Appendix A)*



**Wrap Up:** (around 10 minutes)

*Thank you all for coming. I hope this session has given you some inspiration and encouragement as you continue through your college experience and life. I want you all to take the packets with you that you were given at the door, and I challenge each of you to hang on to these and refer back to them when you feel yourself going into that downward spiral again. If you need or want more information or have questions once you leave all of our information is located on the front page of the packet.*

**Session 5:** Post-Intervention Meeting

Goal: To wrap up the end of the intervention strongly, and present data that we have collected so far.

Objectives:

1. By the end of the session, all participants will be able to see the progress of the intervention and how it is affecting their college campus.
2. By the end of the session, all participants that attend, will turn in a completed post-intervention survey.
3. By the end of the session, all prepared questions about major topics learned in each of the sessions will be answered by participants who volunteer in the audience.
4. By the end of the session, all participants that attend, will receive their reward, that gave them incentive to complete the intervention thoroughly.

**Location:** Large, auditorium style classroom on campus.

**Materials:** sign in sheet, post-intervention survey, pens/pencils, completion certificates, awards (incentives)

**Check-in:** (10 minutes)

There will be a table outside the classroom, with Think More, Drink Less representatives at it. There will be several sign in sheets for participants to sign in and to collect their materials for the session and to collect their certificate of completion.

**Presentation: (45 minutes)**

The session will begin by thanking all of the participants for their hard work and cooperation throughout the year. We will present to them the data that was collected from the past 3 sessions and how we have seen the desire to participate in binge drinking have decreasing trend.

Participants will be reminded of some of the major topics that we covered throughout the sessions, by a short question and answering session. They will also see strategies that we saw were the most helpful, through analysis of our data collected.

Participants will be asked to complete the post-intervention survey that they received before they walked in. Staff will explain to the participants how important this last survey is and that they need to think hard on the questions about what they have learned throughout the semester, be honest, and complete it thoroughly.

**Closing: (5 minutes)**

We will thank everyone again for their participation in the Think More, Drink Less intervention, by referencing the certificate they received walking in the door. The certificate shows that they completed the intervention, and tell how many community service hours they received. We will also discuss their major reward for completing the intervention. Students will then be asked to drop their post-intervention survey in the basket as they walk out the door.

**Intervention Strategies****Intervention Strategies**

We will use Health Communication as the first intervention strategy in our Think More, Drink Less Program. We will use the Health Communication intervention strategy on college campuses, targeting the students in the 18-22 age category. Throughout our intervention we will use social media and print media as our two primary ways for communication. Using Communication strategies before each of our sessions will create awareness, and spread the word, so that more people will attend. Health Communication will be our best strategy, because the college campus will be a direct route to target the students.

Our social media campaign will use Facebook, Twitter, and Instagram. Using three different channels will hopefully target a broader spectrum of students. These three types of social media will let students be engaged and aware with what is happening on campus. There will be a group on Facebook that students can join, where they can see our upcoming events and sessions. It will also be an easy place for us to post Health Education on drinking topics for them to see. Facebook also gives them students an easy route to message and communicate with us if they have any questions or concerns. We will use instagram mainly as “flyers on the web.” We will also post when and where sessions will be and also inspirational quotes of the day, or any facts about drinking that we think are relevant for the day. Twitter will be an option for students to send in their thoughts or expressed their thoughts about the Think More, Drink Less intervention, or their thoughts about drinking in general. We will be able to use this channel to help us fix parts of our intervention that students may not like and build off things that they do like and find helpful.

All three of these social media channels will also provide students with the opportunity to help promote our intervention, themselves. When the students start helping promote, it helps get the whole community involved.

For our Health Communication Strategy, we will also use print media. This will include advertising of drinking information and reminders, and Think More, Drink Less sessions. These materials will be hung in places on campus that are frequently visited; the library, the gym, cafeterias, the bathrooms. We will also have flyers with more detail information hung in residential halls, where they might have more time to read them and become more interested. With more detailed flyers and reminders in residence halls will also hopefully catch students attention when they are heading out the door to actually go out and participate in drinking activities.

We will use Health Education as our second intervention strategy. We hope to use Health Education in two major ways. The first is that Health Education will be used to increase awareness of the negative consequences associated with binge drinking. We will also use Health Education to inform students about the true facts of binge drinking, in order to change their opinions and the social norm. Health Education will mainly be used throughout our last three sessions.

All of our strategies are must be fit to our target population (college students). Since this population requires a higher level of education to actually get into college, we can assume their reading level and health literacy are higher than normal. We can not make the reading level too high though because we do not want to turn away anyone who wouldn't understand what our program is

about. College students are still considered a young population so the information we present to them must be creative and attractive to grab their attention. The flyers we put out will contain bright photos, catchy phrases, and not too many words so they can get the message clearly in a shorter amount of time.

As college students ourselves, we know the importance of using incentives. Most college students might think our efforts and sessions are just another fight to end drinking. We don't want to scare kids away who think that. We want to get all students into our sessions, drinkers and not, and the way to do that is through incentives. For each session we put on, we will have to include incentives, in order to get the participation numbers that we need. Small prizes, such as candy and gift cards, with drinking facts, will be given out to students who participate in our sessions. Other prizes such as gift cards, and free lunches downtown will be given out to students who we feel like we can see a change in due to attending our sessions, or we feel like really tried hard in participating.

### **Intervention Timeline**

We will begin our first steps of organization during the summer, before the school year starts. We will start early because it is important to have a plan before jumping right into the school year, and there is a lot to get together before we start. During the summer we will begin contacting stakeholders, other Alcohol Education groups and organizations, the local health departments, and University Safety Organizations in order to gain their support. We will ask for any donations of snacks and water bottles to be able to have to give out during the sessions. We will also contact restaurants and bars downtown and ask if they will give us any coupons that we can give out as incentives to come to our sessions, or for prizes for the student's success in our interventions.

Once the school year starts, the first step in our intervention will be focused on communicating with students about who we are and what Think More, Drink Less campaign is about. We will spend four weeks after the first week of school promoting our sessions in the form of social media promotion, via Facebook, Instagram, and Twitter, flyers around campus, and booths around campus with our information. We will also have a booth at the campus organization fair a week after school starts, hoping to interact with students and get them interested in our program sessions.

Once we have recruited our set group of participants we will start planning dates and begin contacting the school in order to go ahead and book rooms on campus to hold our sessions. The sessions will be held in the spring semester, to allow time to space them out, giving us more time to

organize all of the data collected at each session. Towards the end of the fall semester we will send out an email to all participants that will include a Google document of an excel spreadsheet, where they can start signing up for times to participate in each session.

The first of our sessions will begin about a month after school starts back in the spring and will be held to inform the participants of the details of the intervention and give them an overall outlook at the timeline and the dates they need to be available. The session will be offered Monday-Thursday for two weeks, at two different times (5:00 and 7:30). The students participating in this session only have to meet one of these times, there will just be different times available so that they can choose what time works best for them.

The second, third, and fourth sessions will take place throughout February, March, and April respectively. Each session will be offered at various times during its respective month and students would be invited to attend the sessions based on which times work best for their schedule. Once again they would only need to attend one time per session.

The last session will be held the first two weeks of May. This will be our closure of the intervention with the participants. Once again they will only have to attend one time that the session is held.

Once all sessions are over we will meet with all Think More, Drink Less representatives and look over our notes, students completed surveys and discuss all of our thoughts about how the semester went. We will decide what we felt went well and what we need to change and begin to plan for updating our intervention for the upcoming semester.

## **Evaluation Plan**

### **Process Evaluation**

The purpose of an evaluation plan is to monitor progress before, throughout, and after our intervention strategy: Think More, Drink Less. A process evaluation looks at the actual development and implementation of our Think More, Drink Less program and the sessions that we conduct throughout. This evaluation can be held before our intervention begins in an effort to make sure that our activities and sessions are thoroughly planned. This formative evaluation will be measuring the quality of our program and the key elements that affect our objectives and ultimate goal, which is to reduce binge drinking among college students.

Our process evaluation consists of a checklist for each session that we will use to monitor what transpires in each session such as attendance, participation, staff performance, appropriate materials, adequacy of resources, tasks on schedule, as well as making sure that everything is intentionally focused towards the purpose of the each session. Significant thoughts and feedback will be noted, as well as any changes in attitudes or beliefs from pre-tests to post-tests.

Our process evaluation will also be used to monitor our media campaign and its effectiveness in raising awareness of our program and what our sessions are about as well as hopefully influencing them to come participate. Did we reach all types of students through all social media outlets? Did we put our flyers in places that they can be seen?

### **Impact Evaluation**

The impact evaluation measures the immediate results, both intended and unintended, as a result of each of our sessions and intervention as a whole and how these results affect our objectives and ultimate goal. This will be evaluated in a post-test that will be taken by both the participants of the sessions as well as the facilitators where they record their immediate thoughts on how they believe the session went, as well as what they learned (or observed) and how their attitudes and beliefs towards binge drinking changed as a result.

### **Outcome Evaluation**

The outcome evaluation measures the long-term outcome of our intervention and the effects it had towards our overall objectives and ultimate goal, which is to reduce binge drinking among college students. We intend for this goal to be achieved by changing student's attitude towards heavy episodic drinking, the social norm of binge drinking among college students, and the perceived behavioral control that students have over their decisions on how much they choose to consume. This will be evaluated by following up with the students that attended our sessions as well as polling other students who did not participate in our sessions about their current attitudes and beliefs on binge drinking, three months after the last session concludes. We will also monitor binge drinking rates among college students at the university at the end of the school year.

## **Resource Plan**

### **Resource Plan**

In order for the Think More, Drink Less program to be implemented, we will need to gather the appropriate funds necessary to implement the program as planned. Our overall projected budget will be \$15357. In order to help with the costs we will ask for and use financial and monetary support. Financial resources will come from external stakeholders, donations, and from fundraising. Monetary support for the intervention will be sought from University Safety Organizations, and Health Centers on campus. Greater monetary support will come from the local government, and policy makers. In order get donations and to ask for these stake holders to participate, we will present our rationale for the intervention, the importance of the intervention, and the possible impact it can have on saving lives, especially the young lives in our community. Once the funds are gathered we will begin to get all the supplies and resources together that we need.

The human resources that will be needed for our intervention will be found through the college community and outside the community. The internal human resources will be the members of Think More, Drink Less that are involved directly. Staff members on Think More, Drink Less committee (all volunteers) will plan all intervention methods and sessions. As a committee, they will also hold and instruct all sessions. They will create informational flyers and posters, and be involved in the observational assessment of needs. The internal members will also be the ones contacting other resources and volunteers needed in helping the intervention run smoothly. We will also include external resources from inside and outside the college community. For our session with the goal of educating students about the negative consequences of binge drinking, we will have guest speakers come and talk to the students. These speakers will be men and women that will come in and speak, sharing there personal testimonies involved with binge drinking and the serious consequences that they had to face. Most of these guests enjoy volunteering to do this, but Think More, Drink Less will pay them each \$45 out of thanks for their time and efforts. The equipment, supplies and other instructional resources will be a combination of internal and external sources.



The instructional resources for the informational sessions, the print materials, and social media sites will all be internal. Staff of Think More, Drink Less will make the power-points, flyers, and informational packets on our own time, money, and using our own resources. A table and chairs (like the ones shown to the right) will be needed to set up on campus to hand out flyers and to be an “informational booth.” The table and chairs will also be set up outside the classrooms that hold our informational sessions, to help with check-in and welcoming. This table and chairs will have to be purchased through Think More, Drink Less bank account, from money that we have gotten from monetary support. Drinks and snacks will also have to be purchased through monetary support if they are not donated directly. The intervention sessions will take place in a class room on campus. We will use two different types of classrooms on campus to fit our different kind of informational sessions. One of the sessions will use a smaller classroom compared to the other three sessions. A small classroom with chairs that we can move around to



form a circle. The other classroom will be more of auditorium style, that will have a projector screen to show our power points, still have desks the students can bare down on, and also have stadium seating so that everyone can see. We will have to book these classrooms ahead of time, some may require a small fee, depending on the location.

Prizes and coupons from restaurants will be donated from the restaurants respectively. We will contact their campus promotion and marketing representative to gain these coupons.



### Overall Projected Budget

Item Requested	Type	Number Needed	Unit Cost	Total Amount
<b><i>Promotional and Educational Supplies</i></b>				
Flyers	Promotion	6,000	\$0.10	\$600
Table	Promotion & Education	1	\$90	\$90
Chairs	Promotion & Education	4	\$30	\$120
Packets given out in sessions	Education	4,000	\$0.25 per packet	\$1000
<b><i>Evaluation Supplies</i></b>				
Surveys	Evaluation	9,000	\$0.10	\$900
Pens & Pencils	Evaluation	600	\$4.00 per pack	\$200
<b><i>Incentives and Giveaways</i></b>				
Coolers	Incentive	2	\$70	\$140
Water bottles	Incentive	4,000	\$6.00 (per case of 24)	\$1,002
Chip bags	Incentive	4,000	\$40 (per box of 30)	\$5,000
Customized Koozies	Giveaways	1000	\$3 per koozie	\$3,000
Other	Giveaways	600	\$5	\$3,000
<b><i>External Sources</i></b>				
Guest Speaker	Educational	5	\$45 per person	\$225
<b><i>Emergency Supplies</i></b>				
First Aid Kit	Health	1	\$80	\$80
<b>Total Supplies</b>				<b>\$15357</b>

Above is a table that has our estimated costs for our intervention organized by categories. The first section is for our promotional and educational supplies. This includes the majority of our print materials we will use and also the table and chairs that we will have to purchase for times it will be needed. This section total costs is \$1,810. For most of our educational and promotional resources, we will try to cut our costs buy using technological resources that won't require printing out as many paper resources. The second section includes supplies needed to evaluate students before and after the intervention. Surveys will be given out randomly on campus and during informational sessions. This section totaling \$1,100. Again in this section we will try and reduce these costs by sending out surveys electronically. The third section includes our incentives, giveaways and prizes. Most of the incentives we will tell people about on our flyers that are promoting our sessions. Others will be just given away for promotional and

awarding reasons. This section totals to be \$12,142. This will be where most of our money is invested in. But again we will try and reduce these costs by having items donated to our intervention. The last section includes our external sources; our guest speakers. We fell like it is important to give them some kind of monetary thank you for their support for our cause. Our estimated total budget is set for \$15357.



## Checklist for Emergency Care Plan



- ☐ Duties of program staff in an emergency situation are defined.
- ☐ Program staff is trained (CPR and first aid) to handle emergencies.
- ☐ Program participants are instructed what to do in an emergency situation.
- ☐ Participants with high-risk health problems are known to program staff.
- ☐ Emergency care supplies and equipment are available.
- ☐ Program staff has access to a telephone.
- ☐ Standing orders are available for common emergency problems.
- ☐ There is a plan for notifying those needed in emergency situations.
- ☐ Responsibility for transportation of ill/injured is defined.
- ☐ Injury (incident) report form procedures are defined.
- ☐ Universal precautions are outlined and followed.
- ☐ Responsibility for financial charges incurred in the emergency care process are defined.
- ☐ The emergency care plan has been approved by the appropriate personnel.
- ☐ The emergency care plan is reviewed and updated on a regular basis.



## EMERGENCY CARE PLAN



Date of Update:\_\_\_\_\_

A first aid kit should be purchased and carried to all events and sessions held by Think More, Drink Less. It should be replenished as needed, and always be full when starting each session or event.

There will be food provided at sessions, so in case of a food allergy there will be Benadryl and several Epi-Pins included in the first aid kit that can be used if needed.

All staff members will be required to carry their telephone on them all times. At least two staff members must have a car at all sessions, so that if one has to take an ill or injured participant somewhere, there will be another vehicle available come another emergency.

There must be at least one staff member at every session that is trained CPR and knows how to perform first aid measures. When participants sign the intervention's consent form, they are required to let the staff know if they have a serious health concern.

In the case of a natural disaster, we will take appropriate precautions based on the type of danger we are facing. We will follow the Universities Emergency Plan's for these types of situations (fire, earthquake, tornado. )

For any type of emergency, an emergency care plan form needs to be filled out. It needs to include the participants name, information, and a Think More, Drink Less staff member needs to record any details of what happen, symptoms observed of the participant, and any other comments they want to include. It is important to have all of this information in case heavier precautions are needed to be taken.

Think More, Drink Less acknowledges that we are responsible for all participants when they are in our sessions. Once they leave our care we are not responsible for any financial costs that accrue due to a medical emergency.

<b>EMERGENCY MEDICAL CARE PLAN RECORD</b>
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**Name of Student/Participant:**\_\_\_\_\_

**Date & Time of Event:**\_\_\_\_\_

**What Happened:**

**Actions Taken by Staff (per protocol):**

**Students Response to Emergency Measures:**

\*\*\*\*\*

**Staff Member Notified:**\_\_\_\_\_

**Parent Notified:**\_\_\_\_\_

### **Consent to Perform Data Analysis and Observation**

I hereby grant permission to the Think More, Drink Less personnel to perform Data Analysis and Observation on me. I am engaging in this intervention voluntarily. I have been told this intervention will provide an analysis of my attitudes towards, knowledge of, and beliefs about the topic of binge drinking. Results of this data can be effected by ones beliefs about social norms, peer pressure, bias, and failure to complete the intervention.

There will be no physical testing or harm done to participants, and I know I can drop out at anytime I feel uncomfortable. In the case of an emergency, I will follow the instructions given by the Think More, Drink Less staff members. If I have any high-risk health problems I will inform the staff before I participate in the intervention. I know that Think More, Drink Less is not responsible for any financial costs that accrue, due to a medical emergency, once I leave their care.

Further, I have been told that all the information related to this intervention is considered confidential.

I have read the above statement and understand what it means. I have also had an opportunity to ask any questions before the intervention has taken place, and all of my questions have been answered to my satisfaction.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

## References

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