

Evaluation Report #3

OCTAA  
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UGA Training

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## Table of Contents

Evaluation Description	1
Methods	1
Pre- and Post-Test I	2
Results	2
Demographics	2
Alcohol and Other Drug Usage	2
Negative Consequences Due to Alcohol Use	3
Training Evaluation	3
Pre- and Post-test I Knowledge Questions	10
Further Analyses	12
Preliminary Conclusions	12
Post Test II	13
Results	13
Demographics	13
Alcohol and Other Drug Usage	13
Following the Guidelines	14
Low-risk Oriented Behaviors	15
State-dependent Activities and Friendships	15
Knowledge Questions	16
Becoming an OCTAA Presenter	16
Negative Consequences Due to Alcohol Use	16
Final Comments	17
Conclusions	17

The On Campus Talking About Alcohol (OCTAA) program is a prevention and intervention program designed to change high-risk choices concerning alcohol consumption through education. OCTAA was designed by the Prevention Research Institute (PRI), which requires that the program be facilitated by certified OCTAA presenters. This certification takes place over a four-day training conducted by PRI staff.

In the eight-hour OCTAA program, participants are exposed to information concerning alcoholism as an example of a health-related risk and drunken driving as a lifestyle-related risk of alcohol use. The goals of the program are to reduce high-risk use among those who are not chemically dependent, reduce high-risk lifestyle choices around alcohol, facilitate self-evaluation of alcoholism, facilitate entry into treatment or counseling for those who have already developed alcoholism, and to initiate abstinence in those biologically inclined towards alcoholism.

The OCTAA presenters for this session had all been certified according to PRI standards, although for many it was the first such training given since their certification group.

Using a matched pre- and post-test design, the OCTAA evaluation measures behavioral changes in alcohol, tobacco, and marijuana use and consequences of alcohol use; changes in knowledge of information presented in the OCTAA training; and a participant evaluation of the training sessions. Demographic characteristics of the participants such as sex, class, and fraternity/sorority/coed house membership are collected for comparison purposes. Further post-tests at one and six months collect additional information on substance-use behaviors and knowledge to examine long-term effects of the program.

The following describes the methods used to gather the self-report data and examines the findings. These results include demographic and substance-related behavior data, the training evaluation component of the post-test, and a comparison of the pre- and post-test knowledge questions. Subsequently I will describe the second post-test results in comparison to the information collected at the training.

## Method

A written pre-test was given to 109 Dartmouth Undergraduate Advisors (UGAs) immediately preceding the OCTAA program. There were six groups, each having two OCTAA-trained facilitators. Group membership ranged from sixteen to twenty.

Students were guaranteed anonymity and confidentiality on the evaluation forms. The OCTAA facilitators were instructed to explain the importance of being able to compare results across time, and to ask students to facilitate this by writing the last four digits of their social security number on their questionnaire. As a further demonstration of confidentiality, students were asked not to hand in the completed questionnaires to the facilitators, but to place them in a large envelope at the front of the room. This was then sealed and turned in to the evaluator.

Implementation of the program followed immediately in a four-hour session, a break for lunch, and was continued in a final four-hour session that afternoon. Facilitators administered the first post-test and training evaluation in the same manner as the pre-test immediately following the conclusion of the training.

The second post-test was mailed a month after the training via campus mail to all students who had attended the program. Three weeks later, students were sent another form via electronic mail as a follow-up. A total of 49 students responded to this round of questions.

## Pre- And Post-Test I

### Results

#### Demographics

One hundred six students filled out the post-test. Of these, 102 had a matching pre-test. Six students with pre-tests had no accompanying post-test, and four students with post-tests had no pre-test. This is due to students arriving after the pretest had been administered and leaving prior to the post-test. No facilitators reported anyone declining to complete the forms. There were four students who did not provide identification numbers.

One hundred and eight undergraduates, fifty-five females (51%) and fifty-four males (49%), completed the pre-test questionnaire. The mean age for this group was 20.3, with a range from 18 to 27 and a standard deviation of 1.5. Fifty-three students, or 49%, were under the legal age to drink (21 years old). Fifty percent of the group is in the class of '95, nineteen percent from '96, and twenty-nine percent from '97. There were additional class members, one a piece, from '90, '93, and '94. One-third of the group were fraternity/sorority/coed members.

Thirty-two percent (21 students) reported that a biological parent or grandparent had alcohol problems. An additional 12% reported that biological family members other than parents or grandparents had alcohol problems, for a total of 44% with a family history of alcohol problems. Forty-two percent reported no family alcohol problems, and fourteen percent did not know.

Four students reported being in recovery, and three reported having been in recovery but currently were not.

#### Alcohol and Other Drug Usage

The UGA training took place before the start of the fall term, and therefore all recent usage questions might not reflect behaviors typical during the school year.

Alcohol. Almost all of the students had used alcohol at some time in the past year (97%). Three-quarters of the students had used alcohol in the past month. Average weekly alcohol consumption (by drinks) over the past two weeks follows:

	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Mean	0.1	0.3	0.4	0.5	0.5	0.2	0.2
Min	0	0	0	0	0	0	0
Max	5	10	10	15	12	6	6

Based upon family background, past two-week alcohol consumption, and the OCTAA guidelines, 26% were engaging in high-risk drinking. Seventy-four percent, therefore, were already drinking in a low-risk manner during the previous two weeks. Thirteen percent reported at least one episode of binge drinking (five or more drinks in a row) in the past two weeks. Almost half of those drinking at high-risk were not doing so at the binge-drinking level. There was no significant difference in high-risk drinking by fraternity/sorority/coed membership. There was, however, an effect by sex: males were twice as likely to be high-risk drinkers than females (35% of males, 16% of females).

Tobacco. Fifty percent had used tobacco at least once, 37% had used tobacco in the past year, and 19% had used tobacco in the past month. Nine percent had used tobacco on more than 20 occasions in the past month.

Marijuana. Thirty-five percent had used marijuana at least once in their life, and eight percent had done so more than twenty times. Twenty-nine percent had used marijuana in the past year, and sixteen percent had done so more than twenty times in the past year. Fourteen percent of the group had used marijuana in the past month, most of whom (eight percent) had done so more than once.

### Negative Consequences Due to Alcohol Use

The following figures reflect the percentages of respondents who have experienced the particular negative consequence **at least once in the last month**. Again, the past month period included time not in school, and might not reflect usual behavior in school.

28%	Had a hangover
20	Got nauseated or vomited
15	Done something I later regretted
10	Been criticized by someone I know
12	Had a memory loss
6	Missed a class
6	Got into an argument or fight
6	Driven a car while under the influence
6	Been hurt or injured
6	Thought I might have a drinking problem
3	Have been taken advantage of sexually
2	Been in trouble with police, resident hall, or other college authorities
2	Performed poorly on a test or important project
1	Have taken advantage of another sexually
1	Tried unsuccessfully to quit
1	Seriously thought about suicide
0	Seriously tried to commit suicide
0	Been arrested for DWI/DUI
0	Damaged property, pulled fire alarm, etc.

### Training Evaluation

The following questions appeared on the post-test, and are identified by their sequence number and exact wording as on the questionnaire.

#### 3. "Overall, rate how you enjoyed the OCTAA program."

Enjoyed a lot		Mixed feelings		Did not enjoy at all
1	2	3	4	5
$\wedge$ <b>3.1</b> <b>mean</b>				

Responses were slightly skewed towards "did not enjoy," although were basically split into three equal groups:

<u>Rating</u>	<u>Description</u>	<u>Percentage</u>
1-2	Enjoy	30.2%
3	Mixed feelings	36.8
4-5	Not enjoy	33.0

Nine percent answered "enjoyed a lot," and fifteen percent answered "did not enjoy at all." The standard deviation was 1.2.

There were differences by group, but no other category (i.e. sex, fraternity/sorority membership, age, high/low risk drinking):

<u>Group</u>	<u>Rating</u>	
1	3.1	
2	2.6	
3	4.1*	*significantly higher score
4	2.9	
5	2.5	
6	3.4*	*significantly higher score (not higher than 1 or 4)

4. "Do you think the material, in general, was helpful?"

Yes, very helpful		Moderately helpful		Not helpful at all
1	2	3	4	5

^  
2.7  
mean

Students gave rated the material as slightly above moderately helpful (mean = 2.7, sd = 1.1 range = 1-5). Approximately one-quarter (26%) answered "4" or "5."

There were differences by group, but no other category (i.e. sex, fraternity/sorority membership, age, high/low risk drinking):

<u>Group</u>	<u>Rating</u>	
1	2.6	
2	2.5	
3	3.8*	*significantly higher score
4	2.8	
5	2.2	
6	2.7	

5. "What was it about the material which makes you think so?"

In all, there were fifty-three different aspects discussed; evenly split between negative and positive.

The most prevalent positive comment was liking the research-oriented material (47%). Although thirteen percent were general in their comments ("good info"), others named specific topics as helpful (e.g. information on phases, 8%; low-risk guidelines, 5%; trigger level, 3%; tolerance/risk of alcoholism relationship, 3%). Other positive comments were that OCTAA took a realistic viewpoint (6%), the approach was not condescending or preaching (5%), and that the presentation was clear and methodical (5%).

One of the most prevalent negative comments was that the material was not new (15% of the students). Thirteen percent thought the program was too long, and eight percent thought redundancy was a problem with the material. Eight percent wrote that they thought the material was unrelated to being a UGA ("very little info of value for us as UGAs"). Over half of these comments came from group three, and therefore might not be a general effect of the program but of the presentation by those facilitators. Five percent

labeled the material as "simplistic." Three percent felt that the program needed material which was more applicable to Dartmouth students.

**6. Please rate how interesting you think the program was.**

Very interesting		Moderately interesting		Not interesting at all
1	2	3	4	5
^				
3.2				
mean				

On average, students thought the program was moderately interesting (mean = 3.2, sd = 1.0, range = 1-5), although slightly skewed towards not interesting.

There were differences by group, but no other category (i.e. sex, fraternity/sorority membership, age, high/low risk drinking):

<u>Group</u>	<u>Rating</u>	
1	3.0	
2	3.2	
3	3.9	*marginally higher scores ( <i>not higher than #6</i> )
4	3.1	
5	2.9	
6	3.4	

**7. "How likely are you to recommend the OCTAA program to other students?"**

Very likely		Possibly		Not likely at all
1	2	3	4	5
^				
3.1				
mean				

Eight percent answered "very likely," and twenty-four percent rated recommending OCTAA a "2." The majority answered "possibly" (36%). Almost one-third of the students rated this as "4," and only one student was not likely at all to recommend OCTAA. The standard deviation is 1.2.

There were differences by group, but no other category (i.e. sex, fraternity/sorority membership, age, high/low risk drinking):

<u>Group</u>	<u>Rating</u>	
1	3.0	
2	2.5	
3	4.1	*significantly higher score
4	2.9	
5	2.8	
6	3.4	*significantly higher than 2 only

**8. "Why would you recommend, or not recommend, OCTAA to other students?"**

There were thirty-nine positive statements, 29 mixed, and 37 negative.

Forty percent of the positive statements qualified their recommendation to be only for certain cases. Half of these (8% of the overall group), would only recommend OCTAA for someone who "had a problem with alcohol" or might be an alcoholic. Several other students would recommend the program for those who have "never been exposed to alcohol," those with an "immature view of drinking," or those who are interested in learning about alcohol. One student suggested using OCTAA as a sanction for students picked up by Safety and Security. Students without such qualifiers listed reasons such as OCTAA would help people know the "implications of their behaviors" (5%), and that the program had "helpful information" (5%). One student wrote: "everyone here needs it...if they don't have problems then their friends do or they will."

Almost sixty percent of the mixed statements were from students who liked the information given, but thought the program was too long. An additional three students would recommend the program even though for them the information was not new. Various other answers given by one or two students were: "too condescending," "lacked energy but the presenters were good," and "slightly lame." One student would recommend the program if there were more emphasis on discussion.

Half of the students thought the main problem with OCTAA was time. For many of these (40%), the program itself was just too long. Others wrote that they didn't have the kind of time OCTAA demanded, or that in their view the amount of time spent was not appropriate for the amount learned. Eight students (8%) thought the program too repetitive. Seven (7%) wrote that it was boring. Seven percent also thought it was "too simplistic." Other problems listed were: "waste of time" (6%), little interaction (4%), not new information (3%), needed to be more applicable to Dartmouth students (3%), and, finally, two mentioned that they thought it was insulting to the intelligence of Dartmouth students. One mentioned that "forcing UGAs to take it created many hostilities & possibly closed people's minds to the material," and another student had a similar view.

**9. "What did you like most about the program?"**

Ninety-six students wrote answers for this section. Over a third liked the information presented in OCTAA. About half of these responded with a generic "good info," and did not elaborate on which information they considered good. Of those who were more specific, six mentioned the self-analysis; five liked the phases; two each for trigger level, effects on abstract thinking, and the concept of low versus high risk; one each liked the quantity/frequency emphasis, the facts about alcoholism, examining the American culture, and how information on alcohol is used as a social crutch.

One fifth liked the discussions the best, with five percent of these specifying the discussions which pertained to Dartmouth. Nine students specifically mentioned liking the slides, also referred to as cartoons. Six liked the "non-judgmental tone."

A few students wrote about presenters in this section, with seven students believing that the best part of OCTAA was their group facilitators. A few were mentioned specifically here. Perhaps surprisingly, the facilitators for group 3 (which as a group had the overall lowest opinion of the program) were mentioned by three of their attendees as the highlight of the training. What seems to have won these students over, however, is that the presenters deviated from the prescribed OCTAA program (e.g. "when we took a long break and [facilitator] answered all our questions").

**10. "What did you like least about the program?"**

Least liked, overwhelmingly, was the length of the program, cited by 57 students (54%). Thirteen (12%) disliked the repetitive presentation of material. Six students liked least the "simplistic" nature of the material, and another four students felt their intelligence insulted or that the material was condescending. Four thought that it was not applicable to their roles as UGAs.

**11. If you could change aspects of the OCTAA program, what might you change? Why?**

Forty-four (41%) students would change the length. OCTAA should really take, according to participants, from four hours to one hour. Fifteen percent suggested splitting the sessions over two days. Twenty students (19%) would reduce the amount of repetition, and four percent preferred a faster pace. Thirteen percent wanted a more interactive format, with four of those students specifically calling for more discussion and two wanting more time for questions. One student (from group three) wrote that she would change the "strict observation of teaching principle (everything read 1,2,3 from book)."

Content-related changes were led by the desire for more Dartmouth-specific information (7%), more information on social situations and alcohol (3%), getting rid of the slides (3%), giving more detail on the studies which were cited (3%), using less detail (2%), and getting rid of the heart disease analogy.

**12. Do you think that you will follow the low-risk guidelines you learned about in this program?**

Seventy-two percent of the students responded that they would follow the low-risk guidelines. Almost half of these, however, also indicated (in this and the next question) that they *already followed low-risk drinking guidelines*.

Twelve percent would not follow the guidelines, and the rest, 16%, were unsure. Breaking these numbers down into groups left too little statistical power to reliably differentiate between groups, although the breakdown is as follows:

<u>Group</u>	<u>Percentage with Intent to Follow</u>
1	55%
2	88
3	64
4	82
5	76
6	67

There was no discernible difference in intent to follow the guidelines between those already engaging in low-risk levels of consumption versus the high-risk drinkers, by age, or by fraternity/sorority/coed membership (although this was marginally significant at the  $p=.10$  level: fraternity/sorority/coed members, 61% intend to follow; non-members, 79%).

**13. Why or why would you not follow the low-risk guidelines?**

Besides already following them, reasons given for following the guidelines were health (7%), effects on abstract thinking or other cognitive abilities (6%), not wanting to be an alcoholic (4%), or that alcohol was not important to them (2%). Various other reasons formed no particular pattern.

The unsure students usually agreed with the guidelines, but gave reasons why they would not be following them. For example, some felt that they did want to honor the guidelines at this stage of their lives. Others felt that the social pressures at Dartmouth would not let them drink in such a manner. One such student wrote: "I am not sure I have the will power to do it right now—I would like to, though."

Those who would not follow the guidelines wrote about social pressures to drink at Dartmouth, and several pointed out that they had developed their own guidelines which allowed them to drink but differed from OCTAA:

*My drinking habits are the result of rational decisions that take into account the risks that I perceive. At this point, low-risk behavior while used at times, is not a priority.*

*When I want to drink I will. Generally, I am not an abusive drinker & will continue to follow my own guidelines*

Other students noted that they knew they would "sometimes prefer high-risk" drinking, and one thought that the guidelines were unrealistic.

#### Logistics

The convenience of and satisfaction with the training was examined with four short-answer questions. There was a mistake in the questionnaire in question 14a, which asked "do you think the two four-hour sessions were effective?" This referred to a previous OCTAA facilitation which took place over two days, and not the one-day session which the UGAs experienced. Most students, however, realized this mistake and in their comments answered the question as it had been intended.

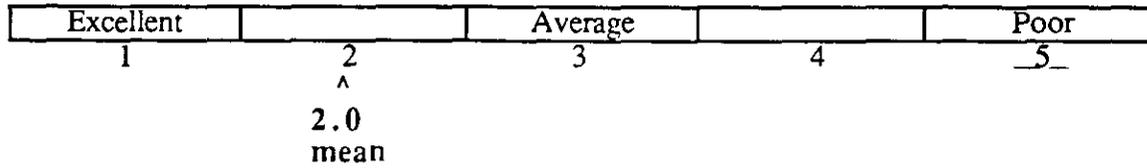
Responses mirrored previous comments. "Too long," wrote twenty-nine participants. A simple "no," was the response of nineteen students when asked if having one session had been an effective format. Sixteen would have preferred the two four-hour sessions. Ten students liked the eight-hour format (e.g. "too long, but good to get it over with"). Other formats suggested by one participant each were: four two-hour sessions, one four-hour session, a three-hour session, and a 1.5 hour session ("if that," he adds).

Generally, most thought the time frame during the day was fine, although there were six who thought the program started too early. Eleven students pointed out that OCTAA was taking time away from being with their students, and three just remarked that it was a bad day. One wrote: "would have liked one day or afternoon at least off after UGA training for a week."

Half the students thought the breaks were fine. Nineteen percent would have liked more breaks, and nine percent thought that they were too short (although five percent also thought they were too long). A few of those who wanted more breaks also would have preferred shorter ones.

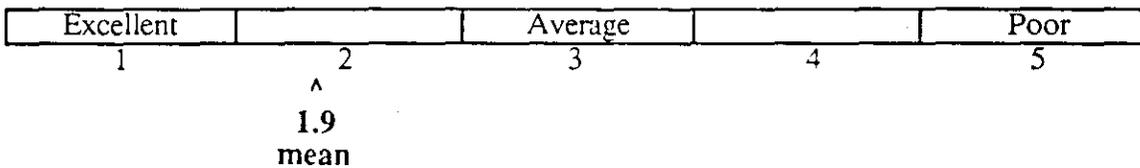
Presenters

Presenters were rated as between excellent and average in both presentation style and clarity of material.

**Presentation style**

There were differences by presenter:

<u>Presenter</u>	<u>Rating</u>	
1	2.4	
2	1.5	
3	3.2	*significantly higher rating
4	1.5	
5	1.6	
6	1.6	
7	2.3	
8	1.6	
9	2.2	
10	1.8	
11	1.6	
12	2.7	*significantly different

**Clarity of material**

There were differences by presenter:

<u>Presenter</u>	<u>Rating</u>	
1	2.2	
2	1.6	
3	2.8	*significantly higher rating
4	1.5	
5	1.3	
6	1.8	
7	2.2	
8	1.7	
9	2.1	
10	1.7	
11	1.5	
12	2.5	

### Comments on presenters

Each presenter receives with this report the comments which relate to him or her. In general, comments were positive. Several students wrote that it was the material, not the presenters, which they did not like (e.g. "I don't think this is a personal attack on their presentations, but rather that the slides & materials they had available were rather juvenile," and "I don't feel it was the presenter's fault."). Besides comments ranging about styles (e.g. "energy saved the day," "personable & witty," "made the program interesting,"), students had generically positive opinions such as "very good," or "well presented."

Group three had more to convey than any other group. Over half the comments (four out of seven) for one presenter were negative about presenting skills (e.g. "dull, presented in a style that allowed many of the students to ridicule [the facilitator] and [the facilitator's] message," and "incredibly boring mono-tone"). Three students commented that when the other facilitator for this group "abandoned the text" the experience changed. "Fabulous," wrote one about this change

### Additional Comments

There were four students with additional comments, two of which had already been expressed (e.g. bad timing with first-year students to help and disliking the repetition). The third suggested that instead of one presenter teaching one section and the second teaching the next, they take an interactive approach with one assisting the other. The last comment suggested that students might be more willing to listen to a program about drugs than alcohol.

### Pre- and Post-test I Knowledge Questions

Changes in knowledge between the pre- and post-test were examined with a repeated measures analysis of variance; differences were examined by age, sex, fraternity/sorority membership, high- versus low-risk drinkers (pre-OCTAA), and training group.

*Drinking probably won't hurt you if you don't get drunk.*

Over half (58%) answered "disagree" to this item in the pretest, with an additional 9% answering "strongly disagree" for a total of 68% disagreeing. In the post-test, 60% answered "disagree" and 18% answered "strongly disagree," for a total of 78% disagreeing. Differences were not statistically significant, either for a main effect or the various interactions.

*People who have a high tolerance for alcohol are more likely to develop alcoholism.*

Fifty-five percent of the participants answered "agree," and an additional 11% answered "strongly agree," for a total of 66% agreeing. Thirty percent answered "disagree" and another 4% answered "strongly disagree." After the program a total of 85% reported agreeing (including 34% strongly agreeing). This difference is statistically significant,  $F(1,76) = 11.27, p = 0.001$ . Fraternity/sorority members changed significantly more than non-members with respect to this question,  $F(1,76) = 4.31, p = .0412$ . There were no other group differences.

*Having one or two drinks every night is more harmful than having five or six drinks one night a week.*

Thirty-four students (33%) agreed or strongly agreed with this statement in the pre-tests, and four percent of these strongly agreed. The desired answer, disagree, was given by 67%, including 19% strongly disagreeing. This changed in the post-test, with 92% disagreeing. This main effect difference is marginally statistically significant,  $F(1,78) = 3.81$   $p = .0544$ , although interaction with drinking patterns (high versus low) was significant,  $F(1,78) = 4.41$ ,  $p = .0390$ . Students reporting previous low-risk drinking behavior moved slightly in the desired direction, while those already drinking at a high-risk level showed no significant change.

*It's probably safe for an experienced driver to drive after a few drinks.*

In the pre-test, ninety-eight percent did not agree with this statement, leaving two students who agreed. Sixty-three percent strongly disagreed. Only one student agreed in the post-test, and an additional five percent moved from disagree to strongly disagree. This difference is not statistically significant.

*I could develop alcoholism.*

Almost two thirds (62%) agreed with this statement before OCTAA, including 18% strongly agreeing. Ten percent strongly disagreed. After the program 86% agreed, including 27% who strongly agreed, indicating a shift of 24% to agreeing with the core statement of the program. Although there was no main effect, there were several interactions: fraternity/sorority membership, sex, and age. For fraternal/sororal membership,  $F(1,80) = 6.85$ ,  $p = .0106$ , the fraternity and sorority members indicated a larger change than non-members, although the non-members, at the post-test, were still closer to a more desirable viewpoint. Although males were not likely to change their views (already at "agree"),  $F(1,80) = 4.67$ ,  $p = .0335$ , the females started slightly less likely to believe this statement and ended more likely to do so (means of 2.4 to 1.8). Finally, the older students were more likely to change their opinions about the possibility of becoming an alcoholic,  $F(1,80) = 2.64$ ,  $p = .0393$ , with the 21 year olds moving the most significantly from a mean of 2.0 to one of 1.5).

*There is nothing wrong with encouraging people to get drunk.*

Everyone disagreed with this statement, including 58% strongly disagreeing. After the program the strongly agree category rose five percent to 63%. There were no within subjects differences, although the views of greek members and non-greek members at the post-test were statistically significant,  $F(1,80) = 4.36$ ,  $p = .0400$ , such that the greek members were less strong in their disagreement.

### Further Analyses

An examination of the relationship between enjoying OCTAA, thinking the material was helpful, thinking it was interesting, and recommending the program reveals that all four characteristics are positively correlated. These are all statistically significant relationships, and fairly high correlations as well, ranging from an  $r$  of .60 to .76.

	<i>Enjoy</i>	<i>Helpful</i>	<i>Interesting</i>	<i>Recommend—</i>
<i>Enjoy</i>	1.0	.76	.69	.72
<i>Helpful</i>	.76	1.0	.60	.65
<i>Interesting</i>	.69	.60	1.0	.66
<i>Recommend</i>	.72	.65	.66	1.0

### Preliminary Conclusions

**Effectiveness.** There were significant knowledge gains by participants in areas of concern to college administrators. After OCTAA, there was increased knowledge concerning binge drinking, the relationship between tolerance and alcoholism, the harms of alcohol use, and the risk of developing alcoholism.

The main effect of OCTAA should be to instill the desire to drink in a low-risk manner. Almost three-quarters of the UGAs intended to follow the low-risk guidelines.

**Satisfaction.** The OCTAA program was not popular with many of the participants. Many complained about the length, the redundancy of the material, and the overall simplistic approach to teaching. Students blamed this on the OCTAA material, and generally were pleased with their facilitators.

## Post-Test II

### Results

#### Demographics

There were forty-nine students who returned the second post-test, and forty-six who provided identification numbers. Although this is not a high response rate (46%), the group which returned the post-test is fairly similar to the overall group taking the pre- and post-tests at the time of training. As shown below, the major difference between the two groups is in the numbers of binge and high-risk drinkers.

	<u>Full sample at training</u>	<u>Subset at training</u>	<u>Subset at follow-up</u>
Males	50%	39%	n/a
Females	50	61	n/a
Frat/Sor members	33	39	n/a
'95	50	52	n/a
'96	19	24	n/a
'97	29	20	n/a
High-risk drinkers	26	17	41
Binge drinkers	13	4	20
Follow guidelines	72	79	85

n/a = not applicable

#### Alcohol and Other Drug Usage

As indicated above, as a group, drinking activity rose in the intervening time period between the training and second post-test. The percentage of students binge drinking during the two weeks prior to being measured rose from four percent to 20%. Those engaging in high-risk drinking rose from 17% to 41%. General use, however, is fairly low. The lowest percentage of people abstaining on a particular day is on a Saturday night, when 59% abstained; the highest is on a Sunday or Monday, when 96% abstained. Tobacco use in the past month declined from seven students to one, and past-month marijuana use declined from four students to none.

Although the alcohol use statistics are not encouraging, the pre-test measure was potentially skewed on the low side because school was not in session. College students typically consume more alcohol at school during the times classes are in session, with the exception of spring break for some students. The best comparison we have to assess the 20% binge rate is that the binge rate for Dartmouth as a whole in the spring of 1994 was 45%, which is a significantly higher number. I know of no specific data on our UGAs as comparisons, and one might argue convincingly that UGA alcohol-use rates are lower than the general student population's rates, even without OCTAA.

### Following the Guidelines

Forty-four percent of the students reported having followed the low-risk guidelines all of the time, one additional student following now but not at first, and an additional 39% had done so most of the time. This is a total of 85% who are following the guidelines at least most of the time, actually higher than the 79% from this same group immediately after the training. Only one student who had anticipated following the guidelines at the first assessment reported not doing so. Two who had answered "maybe" after the training reported that, indeed, they had followed the guidelines. All of this subsample not inclined to follow the guidelines after the training reported not following them at the one-month check (although one had followed them at first). Thus there were no changes in this category. One student following the guidelines all the time wrote about the effect the program had on her:

*The OCTAA training really made me think about things in my life and I realized that some of the stuff I was doing really wasn't worth doing. At the same time, it kind of scared me. I was in a very high risk group and was acting in a very high risk manner. The OCTAA training simply provoked some re-evaluation on my part.*

Additional examinations of qualitative data, however, indicate that of the thirty-eight students following the guidelines, twenty-one claim to have been doing so *even before the OCTAA training* (e.g. "I 'followed' them even before I took the program," and "it's a decision I made long before the OCTAA training"). This leaves us with 17 students out of 46 (37%) who are following the low-risk guidelines but have not told us that they did so before OCTAA.

One student who was following the guidelines explained how OCTAA might not have changed her behavior, but was a factor in reinforcing her already-held beliefs:

*I don't think it was the OCTAA program that specifically caused me to change my habits but it definitely has been a motivational force behind the continuation of these low-risk behaviors.*

We might conclude, therefore, that although OCTAA might not have caused the already-low-risk students to decide against high-risk drinking, it can be a factor in maintaining those choices.

Reportedly following the guidelines, however, and actually doing so, are not always equivalent. Six of those eighteen students who claimed to be following the guidelines "most of the time" reported current binge drinking. Eleven of this same group had engaged in high-risk drinking in the past two-weeks.

As mentioned previously, students who initially were not inclined to follow the guidelines maintained that position. Comments from a few indicated that they were not convinced of the need for low-risk drinking (e.g. "I live my own life and I set my own guidelines. I do not engaged [sic] in high risk behavior, but that has nothing to do w/any brainwashing/training'/education," "did not come w/any new information that uniquely impressed me," and "unrealistic and didn't make a whole lot of sense in Dartmouth terms").

### Low-risk Oriented Behaviors

Although one might not follow the guidelines, we also investigated movement towards other low-risk oriented behaviors after OCTAA which might be precursors to low-risk drinking. Students were asked if they had engaged in the following behaviors in the past month:

	Total Subsample	Not Follow	Follow
Thought about alcoholism	76%	74%	86%
Told someone information learned in the training	76	72	77
Told someone to cut down on drinking	39	43	39
Told someone about the low-risk guidelines	52	14	59*
Thought about the low-risk guidelines	65	29	72*
Cut down on your drinking	27	14	30
Actively sought out support for low-risk choices	9	0	10
Read the OCTAA booklet	15	14	15
Recommended OCTAA to others	20	0	23*
Seen a counselor	13	0	15
Wondered about your trigger level	26	29	26
Wondered about your tolerance level	46	43	46

The differences which exist between those following the guidelines at least most of the time and those not following the guidelines are three directly related to OCTAA (both thinking and telling about the low-risk guidelines and recommending OCTAA to others). Interestingly enough, those who are not following the guidelines are just as likely to tell others information learned in the training than those who are following them. Both numbers are fairly high, three-quarters of the group, which indicates that many learned some information they felt was worth passing on to others. The fact that about as many non-followers as followers wondered about their trigger and tolerance levels suggests that this was very salient, and possibly useful, information for both groups.

### State-dependent Activities and Friendships

There was some activity by this group concerning changes of either state-dependent activities or friendships. Almost 10% reported having stopped a state-dependent activity, and an additional 17% answered "maybe," for a total of 26%. Five percent (two students) reported having stopped a state-dependent friendship, with another one student answering maybe, for a total of seven percent. There were more students who had thought about these issues. Thirty-six percent answered either "yes" or "maybe" to having thought about stopped a state-dependent activity, and 12% answered the same for friendships. There were no differences between those who reported following and not following the guidelines.

Eighteen students wrote that they had no state-dependent activities or friendships to think about or stop. Six students commented about changes in such activities. Two of these had acted upon attending fraternity parties (e.g. "I've become more disenchanted w/the emphasis placed on fraternity parties," and "haven't attended fraternity parties as much"). Two had stopped state-dependent friendships with "people in my life that were only there because I drank with them." Another student had thought about "the fact that my boyfriend and I only fight when drunk."

### Knowledge Questions

There were no statistically significant differences between the first and second post-tests. Differences which existed between the pre- and first post-test were maintained in this second post-test. This indicates that there was no slippage of knowledge in the intervening time, as well as that there were no significant changes among those who did not answer the items in the prescribed manner after the training.

### Becoming an OCTAA Presenter

The majority of students (76%) were not interested in being trained to present OCTAA. Four students (9%) were interested in being trained, and an additional 16% were not sure if they would like to be trained. As might be expected, all those who were interested in or were at least unsure about being trained reportedly following the guidelines.

### Negative Consequences Due to Alcohol Use

The following figures reflect the percentages of respondents who have experienced the particular negative consequence **at least once in the last month**. Again, the first past-month period included time not in school. The bold type indicates statistically significant changes based upon matched-pairs t-tests: significantly fewer instances of nausea or vomiting after OCTAA ( $t=2.1, p=.04$ ), and marginally significant differences in driving under the influence ( $t=1.8, p=.08$ ).

Total Sample	Subsample Pre-OCTAA	Subsample Post-OCTAA	
28%	22%	17%	Had a hangover
20	17	6	<b>Got nauseated or vomited</b>
15	15	15	Done something I later regretted
10	13	9	Been criticized by someone I know
12	4	9	Had a memory loss
6	4	4	Missed a class
6	4	2	Got into an argument or fight
6	6	0	<b>Driven a car while under the influence</b>
6	4	2	Been hurt or injured
6	4	6	Thought I might have a drinking problem
3	2	2	Have been taken advantage of sexually
2	0	0	Been in trouble with police, resident hall, or other college authorities
2	2	4	Performed poorly on a test or important project
1	0	0	Have taken advantage of another sexually
1	0	0	Tried unsuccessfully to quit
1	0	0	Seriously thought about suicide
0	0	0	Seriously tried to commit suicide
0	0	0	Been arrested for DWI/DUI
0	0	0	Damaged property, pulled fire alarm, etc.

### Final Comments

The last section of the second post-test questionnaire gave students a chance to remark upon any opinion changes about OCTAA since the training, or any other issues they might like to air. Almost half of those returning questionnaires took this opportunity.

Negative comments mostly reiterated those we saw in the first post-test, that is, that the program was long, boring, and not relevant to Dartmouth students.

In the positive or neutral comments, however, there was some new information:

*put up OCTAA-propaganda (i.e. flyers saying 30% of Dartmouth doesn't drink-you're not alone!!)*

*would have been helpful to me (as a UGA) to learn more about how to recognize & handle alcohol related situations*

*Doesn't seem to be understood by those who need it. I guess that's always the problem...*

About one-third had positive remarks about the influence of OCTAA on their lives:

*I definitely am glad that I was given this training...I have benefited from the info presented*

*I was at a point in my life when I was ready to examine certain things...the OCTAA training was a very good vehicle for that examination.*

*very helpful-it made me aware of risk factors...I noticed that my little brother was very high risk...almost scared me to know that I'd seen the signs mentioned in the program but did & said nothing to him.*

*...can be a very helpful program & I'm glad I learned some of the things I did-especially in retrospect...*

*My perceptions about drinking has [sic] changed as a result of attending OCTAA. I am more sensitive and more cognizant of drinking issues.*

### **Conclusions**

While at the follow-up 85% of the students claimed to be following the OCTAA low-risk drinking guidelines, there are several qualifiers to this finding. First, many claimed to have been drinking in such a manner even before the OCTAA training. If this were the case, it seems as if OCTAA's main value might be in helping such students maintain their choices. There is some qualitative evidence to support this, although it was not a view claimed by many of the participants. Secondly, almost three-quarters of the students who claim to be following the guidelines most of the time are still engaging in high-risk drinking, and some are drinking to the point of being classified as bingers. Finally, there needs to be a better return rate on follow-up questionnaires, as it might be the case that there are selective returns based upon following the guidelines. Those not following the guidelines might be less inclined to fill out and return the questionnaires. Methods to increase participation in the third post-test, such as administering the questionnaire in an already scheduled UGA function, hopefully would bolster the return rate.

It is encouraging, however, that there was no reduction in knowledge gained from OCTAA over the one to two month period between the training and follow-up measure. This indicates that participants did maintain key points raised in the training which have the potential to impact their drinking habits.

There were two changes in the negative consequences due to alcohol use. The timing of the training, while helpful in fulfilling program needs, was not conducive to the evaluation, since it significantly reduced the incidents of alcohol use and related negative consequences used as pre-OCTTA measures. To facilitate understanding the role of OCTAA in student's lives, the organizers might consider postponing such a training until two weeks into the term.

An overwhelming finding which colors the participant's OCTAA experience is the variability of the trainers. Nearly every quantitative variable of satisfaction was influenced by the group variable. Assuming that the composition of the groups were equally determined, the main factor influencing these choices is the facilitators. One sees this most clearly in the example of group three, in which there was marked dissatisfaction both with one trainer and the OCTAA material. That students in this group rebelled against how the facilitators were "forced" to comply with the OCTAA methodology and material points to one conclusion: one or both of the facilitators portrayed this opinion to the group. If we assume that none of the participants previously had had exposure to OCTAA, or could have known otherwise about the mandate of sticking to the material, the only way they would have known this was if facilitators had communicated it. Although there were no observations of the trainings, it seems likely that one or both of the trainers were at least in some way responsible for portraying the program in a negative way to their participants. As the OCTAA training for trainers dictates, giving in to resistance about the material in any fashion undermines its effectiveness. Future OCTAA programs should consider the ramifications of trainer variability on program effectiveness and satisfaction ratings.

Finally, length of the program, redundancy of material, and a perceived unsuitability for Dartmouth continue to be widely-held concerns by participants. It seems likely that these complaints will continue, and ultimately effect the ability to entice students to participate in the program. Unless these issues are addressed, there will be continued resistance to OCTAA by those who might be its best advertisers.



### Dartmouth OCTAA Questionnaire

Please take a few minutes to answer the following questions as accurately as possible. If you feel you cannot answer a particular question, leave it blank. Your answers will help us make a better program! Please circle the letter of your response.

When we ask about a "drink," we mean a bottle of beer, a glass of wine, a wine cooler, a shot glass of liquor, or a mixed drink.

1. Do you agree with the following statements?  
Please circle your response.

- a. Drinking probably won't hurt you if you don't get drunk.  
Strongly Agree      Agree      Disagree      Strongly Disagree
- b. People who have a high tolerance for alcohol are more likely to develop alcoholism.  
Strongly Agree      Agree      Disagree      Strongly Disagree
- c. Having one or two drinks every night is more harmful than having five or six drinks one night a week.  
Strongly Agree      Agree      Disagree      Strongly Disagree
- d. It's probably safe for an experienced driver to drive after a few drinks.  
Strongly Agree      Agree      Disagree      Strongly Disagree
- e. I could develop alcoholism.  
Strongly Agree      Agree      Disagree      Strongly Disagree
- f. There is nothing wrong with encouraging people to get drunk.  
Strongly Agree      Agree      Disagree      Strongly Disagree

2. In the past two weeks, how many drinks did you consume on each of the following days? (Please write the number of your response next to the day.)

*Last week...*

Sunday \_\_\_\_ Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday \_\_\_\_ Saturday \_\_\_\_

*A week ago...*

Sunday \_\_\_\_ Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday \_\_\_\_ Saturday \_\_\_\_

3. On how many occasions, if any, have you used alcohol...

...in the past 30 days?

A. 0 B. 1 C. 2 D. 3-5 E. 6-9 F. 10-19 G. 20+

...in the past year?

A. 0 B. 1 C. 2 D. 3-5 E. 6-9 F. 10-19 G. 20+

...in your lifetime?

A. 0 B. 1 C. 2 D. 3-5 E. 6-9 F. 10-19 G. 20+

4. Do you consider yourself in recovery from alcohol use?

- a. Yes, in recovery now
- b. No, but was in recovery in the past
- c. No, have never been in recovery

5. Have any of your biological family had alcohol problems?

- a. Yes, a parent or grandparent
- b. Yes, other family member(s)
- c. No
- d. Don't know

6. How would you characterize your drinking?  
Do you make any effort to limit your drinking? Why or why not?

7. On how many occasions, if any, have you used marijuana...

...in the past 30 days?

A. 0 B. 1 C. 2 D. 3-5 E. 6-9 F. 10-19 G. 20+

...in the past year? \_\_\_\_\_

A. 0 B. 1 C. 2 D. 3-5 E. 6-9 F. 10-19 G. 20+

...in your lifetime?

A. 0 B. 1 C. 2 D. 3-5 E. 6-9 F. 10-19 G. 20+

8. On how many occasions, if any, have you used tobacco (cigarettes, chew, snuff)...

...in the past 30 days?

A. 0 B. 1 C. 2 D. 3-5 E. 6-9 F. 10-19 G. 20+

...in the past year?

A. 0 B. 1 C. 2 D. 3-5 E. 6-9 F. 10-19 G. 20+

...in your lifetime?

A. 0 B. 1 C. 2 D. 3-5 E. 6-9 F. 10-19 G. 20+

9. Please indicate how often you have experienced the following due to your drinking during the last month.

	Never	Once	Twice	3 or more times
a. Had a hangover.....	0	1	2	3+
b. Performed poorly on a test or important project.....	0	1	2	3+
c. Been in trouble with police, resident hall, or other college authorities.....	0	1	2	3+
d. Damaged property, pulled fire alarm, etc.....	0	1	2	3+
e. Got into an argument or fight.....	0	1	2	3+
f. Got nauseated or vomited.....	0	1	2	3+
g. Driven a car while under the influence.....	0	1	2	3+
h. Missed a class.....	0	1	2	3+
i. Been criticized by someone I know.....	0	1	2	3+
j. Thought I might have a drinking problem.....	0	1	2	3+
k. Had a memory loss.....	0	1	2	3+
l. Done something I later regretted.....	0	1	2	3+
m. Been arrested for DWI/DUI.....	0	1	2	3+
n. Have been taken advantage of sexually.....	0	1	2	3+
o. Have taken advantage of another sexually.....	0	1	2	3+
p. Tried unsuccessfully to quit.....	0	1	2	3+
q. Seriously thought about suicide.....	0	1	2	3+
r. Seriously tried to commit suicide.....	0	1	2	3+
s. Been hurt or injured.....	0	1	2	3+

10. How old are you? \_\_\_\_\_
11. What year are you? \_\_\_\_\_
12. What is your sex?
- a. Female
- b. Male
13. Are you a member of a fraternity or sorority?
- a. Yes \_\_\_\_\_
- b. No
14. What are the last four digits of your Social Security number? \_\_\_\_\_  
(This information is used to match subsequent questionnaires you will be asked to complete, and cannot be used to identify individuals.)

Thank you for your cooperation! If you have any comments, list them on the back of this sheet.

Dartmouth OCTAA Questionnaire 

last 4 digits of SS number \_\_\_\_\_

Please take a few minutes to answer the following questions as accurately as possible. If you feel you cannot answer a particular question, leave it blank. Your answers will help us make a better program!

1. Do you agree with the following statements?  
Please circle your response.
- a. Drinking probably won't hurt you if you don't get drunk.
- Strongly Agree      Agree      Disagree      Strongly Disagree
- b. People who have a high tolerance for alcohol are more likely to develop alcoholism.
- Strongly Agree      Agree      Disagree      Strongly Disagree
- c. Having one or two drinks every night is more harmful than having five or six drinks one night a week.
- Strongly Agree      Agree      Disagree      Strongly Disagree
- d. It's probably safe for an experienced driver to drive after a few drinks.
- Strongly Agree      Agree      Disagree      Strongly Disagree
- e. I could develop alcoholism.
- Strongly Agree      Agree      Disagree      Strongly Disagree
- f. There is nothing wrong with encouraging people to get drunk.
- Strongly Agree      Agree      Disagree      Strongly Disagree
2. Do you have any comments about your responses to the above statements?

3. Overall, rate how you enjoyed the OCTAA program.
- |               |   |                |   |                      |
|---------------|---|----------------|---|----------------------|
| 1             | 2 | 3              | 4 | 5                    |
| Enjoyed a lot |   | Mixed Feelings |   | Did not enjoy at all |
4. Do you think the material, in general, was helpful? —
- |                   |   |                    |   |                    |
|-------------------|---|--------------------|---|--------------------|
| 1                 | 2 | 3                  | 4 | 5                  |
| Yes, very helpful |   | Moderately helpful |   | Not helpful at all |
5. What was it about the material which makes you think so?
6. Please rate how interesting you think the program was.
- |                  |   |                        |   |                        |
|------------------|---|------------------------|---|------------------------|
| 1                | 2 | 3                      | 4 | 5                      |
| Very interesting |   | Moderately interesting |   | Not interesting at all |
7. How likely are you to recommend the OCTAA program to other students?
- |             |   |          |   |                   |
|-------------|---|----------|---|-------------------|
| 1           | 2 | 3        | 4 | 5                 |
| Very likely |   | Possibly |   | Not likely at all |
8. Why would you recommend, or not recommend, OCTTA to other students?

9. What did you like **most** about the program?
10. What did you like **least** about the program?
11. If you could change aspects of the OCTAA program, what might you change? Why?
12. Do you think that you will follow the low-risk guidelines you learned about in this program?
- a. Yes
  - b. No
  - c. Unsure
13. Why or why would you not follow the low-risk guidelines?
14. This program can be presented in a variety of ways: one eight-hour session, two four-hour sessions, four two-hour sessions, or eight one-hour sessions.
- a. Do you think the two four-hour sessions were effective?

b. Would you have preferred another time format? Please tell us why or why not.

c. Was the time of day convenient for you? Again, please tell us why or why not.

d. How about the breaks? Enough? Not enough? Long enough, too long or too short?

15. Please rate the presenters using the following criteria:

a) <u>Alison Keefe</u>	<u>Excellent</u>		<u>Average</u>		<u>Poor</u>
Presentation style	1	2	3	4	5
Clarity of material	1	2	3	4	5

Comments:

b) <u>Scott Brown</u>	<u>Excellent</u>		<u>Average</u>		<u>Poor</u>
Presentation style	1	2	3	4	5
Clarity of material	1	2	3	4	5

Comments:

Thank you for your cooperation! If you have any comments, list them below or on the back of this sheet.

John Pryor  
603/650-1449



5. State-dependent learning refers to activities or people we associate with only when making high-risk drinking choices. Please think about your behavior relative to state-dependent activities or friendships since OCTAA.

If you believe that you did not have any state-dependent activities or friendships before OCTAA, check here \_\_\_\_\_ and skip to question 7. Otherwise, please continue with this question.

Have you...

	<u>Yes</u>	<u>No</u>	<u>Maybe</u>
a. stopped any state-dependent activities?	Y	N	M
b. thought about stopping state-dependent activities?	Y	N	M
c. stopped any state-dependent friendships?	Y	N	M
d. thought about stopping any state-dependent friendships?	Y	N	M

6. Can you give us any examples of any of these changes?

7. Do you agree with the following statements?  
Please circle your response.

- a. Drinking probably won't hurt you if you don't get drunk.
- Strongly Agree                  Agree                  Disagree                  Strongly Disagree
- b. People who have a high tolerance for alcohol are more likely to develop alcoholism.
- Strongly Agree                  Agree                  Disagree                  Strongly Disagree
- c. Having one or two drinks every night is more harmful than having five or six drinks one night a week.
- Strongly Agree                  Agree                  Disagree                  Strongly Disagree

- d. It's probably safe for an experienced driver to drive after a few drinks.
- Strongly Agree            Agree            Disagree            Strongly Disagree
- e. I could develop alcoholism.
- Strongly Agree            Agree            Disagree            Strongly Disagree
- f. There is nothing wrong with encouraging people to get drunk.
- Strongly Agree            Agree            Disagree            Strongly Disagree

8. Do you think you would like to be trained to give the OCTAA program to other Dartmouth students?
- a. Yes  
b. No  
c. Not sure

9. In the past two weeks, how many drinks did you consume on each of the following days?  
(Please write the number of your response next to the day.)

*Last week...*

Sunday \_\_\_\_ Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday \_\_\_\_ Saturday \_\_\_\_

*A week ago...*

Sunday \_\_\_\_ Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday \_\_\_\_ Saturday \_\_\_\_

10. How often, if ever, have you smoked cigarettes during the past 30 days?
- a. Not at all  
b. Less than one cigarette per day  
c. One to five cigarettes per day  
d. About one-half pack per day  
e. About one pack per day  
f. About one and one-half packs per day  
g. Two packs or more per day

11. How often, if ever, have you used marijuana during the past 30 days?

- a. Not at all
- b. Once or twice
- c. Once or twice per week
- d. Three to five times per week
- e. About once a day
- f. More than once a day

12. Please indicate how often you have experienced the following due to your drinking during the last month.

	<u>Never</u>	<u>Once</u>	<u>Twice</u>	<u>3 or more times</u>
a. Had a hangover.....	0	1	2	3+
b. Performed poorly on a test or important project.....	0	1	2	3+
c. Been in trouble with police, resident hall, or other college authorities.....	0	1	2	3+
d. Damaged property, pulled fire alarm, etc.....	0	1	2	3+
e. Got into an argument or fight.....	0	1	2	3+
f. Got nauseated or vomited.....	0	1	2	3+
g. Driven a car while under the influence.....	0	1	2	3+
h. Missed a class.....	0	1	2	3+
i. Been criticized by someone I know.....	0	1	2	3+
j. Thought I might have a drinking problem.....	0	1	2	3+
k. Had a memory loss.....	0	1	2	3+
l. Done something I later regretted.....	0	1	2	3+
m. Been arrested for DWI/DUI.....	0	1	2	3+
n. Have been taken advantage of sexually.....	0	1	2	3+
o. Have taken advantage of another sexually.....	0	1	2	3+
p. Tried unsuccessfully to quit.....	0	1	2	3+
q. Seriously thought about suicide.....	0	1	2	3+
r. Seriously tried to commit suicide.....	0	1	2	3+
s. Been hurt or injured.....	0	1	2	3+

13. We have many helpful comments about OCTAA from your previous evaluation forms.

Do you have any additional comments at this time? An opinion which had changed, or any new comments about the program?

Thank you again for your ongoing help with the OCTAA program!