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The Motives and Experiences of College Students Who Choose to Abstain from Drinking Alcohol

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THE MOTIVES AND EXPERIENCES OF COLLEGE STUDENTS WHO CHOOSE TO ABSTAIN FROM DRINKING ALCOHOL

A Dissertation submitted in partial fulfillment of the requirements for the degree of Ph.D. at Virginia Commonwealth University.

by

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Abstract

THE MOTIVES AND EXPERIENCES OF COLLEGE STUDENTS WHO CHOOSE TO ABSTAIN FROM DRINKING ALCOHOL

By Lisa Proakis-Stone, Ph.D.

A Dissertation submitted in partial fulfillment of the requirements for the degree of Ph.D. at Virginia Commonwealth University.

Virginia Commonwealth University, 2006

Major Director: Dr. Richard C. Gayle, Associate Professor, Department of Exercise Science

Objective: Numerous studies trying to find the causes and implications of binge drinking on college campuses have focused their attention on the heavy drinkers. The purpose of this study was to understand why and how college students choose to abstain from drinking. The study also examined the experiences of the abstaining college students on a campus where 83% of the student body drinks.

Methods: Twelve undergraduate students from the University of Richmond participated in this qualitative study. Individual interviews using open-ended questions were conducted to ascertain the reasons for their abstinence and their experiences as college students. After the interviews, the 12 students were assigned to focus groups to discuss and compare their experiences and to test emergent themes.
Results: The three most often mentioned reasons for the decision to abstain were (a) they wanted to maintain control over their body and environment, (b) it is illegal to drink under age 21 and (c) they did not want to disappoint their parents. The students described needing strong personal convictions about the decision to abstain in order to stand up to social pressures to fit in. Most of the students (11) made the decision during their high school years. A supportive network of peers and high parental expectations helped solidify the decision to abstain throughout high school. The transition period into college and the development of a social network is the most difficult time to be an abstainer, since most social activities revolve around drinking. The meaning they gave to their experience on campus was that it is more difficult to develop a social network as an abstainer, but the relationships are deeper and more genuine than those developed over nights of drinking. Conclusions: The choice to abstain from drinking is often made during high school and maintained through social support. The transition into college and the lack of a social network is a tenuous period during which the decision to abstain is challenged. University administrators need to look into alternative ways in which new students can develop their social network where drinking is not the primary focus.
Introduction

Alcohol consumption by college students, both legal and under age, is not a new phenomenon. Excessive drinking was common during the “Roaring Twenties,” particularly during the Prohibition era. Keg parties have been weekend rituals at fraternity and sorority parties for the past century. The 1978 cinema comedy classic “Animal House” depicts a college campus culture in which drinking alcohol is considered normal, even expected, behavior. And while society may consider this behavior to be normal, it has not come without consequences. According to Hingson, Heeren, Winter, and Wechsler (2005), it is estimated that 1,700 college students between the ages of 18 and 24 die each year from alcohol-related unintentional injuries, including motor vehicle crashes, and more than 600,000 students between the ages of 18 and 24 are assaulted by another student who has been drinking. The same study reports that the percentage of 18-24 year old college students who drove under the influence rose significantly from 26.5% in 1999 to 31.4% in 2002 (RR = 1.18, 95% CI 1.13, 1.25). In 2001, 51% of the 8,242 traffic deaths among 18-24 year olds were alcohol-related.

Other alcohol-related problems reported by college students from a 2001 Harvard College Alcohol Survey (CAS) include missing a class due to alcohol (29.5%),
getting behind in schoolwork (21.6%), did something they regretted (35.0%), argued with friends (22.9%), forgot where they were or what they did (26.8%), engaged in unplanned sexual activity (21.3%) and got in trouble with police (6.5%). Of the students surveyed, 20.3% of them responded “yes” to five or more of the twelve alcohol-related problems listed on the survey. For those non-binge drinkers or abstainers living in dormitories or fraternity/sorority housing completing the 2001 CAS, 29% reported having been insulted or humiliated by a drunk student, 47.6% reported having to take care of a drunken student, 60.0% had their sleep or studying interrupted and 55.2% reported having experienced two or more secondhand effects of binge drinking. Clearly, heavy drinking is having a negative effect on college students, both drinkers and abstainers.

The Task Force of the National Advisory Council on Alcohol Abuse and Alcoholism (NIAAA) issued a report in which they call on school administrators to work collaboratively to change the campus culture in order to reduce the level of alcohol consumption by college students. The Task Force noted that efforts by some schools to control drinking have shown little success. One reason for the low success rate is the lack of research and collaboration about effective reduction strategies (National Advisory Council on Alcohol Abuse [NIAAA], 2002). Reduction strategies have focused on two fronts. The first means of reducing consumption has been to limit the ease at which students gain access to alcohol. The second reduction method has been to challenge students’ perceptions of what normative drinking levels are among
their peers. These efforts have been based on responses from various drug and alcohol surveys of college students.

While there has been extensive research on heavy drinking levels among college students, little information has been gathered from those who choose to abstain from drinking alcohol. In order to effectively reduce alcohol consumption among college students, it is necessary to understand the complex decision making process of both those who drink and those who abstain from drinking. It is also important to know how the campus culture supports or hinders a person’s decision not to drink. Previous research efforts have focused their attention on those who choose to consume alcohol. The purpose of this study is to investigate the attitudes and decision-making processes of college students who choose not to drink alcohol and the experiences they have as a non-drinker at a campus where alcohol use is prevalent.

Monitoring College Drinking Levels

Surveillance of alcohol consumption among adolescents and young adults has been performed by several government and academic institutions for the past few decades and are currently ongoing: (a) the Harvard School of Public Health College Alcohol Surveys, (b) the Substance Abuse and Mental Health Services Administration’s National Survey on Drug Use and Health (formally the National Household Survey on Drug Abuse), (c) the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System, (d) the Core Alcohol and Drug Survey from Southern Illinois University Carbondale and (e) the National College Health Assessment from the
American College Health Association are the leading surveillance tools collecting information about drinking behavior among youth. The Core, the National College Health Assessment and the Harvard studies focus their efforts on college youth only. While these studies look at consumption at varying levels of quantity and frequency, the primary focus of most studies is on the level of binge drinking among adolescents and young adults. This level of drinking has been associated with negative outcomes ranging from academic difficulties to death. Researchers have attempted to better understand this population's motives, habits and experiences in order to reduce alcohol consumption and, consequently, the incidence of negative events.

Wechsler, Davenport, Dowdall, Moeykens and Castillo (1994) define “binge” drinking as at least five drinks in a row for men and four drinks in a row for women at least once in the past 30 days. This 5/4 definition of binge drinking has met with some controversy from college groups and other researchers in the field as being too conservative and over exaggerating the problem (Educational Development Center [EDC], 2002). Those raising issue with the term feel that a “binge” best describes an event that lasts for a period of two or more days rather than just one sitting. The concern is also that the 5/4 quantity does not account for the period of time over which the alcohol was consumed, the body weight of the individual or any food consumed while drinking. When these factors are considered, drinking five drinks may not bring a person's blood alcohol concentration (BAC) to 0.08 gram percent or above, which is the level at which one is considered impaired and is the national legal limit (Berkowitz,
2003). However, to garner consistent terminology, the NIAAA National Advisory Council approved the following definition:

A “binge” is a pattern of drinking alcohol that brings blood alcohol concentration (BAC) to 0.08 gram percent or above. For the typical adult, this pattern corresponds to consuming five or more drinks (male), or four or more drinks (female), in about two hours. Binge drinking is clearly dangerous for the drinker and for society (NIAAA, 2004).

The NIAAA also confirmed the standard for a “drink” as a half of an ounce of alcohol which is equal to one 12-ounce beer, one 5-ounce glass of wine or one 1.5-ounce shot of distilled spirits (NIAAA, 2004). The primary surveillance organizations were all using these definitions prior to the NIAAA statement, which allows for cross comparisons of the results. For the purpose of this discussion, these definitions will also be used.

**College Alcohol Survey**

The Harvard School of Public Health has been researching alcohol use by college students since 1993 through the College Alcohol Study (CAS). The principal investigator, Henry Wechsler, has tracked the trends in alcohol use by college students through four surveys of 119 4-year colleges from 1993 to 2001. The 1993 survey began with 140 4-year colleges selected from the American Council of Education’s list of 4-year colleges and universities accredited by one of the six regional bodies covering the
United States (Wechsler, et al., 1994). The schools were chosen based on their ability to provide a random sample of students and their addresses within the time frame of the study. The 140 schools chosen came from 40 states and the District of Columbia. The final student sample of the 1993 study contained 28,709 full-time undergraduate students. The subsequent CAS surveys in 1997, 1999 and 2001 went back to the schools that participated in the 1993 survey. The attrition of 20 schools for inability to provide a representative sample in the time frame needed and the substantially lower response rate of one school left the 2001 survey with a sample of 119 schools. Each school provided 215 randomly selected student names for the study. The results for the 2001 study were based on a response rate of 52%. Wechsler and his colleagues reported the trends from the four Harvard studies over the period from 1993 to 2001 (Wechsler, Lee, Kuo, Seibring, Nelson & Nelson, 2002).

The survey asked questions regarding binge drinking during the two weeks prior to completing the questionnaire. Additionally, the students were asked questions regarding the frequency and quantity of their drinking during the past 30 days. Frequent binge drinkers were students who had binged three or more times in the past two weeks. Occasional binge drinkers were those who had binged one or two times in the same period. Non-binge drinkers were students who drank within the past year but had not binged within the previous two weeks. Abstainers were those students who had not consumed any alcohol in the past year (Wechsler, et al., 2002).
From 1993 to 2001, the study found a statistically significant increase in binge drinking rates at 5 of the 119 schools, while there was a slight increase at 62 (52%) of the 119 schools. There was also a statistically significant decrease in the binge drinking rate at 5 schools and a slight decrease in 57 (48%) schools. Overall, Wechsler and his colleagues found no linear trend in binge drinking rates over time. The proportion of students classified as binge drinkers had not changed significantly between 1993 and 2001, 43.9% and 44.4% respectively.

Although the overall rate of binge drinking has not changed, there was a trend toward increasing frequency of binge drinking. From 1993 to 2001, the proportion of frequent binge drinkers rose from 19.75% to 22.8% (OR = 1.21; 95% CI =1.13, 1.30 p< .0001). The overall percentage of students who reported drinking on 10 or more occasions during the past 30 days increased significantly from 18.1% to 22.6% over the testing period ( OR = 1.33; 95% CI = 1.21, 1.46 p< .0001). The proportion of students who reported being drunk more than three times within the previous 30 days increased from 23.4% to 29.4% (OR = 1.36; 95% CI = 1.25, 1.48 p< .0001). The survey results also showed an increase in the proportion of students responding that they drink to get drunk from 39.9% to 48.2% (OR = 1.4; 95% CI = 1.31, 1.51 p< .0001; Wechsler, 2004).

During the same time period, the proportion of occasional binge drinkers fell from 24.3% to 21.6% (OR = 0.86; 95% CI = 0.80, 0.92 p< .0001) and the proportion of non-binge drinkers also fell from 39.7% to 36.3% (OR = 0.86; 95% CI = 0.81, 0.92 p< .0001). The proportion of students choosing to abstain from alcohol actually increased
from 1993 to 2001 from 16.4% to 19.3% (OR = 1.22; 95% CI = 1.13, 1.32 p< .0001). The trends during this time period demonstrate a polarization of drinking behavior which is to say the proportion of students who are frequent binge drinkers increased, while the number of students not binging or abstaining also rose, leaving fewer students in the moderate range.

While the Harvard study has monitored the trends in drinking behaviors for the past decade, the primary focus of the program is to examine how state government and college alcohol control policies affect drinking behavior. The CAS looks at the how the school culture, easy access and low prices contribute to the drinking problems of college campuses. The CAS also monitors the role alcohol plays in other social/behavioral issues such as unsafe sexual practices, violence, academic difficulties and social conflicts (Harvard School of Public Health College Alcohol Study, 2002, About CAS section para. 3). The CAS has provided a great deal of insight on the use and consequences of alcohol consumption among college students, yet the discussion does not suggest ways to change the decision to drink by the student. The authors make recommendations on how to reduce consumption based on restrictive and punitive measures by the school and government rather than educational programs aimed at the students. While the Harvard CAS has tried to determine ways to reduce the level of frequent binge drinking, there is little understanding of the reasons why the level of abstention has increased. Since the CAS researchers did not question the reasons for abstention, it is unknown if stricter alcohol policies are to be credited for that increase.
Without asking questions of the abstainers, the CAS does not provide information about the reason these students have chosen not to drink.

**National Survey on Drug Use and Health**

The National Survey on Drug Use and Health (NSDUH) is an annual survey of the civilian, noninstitutionalized population of the United States aged 12 years old or older. Prior to 2002, the survey was called the National Household Survey on Drug Abuse (NHSDA). Due to improvements to the survey in 2002, the 2002 data constitute a new baseline for tracking trends in substance use and other measures. Therefore, estimates from the 2002 and 2003 NSDUHs cannot be compared with estimates from the 2001 and earlier NHSDAs. The survey was administered through a combination of computer-assisted face-to-face interviews and audio computer-assisted interviewing for reporting confidential information about illicit drug use and other sensitive materials. The total number of respondents 12 years and older for the 2003 survey was 67,784 sampled from 50 states (Substance Abuse and Mental Health Services Administration, 2004).

The definitions for alcohol consumption are similar to those of the Harvard study. The NSDUH survey defined the levels of drinking as *Current use*: at least one drink in the past 30 days (includes binge and heavy use), *Binge use*: five or more drinks on the same occasion at least once in the past 30 days (includes heavy use) and *Heavy use*: five or more drinks on the same occasion on at least five different days in the past
30 days. The definition for what constituted a drink was also similar to the Harvard
definition: one can or bottle of beer, one glass of wine or one shot of liquor.

The findings from the NSDUH survey are comparable to the Harvard results
with 43.5% of college students reporting binge drinking within the past month and
17.6% reporting heavy drinking within the same period. The NSDUH survey compared
young adults 18-24 enrolled in college full-time with those attending part-time or not
enrolled in college. Full-time college students reported past month drinking at a rate of
64.9% compared to 54.6% of those not enrolled full-time. Binge and heavy drinking
rates for college students were 43.5% and 17.6% respectively as compared to 38.7%
and 13.5% respectively for those not attending full-time (Substance Abuse and Mental
Health Services Administration, 2004). The results from this study suggest that there is
something about the full-time college environment, rather than just age, which
contributes to the drinking rates.

As for trends over time, there were no significant differences in drinking
behavior between the 2002 and 2003 surveys (Substance Abuse and Mental Health
Services Administration, 2004). The NSDUH does not report those abstaining from
alcohol, only those reporting use of alcohol, primarily binge and heavy drinking. Any
trends towards increased abstinence cannot be clearly inferred from the NSDUH data.
The survey does, however, highlight the need to look at full-time college students as a
particular group at risk of heavy drinking.
Behavioral Risk Factor Surveillance System

The Centers for Disease Control and Prevention (CDC) monitors health behaviors through the Behavioral Risk Factor Surveillance System (BRFSS) using computer-assisted telephone interviews of people 18 years of age. The 2003 national BRFSS included all 50 states, the District of Columbia and the territories of Puerto Rico, Guam and the Virgin Islands and is the latest year in which the data has been published at the time of this writing. The BRFSS has been conducted since 1984 and monitors adults on a variety of health behaviors from alcohol use to cancer screenings. The 2003 BRFSS questionnaire included three questions regarding alcohol consumption using the definition of a drink as “1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, or 1 shot of liquor” (Centers for Disease Control and Prevention [CDC], 1995-2004). Sixty percent of respondents ages 18-24 were considered at risk for having at least one drink in the past 30 days, while 10.5% of the same respondents were at risk for heavy drinking. Heavy drinking was defined as having an average of more than two drinks per day for men and an average of more than one drink per day for women (derived from responses to “total number of drinks per occasion” and the “total number of drink occasions in the past 30 days”). As for binge drinking, 31.8% of the respondents between 18-24 years of age said that they had consumed five or more drinks on at least one occasion within the past 30 days (CDC, 1995-2004). For respondents 25-34 years of age, the percentage of binge drinkers drops to 24.1% (CDC, 1995-2004). The CDC has been tracking responses to the question of binge drinking
since 1990 (there was no national data collected for years 1994, 1996, 1998 and 2000). In 1990, the percentage of respondents 18 years and older at risk for binge drinking was 15.3%. The percentage dropped to 14.5% the next year (CDC, 1995-2004). From 1991 to 2001, the percentage remained near 14.5% of respondents at risk for binge drinking. In 2002, the percentage at risk jumped to 16.5%. There was no data collected on those who abstain from alcohol. The length of time measured in the BRFSS survey was the past 30 days, so those who drank sporadically, but not in the last 30 days, were marked the same as those who did not drink at all. Although the steady percentage of binge drinking over the past 13 years does concur with the other studies, the BRFSS does not discriminate the 18-24 year old subjects by college attendance nor does it assess motive for behavior. Therefore, the BRFSS data have limited application towards understanding the process by which college students (or any young person) makes decisions regarding alcohol consumption.

Core Alcohol and Other Drug Survey

Southern Illinois University Carbondale is conducting the Core Alcohol and Other Drug survey. This ongoing project began in the late 1980s and was sponsored by the U.S. Department of Education. The Core survey collects data from 89 two- and four-year colleges around the United States. The 2004 survey results were drawn from a sample of 38,857 undergraduate students. Results from the 2004 survey are similar to those of the other surveillance instruments. The percentage of students who reported using alcohol at least once within the past 30 days was 74.7% while 85.6% said they
had a drink at least once within the past year. As for binge drinking, 49.8% of students reported they had engaged in binge drinking at least once during the two weeks prior to completing the survey which has risen from 41.7% of students reporting binge drinking in the 1995-96 report (Southern Illinois University [SIU], 2004, Library- National Sample Aggregate Data 2003 section; SIU 1998, Library- National Sample Aggregate Data 1995-96 section).

The Core survey also studies beliefs regarding the social and sexual effects of alcohol. Among the 12 beliefs surveyed, the students responding to the 2003 questionnaire believed alcohol helped in breaking the ice (77.4%), enhanced social activity (75.7%), facilitates male bonding (60.2%), facilitates peer connections (61.1%) and facilitates sexual opportunities (53.2%; SIU, 2004, Recent Statistics 2003 section). The inclusion of questions regarding the positive expectations of alcohol may help in understanding the motivation of college students to drink. Expecting a positive outcome from the consumption of alcohol may give some insight into why college students drink, yet the survey did not ask if these expectations were behind the initial decision to drink. Instead, the survey only asks whether the students agree with the posed statement (e.g. drinking facilitates peer connections) so it is unknown which came first; the decision to drink, then the positive outcome or a positive expectation and, therefore, the decision to drink. Also lacking in the Core report is any analysis or demographic information of those who abstained from drinking. The report does not include any data on negative expectations one may have with regards to drinking.
National College Health Assessment

The American College Health Association has been conducting the National College Health Assessment (NCHA) since 1998 surveying college students on a variety of health behaviors, including alcohol use. The NCHA help college administrators, health educators and health service providers administer the survey to their students. In the spring of 2000, 28 schools participated for a sample size of 16,024 students. In the spring of 2005, 71 schools participated for a total sample size of 54,111 students (American College Health Association, 2006, Participation Numbers section).

The study asks college students about alcohol quantity and frequency using similar definitions as the above national studies, although they do not use the term “binge drinking.” The survey inquires about drinking habits (as well as other behaviors) in the past 30 days and binge drinking within the past two weeks. From spring 2003 to spring 2005, there was little change in responses to the question: “Over the last two weeks, how many times, if any, have you had five or more alcoholic drinks at a sitting?” From 2003 to 2005, the percent of students reporting binge drinking has not changed (39.1% and 39.9% respectively). However, the percentage of abstainers has dropped from 17.5% to 15.2%. This further makes the point that the current reduction efforts are not effectively reducing the quantity and frequency of consumption among those students choosing to drink.
Reduction Efforts

Alcohol control measures have had little effect on the negative impact of drinking among our youth. The same is true with national efforts to reduce the availability of alcohol to adolescents and young adults through the increase of the drinking age to 21 years. Following the repeal of the 18th amendment, most states enacted restrictions on the consumption and purchase of alcohol to those 21 years of age and older. Between 1970 and 1975, 29 states reduced their minimum drinking ages to 18, 19 or 20 years of age after Congress passed the 26th amendment granting voting rights to 18 year olds. Many states began to reverse these laws in the early 1980s amid growing concern over the increase in alcohol-related motor vehicle crashes involving young people. In 1984, Congress passed the National Drinking Age Act, which withholds highway funds from any state that does not prohibit the sale or possession of alcohol from those less than 21 years of age. By 1988, all states had passed the necessary legislation to meet the federal requirements (NIAAA, 2004). By enacting this legislation, the minimum drinking age is above that of a high school student, thus making it more difficult to obtain alcohol. Considering the age of the traditional college student is typically between 17 and 22, alcohol possession is illegal for most of the college population as well. According to the National Highway Traffic Safety Administration (NHTSA), most states have enacted zero-tolerance laws which can revoke the driver’s license of a youth with any measurable blood alcohol level (0.00-0.02 g/dl depending on the state; National Highway Traffic Safety Administration
[NHTSA], 2002). Yet in 2003, 19% of drivers involved in fatal car crashes with a blood alcohol level 0.08 g/dl or above were between 16 and 20 years of age (National Center for Statistics and Analysis, 2003). Despite the government's attempts to legislate abstinence, illegal drinking is still common among young people.

Alcohol problems on college campuses are widely recognized. In their 2002 study of administrators at 747 US 4-year institutions, Wechsler, Seibring, Liu, and Ahl (2004) report that 15% of respondents consider alcohol a major problem at their school; it was considered a problem by 66% of administrators and a minor problem by 17%. To deal with this issue, some colleges have imposed consequences for students who drink. These include fines, performing community service, required attendance to educational program, referral to a treatment program and/or other disciplinary action. Thirty-four percent of all schools do not allow alcohol anywhere on campus. These schools were more likely to be small schools located in the southern United States, less competitive and historically Black. For religious affiliation of private schools, 62% of Protestant schools prohibited alcohol on campus compared to 8% of Roman Catholic schools and 13% of nonreligious affiliated schools (Wechsler, et al., 2004). Many schools are trying to restrict alcohol use at particular campus events. Mitchell, Toomey and Erickson (2005) report that 73% of the campuses in their survey of 73 colleges in Minnesota and Wisconsin restricted kegs on campus, 18% prohibited alcohol at Greek organizations and 85% restricted alcohol at sporting events. Forty-three percent of the schools surveyed by Wechsler, et al. prohibited alcohol in all campus residence halls.
At least 81% of schools surveyed offered at least some substance-free dorms or floors on campus. Public institutions were more likely to offer substance-free housing than private schools, 87.1% versus 77.7% respectively (Wechsler, et al., 2004).

Along with restrictions of alcohol on campus, many schools have provided educational materials to the students regarding college alcohol policies, penalties for breaking rules, how to recognize problems and how to seek help for alcohol-related problems. More than half of students completing the 2001 CAS reported receiving such material form their school (Wechsler, et al., 2002). Eighty-four percent of college administrators surveyed by Wechsler, et al in 2002 reported targeted educational efforts for those students most at risk for drinking: freshmen, fraternity or sorority members and athletes (Wechsler, et al, 2004).

In addition to offering a special course or lecture on the risks of alcohol use, nearly one-half (49%) of colleges surveyed by Wechsler, et al. (2003) participated in a social norms campaign. Made popular by Perkins & Berkowitz in 1986, this campaign is aimed at educating college students about alcohol use among their peers. Social norms research is based on what students perceive the norm behavior of their peers to be rather than knowing the actual norm of their peers’ behavior (Perkins & Berkowitz, 1986). The study found that college students perceive their peers to be consuming more alcohol than they actually are. This distorted perception, according to social norm proponents, allows students to believe their own drinking is significantly less than their peers, and therefore at a socially acceptable level. Social norms campaigns are
designed to educate individuals on the actual norms of the population thus changing the perceptions of behavior among the group. Social norms campaigns have been widely adopted among colleges as a means of reducing high risk drinking among the students. Posters, flyers, mailings, classes, trinkets (Frisbees, key chains, etc) have been distributed around campuses in an effort to adjust the perceived norm. These materials have statistical information regarding the alcohol use on campus. For instance, a poster might say: “three out of five XYZ University students drink less than five drinks when they go out.” The level to which these campaigns have been successful has varied among colleges. While some research has shown the campaigns contributed to a reduction in drinking levels, others have shown no change in behavior (Haines & Spear, 1996; Gomberg, Schneider & DeJong, 2001; Wechsler, Nelson, Lee, Seibring, Lewis, & Keeling, 2003; Thombs, Dotterer, Olds, Sharp & Raub, 2004). A more thorough discussion of the social norms research will follow in the next chapter.

With all of the research completed to date regarding alcohol consumption, binge drinking and negative consequences, no published study to date has investigated the many students making the decision not to drink. And even though the level of abstainers has increased over the past decade, most surveys neglected these students as part of their research base. If you do not drink alcohol, you are instructed to “skip to the next question.” Abstainers report the secondhand effects of alcohol on their lives (e.g. being a victim of violent behavior from a student who has been drinking).
Statement of the Problem

Despite legislation and educational programs aimed at reducing binge drinking, rates have failed to decline. In fact, the frequency of binging is on the rise among the college population. What has been learned thus far about those that drink has not affected behavior. Although these many surveillance programs have tracked alcohol use by college students over the years, they have not sufficiently answered the questions regarding why college students drink, and more importantly, why some students choose not to drink. Since there are approximately 15%-20% of college students at any given school who make the decision not to drink, it is just as important to find out why these students have made their choice to abstain as it is to learn why students choose to drink. Yet in all of these studies, not one survey has asked these students about the reasons for and/or factors related to their decision.

Purpose of the Study

The purpose of this study was to learn from the abstainer’s perspective why he or she has chosen not to drink alcohol, the factors that went into that decision and their experiences as an abstainer at college.

Research Questions

The study was focused on two distinct areas. The first was to understand the process by which the students came to the decision to abstain from drinking and what factors played an important role in that decision. The second focus of the study was to
understand the experiences of a college non-drinker from their point of view and to give meaning to those experiences.

Research Question 1 (Decision):

What is in a college student’s history or beliefs that they feel contributed to their decision to abstain from drinking alcohol?

Research Question 2 (Decision):

Which factors were most important in their decision to abstain?

Research Question 3 (Experience):

What are the experiences on college campus that support or hinder their decision?

Research Question 4 (Experience):

What meaning do they give as an abstainer on a college campus?

Methodology

The study utilized qualitative methods to elicit information regarding the decision to abstain and the experiences of the students. In-depth interviews were conducted on twelve undergraduate students from the University of Richmond. At the completion of the interviews, the students were assigned to one of three focus groups to compare their experiences as abstainers and to test emerging themes.
Literature Review

Little is known about the beliefs, decision-making process and experiences of college students who abstain from drinking alcohol. Consequently, this literature review will focus on those who consume alcohol beginning with a discussion of adolescent drinking, why college students drink and then how social norms campaigns try to reduce consumption levels. Finally, the review will discuss the demographics of college abstainers as found through the Education Development Center, Inc.’s Survey of College Alcohol Norms and Behavior as this will provide the first picture of those students who choose not to drink alcohol.

To best understand the motives or reasons for drinking in college one must first understand the complex nature of the decision-making process as it relates to alcohol use. Early alcohol research classified drinking motives into two general categories: intrinsic motivations (personal expectancies) and extrinsic motivations (social pressures). Many of these early studies of drinking behaviors found social pressure given as the primary reason for adolescent drinking (Feldman, Harvey, Holowaty & Shortt, 1999; Borsari & Carey, 2001; Schulenberg & Maggs, 2002). Researchers, therefore, focused on assessing the reality of those pressures. According to the 2003 Youth Risk Behavior Survey, one out of two high school students surveyed said they
drank some alcohol. One out of four of the same students said they binge drink. The most disturbing statistic in the report is that one out of four students said they had their first alcoholic drink before age 13 (Centers for Disease Control and Prevention [CDC], 2006). Those adolescents that begin drinking before age 14 have a greater likelihood of developing alcohol dependence within 10 years of drinking onset (Hingson, et al., 2006). During early adolescence, parental attitudes have the greatest influence on drinking behavior. As teens move toward late high school and into college, same-age peers have increasing influence on drinking quantity and frequency (Wood, Read, Mitchell & Brand, 2004). The pressures these adolescents receive from their peers are both direct or active (e.g., offering drinks, encouraging drinking or playing drinking games) and indirect or passive (e.g., modeling or perceived norms). Determining how these various influences affect the decision to drink and the quantity of alcohol consumed has been the focus of researchers trying to reduce college drinking.

As a result of early surveys on perceptions and alcohol use, it was revealed that college students overestimated the drinking level of their peers (Haines & Spear, 1996; Perkins & Wechsler, 1996). This is particularly true for college students who had high precollege peer norms (Bullers, Cooper & Russell, 2001). It is this misperception that has led to the development of social norms campaigns. It was theorized that by realigning the student’s perception of actual consumption levels of their peers, the student who is trying to conform to their referent group will drink less. Although many schools have adopted these social norms campaigns as the primary means of
discouraging binge drinking, the results have received mixed reviews. Analysis of these campaigns shows that the motives behind alcohol consumption may involve more than just conforming to peer pressure. The ability to predict behavior requires an understanding of an individual’s beliefs and attitudes regarding a particular action and the weight that each of these actions has on the decision-making process.

Why College Students Drink

There is no doubt that college life brings new stressors to young adults. The added responsibility of caring for oneself away from home, as well as the increase in academic work, amplifies stress and anxiety for most college students. The added stress of school life is suggested to be one of the causal factors of the high rate of alcohol use among college students. Park and Levenson (2002) found in their study of 260 undergraduates that 55.4% of men and 34% of women reported affirmatively that they used alcohol to cope. When asked about coping with a specific situation, 48% of men and 32% of women said they used alcohol at least slightly to cope with a stressor. A follow-up study by Park, Armeli and Tennen (2004) found that the use of alcohol to cope with daily stressors involves a complex decision-making process that considers positive and negative variables and indirect influences.

One factor that contributes to drinking as a means of stress release is the expectation one has about how alcohol will relieve that stress. A study by Goldstein, Wall, McKee and Hinson (2004) found “drinking to cope with a negative affect” was a significant predictor of students who expect drinking to improve social or situational
events. They also found the level of positive expectation of drinkers increased as the level of alcohol consumption increased. A 2002 study by Lecci, MacLean and Croteau of personal goals of 290 undergraduates to determine predictability of alcohol use and related problems reported a significant association between “drinking in order to cope” and “daily goal distress.” Although the study could not predict drinking level, it did show a significant interaction among drinking problems. The study also found that perceived life goals involving goal self-efficacy, meaningfulness and social support were inversely related to the likelihood of drinking as a means of coping and may serve as protective factors for drinking-related problems.

In a similar study by Lewis and O’Neill (2000), problem drinkers expected more relaxation and tension reduction as a result of alcohol consumption than non-problem drinkers. Since negative outcomes increase with alcohol consumption, it is difficult to determine the level to which heavy alcohol use was the result of or the culprit of the negative outcome. The study by Lewis and O’Neill also reported that problem drinkers believe that alcohol increases sexual arousal and sexual enhancement and improves cognitive and motor abilities and social behavior.

A 1994 study by M. Lynne Cooper set out to validate a four-factor model introduced by Cox and Klinger (1988, 1990) in which the definition of motive is expanded beyond a two-factor model of (a) drinking to reduce negative affect (coping motives) and (b) drinking to obtain social rewards (social motives). In their later work, Cox and Klinger further defined their model to include (c) drinking to enhance positive
mood (enhancement motives) and (d) drinking to avoid social cost (conformity motives) to the model. The purpose of the Cooper study was to investigate the extent to which the four motives were associated with unique drinking patterns distinct from one another. The target sample was adolescents ages 13-19. The results from the study show all four motives independently contributed to the prediction of quantity and frequency of alcohol consumption. Social motives were related to drinking at social gatherings and celebratory occasions such as parties with mixed-gender friends. Enhancing and coping motives were significant positive predictors of heavy drinking and drinking problems. Enhancement was a strong predictor of heavy drinking especially with same-sex friends or at bars where heavy drinking may be condoned. However, conformity motives were negatively related to heavy alcohol use, but positively related to drinking problems. Cooper suggests this may be due to the quantity that one feels pressured into consuming is similar to that of those drinking for social reason, but they do not drink with the same frequency (Cooper, 1994). Although the 1994 study population was adolescents, the results concur with previous work by Cooper, Russell and George in 1988 on adults. The 1988 study found that at every level of alcohol consumption, individuals who reported using alcohol to cope and who held strong positive expectancies for the effects of alcohol were more likely to abuse alcohol (Cooper, et al., 1988). Similarly, a study by Carey and Correia (1997) found drinking motives significantly predicted alcohol-related problems among college students. They also found no gender differences in drinking motives or in the prediction of alcohol-related problems.
Using Cooper’s four-factor model, Lecci, MacLean and Croteau (2002) examined personal goals to determine if nonalcohol-related motives could predict drinking motives. They found that nonalcohol goals serve as distal predictors of alcohol-related problems. They also found that self-efficacy, meaningfulness and social support of nonalcohol-related life goals serve as protective factors against heavy drinking. This concurs with findings from Borsari and Carey (2001) that social ease and socializing with an established group of friends help make college students more resilient to offers of alcohol.

Through the several surveys conducted by the Harvard College Alcohol Survey (CAS), lead investigator Henry Wechsler and his colleagues have found social factors that aid in the prediction of drinking behavior. In their report of the trends observed between the 1993 and 2001 Harvard CAS, Wechsler, et al. (2002) found an increase in both (a) frequent binge drinking and (b) “drinking to get drunk” as reasons for drinking and drunkenness. Among subgroups of traditional college students (the CAS defines “traditional student” as 18-23 years old, never married and living independently from parents), Wechsler, et al. found that 60.5% of White men and 54.3% of White women were binge drinkers, as well as 75.1% of fraternity members, 62.4% of sorority members, 63% of male athletes and 52.5% of female athletes. As for this traditional core group of students, 70.3% of those that reported drinking in the past year were binge drinkers. Although the rates of self-reported high school binge drinking dropped over the course of the study, the rise in binge drinking in college suggests there is
another predictor for binging other than early use. Using the 1999 CAS data, Weitzman, Nelson and Wechsler (2003) report college binge drinkers were more likely to choose “being social,” which is defined as having five or more close friends or spending time socializing, as a reason for drinking. They also found students who stated they had binged within the past two weeks were less likely than their peers to report that religion was important to them.

A 1999 report by Bradizza, Reifman and Barnes found several noteworthy social and coping reasons for drinking in adolescence (ages 13-16). Contrary to their expectations, social motive was a better predictor of alcohol misuse than coping motive, especially for mid-to-late adolescents. There was some limited evidence that there is a relationship between coping motives and alcohol misuse in the mid-adolescence age group. Bradizza, et al., also found racial differences in drinking motives. Social motive was found to predict alcohol misuse among Whites, but not among Blacks. Coping motives appeared to predict alcohol misuse in Black adolescents, but the sample size of Black misusers was small (n=13 versus n=108 Whites) so the authors suggest caution when interpreting these results (Bradizza, et al., 1999). Epstein, Botvin, Baker and Diaz (1999) found social influences to drink from friends, peers and family were related to alcohol use among Black and Hispanic seventh-grade participants in their study. They also found Hispanic adolescents consumed more alcohol per drinking occasion and had greater intention to drink in the future than Black adolescents. This held true for both
males and females. The researchers speculate that religiosity and/or coping motives may play a role in the difference, but did not predict a pattern in their study.

The reality of drinking motives is that there are many factors that play a role in an adolescent’s or teen’s choice to drink. Although there are many factors, each individual has a specific path that leads them to their decision to drink. It is understanding how the different factors affect the decision-making process that will allow for the understanding of drinking behaviors.

Social Norms Campaigns

Reports of alcohol use and misuse on college campuses have focused attention on the effects of social influences and/or motives on quantity and frequency drinking behavior among students. For example, the Harvard CAS study shows that college students who binge drink are more likely to report “because everyone else does” and “fitting in with others” as important reasons for drinking as compared with their non-bingeing peers. Students who acquired binge drinking behaviors in college were more likely than non-binge drinkers to inflate the definition of binge drinking. The students defined binge drinking as “eight or more drinks” for men and “six or more drinks” for women rather than the 5/4 definition widely accepted as the definition of binge drinking (Weitzman, Nelson & Wechsler, 2003). It is this overestimation of binge drinking that led Perkins and Berkowitz (1986) to suggest an education program aimed at correcting these misperceptions of peers’ drinking levels. They believe that students drink to the level that they feel is normal among their peers. If students overestimate the level at
which their peers are drinking, they may increase their drinking to match the
"perception" of normal on their campus. Many colleges and universities have adopted
this social norms approach to alcohol education. The education program is
implemented as a marketing campaign, with the actual drinking levels of the particular
campus appearing on the marketing materials. These campaigns have employed
traditional marketing techniques such as advertising brochures, posters, direct mail post
cards, phone messages, printed trinkets, etc. The messages include statements such as:
*3 out of 5 XYZ University students drink less than 4 drinks when they go out at night.*
Proponents of this approach believe that if the student knows the true drinking levels of
his/her peers, then they will drink less alcohol. Several colleges have studied the
effectiveness of their social norms campaigns and found mixed results.

A five-year study of a social norms campaign was conducted at Northern Illinois
University (NIU), a large public residential campus of 23,000 students, beginning in
1988 by Haines & Spear. The study began with baseline data gathering in the first year
and traditional education efforts encouraging abstention and/or moderation in the
second year. Years three through five utilized social norms marketing campaigns. In
the 1988 baseline data, 69.7% of the students perceived binge drinking (defined as
drinking six or more drinks for this study) as the norm, whereas the percentage dropped
to 57% in 1990 after the first year of the campaign and was sustained in the subsequent
two years of the study (Haines & Spear, 1996). The number of students self-reporting
binge drinking dropped from 43.0% to 34.2% from 1988 to 1992, whereas the national
average of binge drinking did not decline during that same period as surveyed by the Monitoring the Future study. Haines and Spear believe this finding indicates a positive response to the social norms campaigns although they acknowledge limitations to the study. The national definition of binge drinking was drinking five or more drinks at a setting, whereas, the NIU definition was six or more drinks. Despite the difference in the definition of binge drinking, there was no proportional drop in binging in the national survey while there was a significant decrease in the NIU sample during the same time period. However, the study did not have a control campus or control group, so the change in binge drinking may be explained by other cultural changes occurring on campus (Haines & Spears, 1996).

The success of the NIU program prompted many other schools to adopt the social norms approach to correct misperceptions regarding peer norms and to reduce binge drinking. The effectiveness of such programs has been measured through several studies. Mattern and Neighbors (2004) found that a change in drinking quantity was dependent on the change of direction of the perceived norm. If a student decreased the perceived norm of their peers, then they were likely to report a reduced level of personal consumption. Unfortunately, the opposite was also true. If a student increased their perception of the campus norm, then they would also demonstrate an increase in their personal consumption.

Wechsler, et al. (2003) evaluated the responses of students from the 1997, 1999 and 2001 CAS data sets of 37 schools that employed the social norms marketing
campaign and 61 schools that did not. The schools with social norms programs were more likely to have large enrollments (≥ 10,000 students) and were less likely to be affiliated with religious organizations. Wechsler and colleagues found no significant decreases on any of the alcohol consumption measures among social norms schools. In fact, the percentage of students who drank alcohol in the past month increased in the social norms groups, as well as the percentage of students who consumed 20 or more drinks within the past 30 days. They also found no significant trend increases or decreases in consumption at schools that did not have a social norms program (Wechsler, et al., 2003). As the first national evaluation of social norms programs, the results suggest that these campaigns alone will not serve to reduce the problem of binge or frequent drinking and as Mattern and Neighbors (2004) found, may increase drinking levels among some students. Studies by Thombs, Dotterer, Olds, Sharp, and Raub, (2004) and Gomberg, Schneider and DeJong, (2001) found social norms campaigns corrected students’ misperceptions about their peers’ drinking levels, but did not demonstrate a corresponding decrease in actual consumption levels. The effectiveness of the campaign on perceptions and drinking behavior depends on the “fidelity” of campaign implementation (DeJong, et al., 2006). How an institution markets the normative drinking rates and the saturation rate of that message affects the outcome of the campaign.

There are still several unanswered questions about norms and their influence on drinking behavior. One unanswered question is whether the student drinks to the
perceived level of their peers or instead chooses a social group that matches or exceeds their own drinking level to appear “normal.” A second question is what relationship the reference group (close friends versus “typical student”) has on perceptions and behavior. The perception of friends’ drinking levels may have a greater affect on drinking behavior than distal relationships. The biggest concern for future research on the efficacy of social norms programs is the development of consistent assessment measures as they relate to social norms research (Borsari & Carey, 2003). Despite these issues, social norms campaigns continue as the primary means for reduction of alcohol consumption at many schools as there are few proven alternatives available to college administrators.

The University of Richmond Social Norms Campaign

The University of Richmond (UR) is a 4-year private school with approximately 3,000 full-time undergraduate students. Ninety-two percent of the students live on campus for all four years in dormitories or campus-owned housing. All undergraduate students are required to attend a four-hour alcohol education course called “URAware”. The UR Aware class is based on the Prevention Research Institute’s (PRI) research-based education program called “Prime for Life” (PRI, 1999). UR Aware instructors are university faculty and staff who have attended PRI’s training program. The focus of the program is to discuss the biological and social factors that contribute to the development of alcoholism. The course addresses the physiological and psychological impact of alcohol use.
The University of Richmond has also been a part of the Educational Development Center’s (EDC) 5-year study of social norms campaigns. UR participated in the nationwide study from 2000-2004. The study consisted of providing a random sample of 300 students to EDC for participation in the mailing of surveys. All surveys were returned directly back to EDC for analysis. The surveys were coded by students so that follow-up postcards could be sent as reminders to complete and return the survey. The return rate was relatively high (52.2% return for 2001 and 41.1% for 2004) due to the follow-up procedures. The results of the surveys were given to UR officials in aggregate form so that no university faculty or staff could identify the respondent. Unfortunately, since the information was given in aggregate form, the demographics of binge drinkers or abstainers were not determined. The comparisons below were based on years 2001 and 2004, the four-year span of the study during which the marketing campaign was implemented. This ensured that all students in 2004 would have been exposed to the social marketing campaigns for their entire experience at UR. EDC combines the “actual” self-reported drinking rates for both men and women. The question regarding the “perceptions” of drinking levels of peers is separated for perception of males and perception of females. The descriptive statistics for alcohol use and perceived use is displayed in the following tables.
Table 1. What is the average number of drinks you consume IN A WEEK?

<table>
<thead>
<tr>
<th>Year</th>
<th>Range</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>0-40</td>
<td>8.83</td>
<td>8.88</td>
</tr>
<tr>
<td>2004</td>
<td>0-50</td>
<td>8.71</td>
<td>8.645</td>
</tr>
</tbody>
</table>

Table 2. When you PARTY, how many drinks do you usually have?

<table>
<thead>
<tr>
<th>Year</th>
<th>Range</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>0-15</td>
<td>5.90</td>
<td>3.17</td>
</tr>
<tr>
<td>2004</td>
<td>0-13</td>
<td>5.23</td>
<td>2.863</td>
</tr>
</tbody>
</table>

Table 3. Think back over the last two weeks: What was the GREATEST number of drinks you consumed in one sitting?

<table>
<thead>
<tr>
<th>Year</th>
<th>Range</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>0-27</td>
<td>7.93</td>
<td>5.13</td>
</tr>
<tr>
<td>2004</td>
<td>0-20</td>
<td>7.32</td>
<td>4.052</td>
</tr>
</tbody>
</table>

Table 4. Think back over the last two weeks: How many times have you had FIVE OR MORE DRINKS at one sitting?

<table>
<thead>
<tr>
<th>Number of times</th>
<th>Percent Responded Yes 2001</th>
<th>Percent Responded Yes 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>38.1</td>
<td>36.6</td>
</tr>
<tr>
<td>1</td>
<td>14.2</td>
<td>14.6</td>
</tr>
<tr>
<td>2</td>
<td>12.3</td>
<td>13.0</td>
</tr>
<tr>
<td>3 or more</td>
<td>32.9</td>
<td>33.3</td>
</tr>
</tbody>
</table>

Table 5. How many alcoholic drinks do you think Male/ Female students at this school have when they party?

<table>
<thead>
<tr>
<th>Year</th>
<th>Range</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males 2001</td>
<td>3-21</td>
<td>8.32</td>
<td>2.98</td>
</tr>
<tr>
<td>Males 2004</td>
<td>2-17</td>
<td>8.08</td>
<td>2.862</td>
</tr>
<tr>
<td>Females 2001</td>
<td>2-11</td>
<td>5.00</td>
<td>1.74</td>
</tr>
<tr>
<td>Females 2004</td>
<td>2-10</td>
<td>5.14</td>
<td>1.818</td>
</tr>
</tbody>
</table>
Although the social marketing campaign, “Just the Facts,” had been implemented campus-wide since 2001, only 30.1% of the students said “Yes” to the question “Have you seen or heard of the slogan “Just the Facts” around campus?” on the 2004 survey. These “fact” sheets were based on the results from the 2000 survey and were posted in various places around the campus such as dormitories/residence halls, classrooms, student center and in the school newspaper. These “fact” sheets would say “50% of students at UR drink 0-4 drinks when they party.” These “facts” were also integrated into the mandatory alcohol education class, although the phrase “Just the Facts” may not have been tied to the slogan. Despite the effort to reduce heavy drinking quantity and frequency, there has been little change in the self-reported levels over the four years. In fact, the mean perceived drinking quantity for women actually rose slightly. The number of times UR students drank 5 or more drinks in a sitting also rose slightly during the campaign time period (EDC, Survey of College Alcohol Norms and Behavior, 2000; 2001; 2004). This confirms the previous assessments by Wechsler and others that social norms marketing programs have had little to no impact on the drinking levels of college students suggesting that there is an influence on the decision to drink alcohol (and perhaps not to drink) other than the perceived drinking rates of peers (Wechsler, et al., 2003).

Demographics of College Abstainers

In a study submitted for publication, Jiun-hau Huang (2003) utilized the data gathered from the Education Development Center, Inc.’s Survey of College Alcohol
Norms and Behavior (SCANB) to examine the characteristics of students who abstain from drinking. The SCANB is a survey administered to 32 four-year institutions who are participating in the Social Norms Marketing Research Project (SNMRP) which is a 5-year national research study evaluating the effectiveness of social norms marketing campaigns on high-risk drinking at college campuses. The study is funded by the National Institute on Alcohol Abuse and Alcoholism and the U.S. Department of Education. The institutions ranged in size from 2,000 to 31,000 undergraduates and varied in terms of residential status, public and private status, student demographics and region of the United States.

Huang used the survey results from the 2000 and 2001 surveys for a total sample size of 4,780 survey respondents. Approximately one in five (20.5%) of the students were categorized as an abstainer. To qualify as an abstainer, the respondent had to mark zero consumption for all four consumption questions. The results of the multivariate logistical regression models found that males were 66% more likely to abstain than female students (although there were more female respondents in the sample, 61% versus 39% men). Students under 21 years of age were three times more likely to abstain than those 21-23 years. Those not participating in Greek/social clubs activities were almost six times more likely to abstain than those spending six or more hours a week in those activities. Greek/social membership itself was not a significant predictor of alcohol use, but rather the time spent in the activities. Students whose mother was an abstainer were 1.5 times as likely to abstain, whereas the father’s
abstention was not a significant factor. A student with a close abstaining friend was three times more likely to abstain, although little is know if the friend was an influence on the decision not to drink, or if abstainers find friends with a similar value set (Huang, 2003).

The student's own attitude provided the strongest association with abstention. Those who felt that drinking alcoholic beverages "was never a good thing to do" were 25 times as likely to abstain as compared to those who felt it was okay to get drunk. Those who perceived their friends felt like drinking was never okay were also more likely to abstain. Students who spent six hours or more per week in religious group activities were seven times more likely to abstain, unless they served in a leadership role, then they were less likely to abstain. Working students were less likely to abstain than those who didn't work.

The objective of this present study was to learn how the college students who choose to abstain from drinking alcohol came to that choice and what factors were involved in the decision. Using emergent design, this qualitative study consisted of in-depth interviews aimed at learning the beliefs about alcohol. The interviews also looked at the student's experiences in college as an abstainer and how those experiences supported or hindered their decision not to drink. Focus groups were used to bring the participants together so they could discuss their experiences as abstainers and give meaning to those experiences. By developing a more thorough picture of the abstaining college student and how he/she came to be one, we can gain a better understanding of
the factors that predispose a college student to drink or to abstain and how to influence that choice in order to lower the college binge drinking rate.
Methods

The present study used qualitative study techniques to determine the (a) reasons why college students choose alcohol abstinence and (b) their related experiences in an environment where alcohol use is prevalent. A qualitative study was chosen to capture the deep understanding of the problem from the participant’s perspective. The process was inductive, that is to say searching for common meanings or themes from the participants’ stories (Bogdan & Biklen, 1998). There was no preconceived hypothesis as to the reason that these students have chosen to abstain from drinking. Through the semi-structured open-ended interview, the participants voiced their reasons for their decision as well as gave meaning to that choice. The focus group discussions were used to test the emerging themes that arose from the individual interviews. The analysis revealed factors that contributed to the decision to abstain, when those factors affected the decision and how that affected the lives of the college students.

Study Site

The study site was the University of Richmond undergraduate student body. This University was chosen because of its inclusion in the Education Development Center’s (EDC) Social Norms Marketing Research Project. The University of
Richmond is a 4-year private institution with just under 3,000 full-time undergraduate students. The campus is considered a residential campus with 92 percent of the students living on campus for all four years in dormitories or campus-owned apartments. There are opportunities to live on campus in a dormitory designated as “substance free.” The undergraduate student population is primarily of traditional college age (18-22 years old).

Recruitment

The participants were 12 students, seven women and five men, from the undergraduate student body. According to University marketing information, 12% of the students are of color and 5% are international students. Two of the twelve participants were African Americans. All study participants must have lived in the United States since birth. International students were excluded as their cultural perspective and home countries’ laws regarding alcohol use may have confounded the data. The participants included four freshmen, three sophomores, four juniors and one senior. They were recruited through campus-wide flyers in residential dorms and common areas (see Appendix A). Participants were also solicited through a campus-wide e-mail messaging system. Each potential participant was screened by a short telephone survey to determine if they met the following inclusion criteria:

- full-time undergraduate status attending the University of Richmond;
• abstained from alcohol for at least 12 months prior to the study (based on definitions of abstainers from both the Harvard College Alcohol Study and the Survey of College Norms and Behavior, Wechsler, 2002; EDC, 2003);

• abstains from other mind-altering substances;

• able to attend both the initial interview and one of three follow-up focus groups;

• At least 18 years of age.

Students meeting the criteria were included in the potential pool of interviewees. The first 11 students who inquired were chosen because they provided a diverse mix of ages, race and gender. The twelfth participant was recruited through word-of-mouth from other participants to provide another male upperclassman participant. More eligible students inquired about participation than were needed for the study. At the end of each phase, the participants were given a $15 gift certificate to a local merchant of their choice (grocery, ice cream, coffee, bookstore or electronics store) for a total of $30 paid for participation in the study.

Data Collection

Phase I - Interview

The 12 participants were scheduled for individual interviews. Consent to participate was obtained prior to the start of the interview according to guidelines set
forth by the Virginia Commonwealth University Internal Review Board. Each interview was audio taped by the investigator for transcription purposes.

During the interview, participants were asked the following open-ended questions in order to elicit information about their history and current experiences as an abstainer from alcohol:

- What is your history with alcohol?
- How would you feel about drinking alcohol?
- Why did you decide to abstain from drinking?
- Describe your social life here at college; who are you with and what do you do?
- What is it like to be an abstainer here at U of R?
- What is it about you that you think is different from those students who choose to drink?
- Is there anything about your decision to abstain from drinking that we have not talked about today?
- What do you think are the five most important reasons why you do not drink alcohol? Why?

Follow-up questions were asked by the interviewer to help clarify the participants’ answers. The interviews ranged between 17 and 45 minutes in length. Each interviewee was allowed to read their transcript and offer any additional
comments or corrections before it was submitted for analysis. To reduce any potential confidentiality risks, pseudonyms were given to each participant for reporting purposes. As there was little deviation from the respondents' answers to the questions, there were no adjustments or changes needed to the interview questions as the individual interviews progressed.

**Phase II – Focus Group**

Once all of the interviews were completed, the participants were assigned to one of three separate focus groups to discuss and compare experiences on campus as abstainers. The participants were also asked questions regarding common themes which emerged from the individual interviews. The emerging ideas or themes were tested within the focus group discussions to allow the participants to comment on these themes as suggested by Bogdan & Biklen (1998). Since there was little variance within the participants' individual responses, assignment to a focus group was based on getting maximum within group age and gender diversity. Two male participants were unable to attend any of the three focus group discussions due to their school schedule. They were, however, asked the same questions during a follow-up individual interview. Each focus group discussion was audio recorded for transcription purposes.

A structured guide was used to facilitate discussions, but the conversation was allowed to progress in the direction the participants' discussion demanded. The structured guide was as follows:
Script:

I would like to thank you all for participating in this research study. We are here for the second phase of the study which is a group discussion/interview (also known as a focus group) about your experiences here at University of Richmond as an abstainer from alcohol. There are a few things I would like to go over before we begin:

- Remember, your participation is voluntary. You may leave at any time.
  You may also choose not to answer any of the questions I ask.

- In my reports, each of you will be identified by a pseudonym.

- Comments or responses made during the focus group session are confidential. They should not be discussed outside of the focus group.

- Everyone is encouraged to speak. You will be treated with respect. You will not be required to justify your points of view to me or other members of this group. There are no right or wrong answers. All opinions are valuable.

- I would like to tape this discussion so that I may accurately quote you when I write the findings from this study. If you prefer that your comments not be recorded on tape, please voice that objection now. After a transcript has been made, the digital audio file will be destroyed. You will only be mentioned in the findings by your pseudonym.

- Do you have any questions about the focus group procedures?
The following questions served as guidelines for focus group discussions:

1. You all came here with a set of values that you had for yourself which included not drinking. Where do you think that came from?

2. When do you think you developed this set of values?

3. How did you find your social network here? What did you look for?

4. What are your interests? How do you think they are different from drinkers on campus?

5. How do you deal with stress?

6. How does the university support your abstention?

7. How does the university hinder your abstention?

8. How has your decision to abstain from drinking shaped your college experience?

9. Do you define yourself by your abstinence?

The focus group discussions lasted between 30 and 60 minutes.

Data Analysis

Each transcript from the individual interviews was entered into Microsoft Word. Common themes and quotes were highlighted by color codes and put onto index cards.
for manual analysis. The data was analyzed for emerging categories or themes as each interview was completed with on-going analysis throughout both phases. Themes that emerged from the individual interviews were tested during the focus group discussions. Emergent themes were also compared against existing literature on adolescent and college drinking behavior to identify possible alternative explanations. Individual and focus group responses were then put into matrices to determine how they contributed to the emerging themes.

**Researcher Bias**

This researcher’s interest in the topic comes from a wellness perspective. Having taught health courses including alcohol education to college students for the past 11 years, my goal was to determine if there is a more effective educational method to lower heavy drinking rates and negative outcomes due to heavy drinking. Since abstaining students had not been studied previously, this provided an opportunity to look at the problem from a different perspective. The purpose was solely to help college students reach their full educational and emotional potential. There is no issue with alcohol or alcoholism with this researcher or any family member. As such, there was no bias towards college students who drink alcohol, nor were there any preconceptions of the responses of the participants of this study.
Findings

In an environment where drinking is considered the norm, the student who does not drink is atypical. Since drinking is considered to be the primary social activity on most college campuses, a student who does not drink may be perceived as a non-social person. The 12 student participants interviewed for this study were anything but anti-social. In fact, one of the women was the social chair for her sorority, planning all socials and formals for the group. All participants were in no less than three extra-curricular activities such as student government, honor council, varsity sports, club and intramural sports, residence assistants, community service organizations, InterVarsity Christian fellowship and tutoring. Several of the students served in leadership roles including sports captain, committee chair and club officer. Rather than the stereotype of a shy book worm sitting in their room alone, these participants were outgoing, personable, social and highly motivated students. Although they came from diverse backgrounds, the reasons for not drinking and their experiences on campus were similar, suggesting that these non-drinking college students were homogenous in many ways.
Background

Participants in this study were from 11 different states, mostly from the east coast. One student was from the midwest and one was from Texas. There were two African American males who said there was no alcohol in their homes growing up. The other 10 students, who were White, said their parents drank alcohol on a limited basis such as wine with dinner or a beer now and then. Only one student mentioned alcoholism in her family and that was an uncle. There was no alcoholism in her immediate family and her parents did drink occasionally. The fear of developing alcoholism or having lived with the effects of alcoholism was not a reason for abstinence for any of the 12 participants. Although many of the participants discussed the influence of religion in their lives, none of them said that they did not drink because their religion forbade it. The implications of religion and alcohol use among college students will be discussed further in the next chapter.

The Participants

The following is a short description of each of the 12 participants in the study:

Chris - a 21 year-old junior from the south who describes himself as a “Southern Gentleman.” He attended a small, private Christian high school where the students
signed a contract stating they would not drink or do drugs. When Chris came to college he went to a couple of parties and tried drinking beer and thought “this is gross.” His decision was easy for him:

I just don’t like the taste of it; like I don’t eat broccoli because I don’t like the taste of it…. So there is no other religious reason or personal reason other than it just really doesn’t taste good to me and I just don’t eat stuff that tastes bad.

His friends, many made during his freshman year, came from the many activities and organizations he was involved with, and most of them drank alcohol. He attended parties where alcohol was served and just declined the offers. He was an avid athlete and was very involved in a club sport which had him traveling and competing many weekends. His primary reasons for abstention were (a) he does not like the taste, (b) his fear of being drunk and (c) his upbringing did not involve alcohol.

**Caitlin** - a 20 year-old sophomore from the midwest and was the social chair for her sorority. She had never tried alcohol and felt strongly that her religious background had given her the foundation for choosing alcohol abstention. She believed her religious tenets directed her to follow the law, which meant not drinking under 21 years of age. She also believed the Bible preached against drunkenness. She did, however, look forward to turning 21 when she would be able to drink legally:

No, I don’t want to be drunk because I don’t want to be controlled by anything other than my love for the Lord. And so I’m not going to go wild, I’m not going
to drink a lot, but I am excited that I can experience that freedom of having a
drink or two.

She described herself as a “goody-goody” in high school and did not feel the
social pressure to drink during that time. Although most of the girls in the sorority
drank, Caitlin found satisfying relationships within the organization. She did say it was
difficult making friends within the sorority since she did not drink and it was sometimes
awkward being the only sober one at the party. She says her strength comes from her
convictions and she had a lot of confidence in herself coming into school. She also
described her social circle in college:

My best friends are the girls that were on my hall freshman year. Some of those
girls have my same faith and others don’t, but they all choose to abstain from
alcohol. That’s nice because we can go out and it’s not really an issue.

Her primary reasons for making the choice to abstain were: (a) it was against the
law, (b) it would upset her parents, (c) she did not want to be reliant on alcohol or
controlled by it.

Jason - an 18 year-old freshman with a sardonic wit. Jason had never tried
alcohol and described hanging out with a small group in high school that did not drink:
“We were all the types of kids who were the intellectuals of the class who just had no
desire to hang out with the kids who did drink.” He called their reason for not drinking
“elitism;” seeing themselves as better than the kids who did drink. He did not view
alcohol as offering anything positive to his life. He said, “when I think about it it’s not ‘why don’t I drink,’ but ‘why would I want to drink?’” The freshman year was a difficult one in terms of developing a strong social network. When asked about his social circle at college his response was “I wouldn’t say that I’ve found a group here yet. I guess it takes time to find kids like that first of all.” About finding peers with similar values in high school, Jason explains:

In high school, you had AP’s which naturally singled out those kids. I think there is a correlation between what your academic abilities are and the choices you make in life such as drinking alcohol or not. At least that’s been the experience of mine.

Jason transferred out of the university to another school where he had made some social connections during weekend trips. A more thorough discussion regarding Jason will be discussed in Theme 3. His primary reasons for abstaining were: (a) elitism, (b) it wasn’t healthy, (c) his peers in high school did not drink. (d) he did not want to hurt relationship with his parents and (e) he did not want to put himself out there; he is reserved.

Kelly - a quiet 20 year-old sophomore varsity athlete from the south. She described herself as introverted, but was comfortable expressing herself during the focus group discussions. She remembers trying alcohol once and not liking the taste. Her father was a high school teacher and would talk about “all the dumb kids who go out drinking,” so she said “I always figured it was just kind of immature.” Describing
her social activities in high school, Kelly said “there were parties, but it was more fun to hang out, go to movies, talk or watch TV and stuff.” She talked about her ability to find alternative activities that made her happy. She did not feel she needed to drink to have fun. Kelly’s social network consists mainly of her teammates, most of who also abstain from drinking. It is a strict team policy which had been enforced when a few team members were suspended due to alcohol violations. When asked about making friends in college, Kelly said “I would rather take my time and look for a smaller group of friends and it ends up that those people aren’t as likely to drink.” Her main reasons for abstention were: (a) she did not want to disappoint those who trusted her to not drink including coaches, team and especially parents, (b) she was underage, (c) she did not like the taste and (d) she was afraid of being drunk.

Leah - a very outgoing 21 year-old junior from the northeast who had not tried alcohol while growing up. Unlike some of the other students, she was adamant about her decision to “wait until I’m 21” to drink because it was the law. She described her parents as “social drinkers” and alcohol was openly available in the house. She did turn 21 during the study period. She talked about the anticipation of reaching the legal age to drink:

I’m waiting until I’m 21 and I’m going to have my first drink with my Mom and there can be other people there, but that’s how it is going to be and it’s going to be a moment, and it’s going to be a celebration and I’m going to wait for that.”
It’s not going to be at some random party in the middle of the night on whatever occasion.

For Leah, the legality of drinking was an important factor in her decision to abstain from drinking. She also believes that it is a decision that has to be reaffirmed each time she is in a social situation. She describes a support network that accepts her decision to abstain: “[If my friends know that I am coming to a party] they will go out and get me sparkling white grape juice or something so I can sit and have a drink with the rest of them and that’s kind of fun and they’ll do that for me.” Leah felt like the reason her classmates drank was that “it comes down to loneliness and complete and utter fear of looking bad in front of other people.” Her reasons for making and keeping the decision to abstain until she was 21 were: (a) she was underage, (b) she did not want to disappoint herself by breaking her promise, (c) she did not want to disappoint her mother or father by going against the rules and (d) she wanted to be a role model for others including her younger siblings.

Lynn - a 19 year old freshman interested in the community around her. She was involved in a community service fraternity and global leadership organizations. She enjoyed going into the city to hear lectures or going out to dinner with friends. She had not tried alcohol and never felt pressured during high school or in college. Her friends had shared interests in community service and things other than alcohol, so she did not feel like she was missing anything. She did not understand the social pressure to drink. She explains:
Some people do it as a social lubricant. It's like “if you have to change yourself to fit in and meet people, what are you going to do the next day when you are sober?” It doesn't really make sense.

She valued her relationships with her friends describing them as: “the type of people who are comfortable with themselves to know it is better to have fun in a more genuine way.” Her reasons for abstaining were: (a) it's not safe, (b) there is something fake about it, (c) it’s illegal, (d) a lot of the motivations are self-deprecating and (e) it doesn’t taste good.

Mekhi - a 20 year-old African American junior from the northeast. His mother did not drink and there was no alcohol in his house growing up. He had never tried alcohol and said he avoided being around it in high school. When asked how he came to the decision to abstain, his response was “there wasn’t one defining moment. I’ve never been around it or really even seen it so it wasn’t like I saw my Mom drink or something like that. I never had that desire to drink or had the pressure to drink.” He did foresee a time, after turning 21, when he might drink at a business party or a social gathering. He said he will never use to excess or to get drunk. His reasons for deciding to abstain were (a) he was underage and did not want to get in trouble, (b) did not want to be under the influence and (c) did not want to be in a vulnerable position,

Marcus - a 20 year-old African American junior from the northeast. Marcus and Mekhi were friends from participation in club sports. His parents were not drinkers and there was no alcohol in the home. He talked about going to church growing up. He was
very involved in social activities on campus and was very vocal about creating a climate where alcohol abstinence would be a socially accepted norm. He found it easy to abstain from drinking in high school because of his involvement with sports: “being on the basketball team and football team, everyone knows you; you were kind of popular so I didn’t feel any pressure so I could do what I wanted to do.” He did not express any moral objection to drinking. He said “I didn’t see that it added to my life except problems so I left it alone.” His decision to abstain was based on the following: (a) the example his parents set, (b) his upbringing in the church, (c) his involvement in sports, (d) his desire to be better than the average person, (e) his peers did not drink and (f) he wanted to be a role model for his younger siblings.

Matt - a 19 year-old freshman and a self-described “joyful person.” Matt is the middle child of five children and viewed his decision to abstain from drinking as setting him apart from his older siblings who drank in high school. He described the dynamic with his parents: “My parents drink, but it wasn’t a big deal. They were pretty strict on us and obviously drinking was bad, but it wasn’t the worst thing you could do. My parents didn’t want us [the children] to lie to them.” He was a busy high school student, involved in sports, clubs and working 20 hours a week. He had a large social network in high school and prided himself in having a place where friends could hang-out and not feel pressured to drink. He was very involved with Christian ministries and had been since high school. He prided himself in being a role model for others. As he said, “People know that my joy doesn’t come from that [alcohol]. It’s not like I’m defined
by the fact that I’m a non-drinker. I’m defined by who I am inside.” He did not feel that drinking was a sin and considered drinking in the future. His concern about drinking comes from wanting to serve as a role model for others. He described a scenario:

Say I’m to become a Pastor and I’m trying to create an atmosphere of openness and I’m having dinner with my family with a glass of wine or beer in front of me and someone comes up to me who’s struggling with alcoholism. I’m not available to him them. I would say that’s a stumbling block.

For Matt, having alcohol will add nothing to his life, but might be a detriment to how others see him and he was not sure if drinking would be worth it. His reasons for abstaining were: (a) want to rely on God rather than something else, (b) wanted to maintain convictions as a role model for peers and siblings (c) it was stupid and not for him.

Nora - a 19 year-old sophomore from the southwest who did not drink in high school, but she said many of her peers drank a lot. She did not know why, but she did not hang out with that crowd. She said “I’ve always been one of those people who believed if you are not supposed to do it, then you don’t and so I wasn’t old enough to drink and I just didn’t.” Both of her parents drink alcohol occasionally, like wine at a restaurant. She says “it was never a big deal.” She said if she wanted to have a drink at a holiday, her parents would have fixed her one. She described herself as religious and had strong moral convictions. In terms of alcohol use, her religious background told her
it was wrong to be drunk and it was against the law for her to drink underage and she should follow the law. She did expect to drink once she turned 21. She discussed studying abroad the following semester where she would be legal to drink wine with her host family. Nora was concerned about drinking for the first time away from home “because I don’t know my tolerance or anything.” She was unsure if she would try any wine while abroad. She summarized her concerns about drinking:

I think inhibitions are a good thing. I don’t want to go and act like an idiot in front of people I don’t know. I’ve seen plenty of people acting stupid. It is just not something I care to do.

Nora had a difficult first year and credits the friendship with her roommate as what kept her in school. She also began getting involved with various groups on campus like the class cabinet which provided an opportunity to make friends. The primary reasons Nora chose to abstain were: (a) religion because she was underage and should not be drunk, (b) she did not want to lose her inhibitions, (c) she did not want the extra calories and (d) she wanted to be a role model for her peers and her younger sibling.

Nancy - a 21 year-old senior from the northeast who is also a varsity athlete. She is the only participant who drank previously. Her drinking began socially in high school where she describes it as “hanging out at someone’s house, but nothing out of control….I knew my limitations.” When she got to college, she said “I felt like everyone was so irresponsible here. I think that was a major turn-off here to go out
drinking." She began to drink less during high school when she realized drinking affected her performance and, if she improved in her sport, she could pursue her athletics in college. After coming to college, her interest in progressing as a varsity athlete combined with the experiences of her peers’ drinking behaviors caused her to stop drinking by the beginning of her sophomore year. Her main reasons for abstaining were (a) the ability to control her environment, (b) her sports and (c) her preference for a more intimate setting with friends.

Rebecca - a 19 year old freshman and pre-medicine major. She was in the University Honors program and volunteered with the local rescue squad. She described herself as “mature” for her age. She never tried alcohol, although her mother would cook with wine and her father would have an occasional beer. She said she was “out of the loop” regarding drinking during high school. She described her senior beach trip:

I was surprised when I saw pictures from senior week and all I saw was bottles of vodka and beer on the tables. I was like “OK, so you want to go to the beach and get drunk?” I would rather go to the beach and get a tan. I’m really out of it when it comes to stuff like [drinking].

Rebecca’s biggest concern about drinking was what it might do to her future. As she said, “I have so many things that can be screwed up from drinking. I’m pre-med. I can’t afford to be so sick that I’ll miss a day of class or something.” She was not opposed to drinking in the future, but she commented “to be truthfully honest, I hate the smell of alcohol. It is going to be hard to get me to drink anyway because it smells
so bad.” Her reasons for abstaining were (a) she did not want to hurt her future, (b) did not want to disappoint her parents and (c) did not want to risk her driver’s license for drinking underage.

**Reasons for the Decision**

When interviewing the students individually, the question was posed: “What are the top five reasons you decided not to drink?” Most of the participants could give three to four reasons for making that decision, while a few could give five. In almost all cases, students gave the same or similar responses. The similarity of the responses given by the participants, independent from one another, increased the validity of those responses. The responses were generalized into 10 categories that appeared in two or more interviews. The frequencies of responses for each category are displayed in Figure 1.
Category descriptions for Figure 1.

The following are the descriptions for the categories of the responses:

Control: Wanted to stay in control of one’s faculties, inhibitions, and environment so as to not risk a negative consequence (e.g. drunk driving, hurt feelings of friends, sexual assault)

Illegal: Not drinking because it is against the law to drink under 21 years of age

Parents: Parents trust to act responsibly would be broken by getting drunk, getting in trouble for drinking underage or drunk driving
Role Model: They wanted to be a positive role model for peer and/or siblings

Health: Drinking would diminish health or sports performance

Religion: Their religion said they should not drink until 21 years old or get drunk

Taste: They did not drink because the taste was unappealing

Upbringing: Felt like their background provided a basis for not drinking

Elitism: Wanted to be better than the average student.

Disappoint Self: Would be disappointed because drinking would break promise to themselves.

Significant Themes

Several themes emerged regarding the influences on the participants’ decisions to abstain.

Theme 1 - The need to have control over one’s body and environment

The term “control” was mentioned by seven of the participants during their interview, however, the description of “control” differed slightly. Both men and women talked about being in control of their faculties. Some didn’t want to be controlled by a substance of any kind. Others felt that they would lose control of their judgment or inhibitions as illustrated in the following quotes:
Chris - I'm probably never going to drink to get drunk and to be quite honest I'm nervous about what I would be like if I did. Not like I have serious mental issues or anything, but I just don’t know what I would turn into like a chatty drunk or a silent drunk, you know?

Caitlin - I don’t want to be drunk because I don’t want to be controlled by anything other than my love for the Lord.

Jason - I’m the type of kid who hates dancing because it is putting too much of myself out there. I guess a lot of kids drink because they want to put more of themselves out there because they’re too introverted when they are not under the influence. I would rather be reserve.

Kelly - I would be scared – not of physical health effects but of losing judgment and would I be a happy drunk or an angry drunk. Would I say something I wouldn’t want to?

Mekhi - Not wanting to put myself in a vulnerable position that I don’t have to be in. When you’re drinking you see people who, if they were sober at that moment, they would be embarrassed by what they are doing. But they can’t control themselves or they choose not to control themselves because they are under the influence. I don’t want to put myself in that position even where I might say something to someone.
Nora - I’ve seen too many people make fools of themselves and say and do things they would not do if they were sober and I don’t know who I’m going to be around if I got really drunk and say stuff that I shouldn’t say. Maybe if I was with my parents or my roommate where what I said didn’t matter, but I think inhibitions are a good thing and I don’t want to not have them….I don’t want to act like an idiot in front of people I don’t know.

For Nancy, the control issue was more about controlling her environment. Since she drank before, she felt she knew her limitations and how she would react to alcohol. Because she has been both a drinker and a non-drinker, she had the knowledge of what the limitations are for those drinking. She describes her issue with control:

If I’m sober and I’m going out, I know I’m going to have a good time because I’m in control. Like “I’m having a good time,” or “this isn’t fun, let’s relocate.” Whereas, when you’re drinking, you’re tied to a group of people or you’re in one spot, but you can’t drive anywhere or you don’t know who’s driving. Now that I’m not drinking, I have more control over having a good time, who I’m with, remembering people and having people remember me.

Despite the difference in what control means to the individual respondent, having control over one’s self and environment was the most often mentioned reason for making the decision not to drink. Also contributing to the issue of control, may be the influence of church doctrine that getting drunk goes against the values of the church.
Religion may play a part in moderating the quantity of alcohol consumed and not necessarily contributing to abstention.

**Theme 2 - I should not drink alcohol under the age of 21**

The federal drinking age is 21 and for six of these students following the law was a significant determinate in their decision to abstain. They talked about following the law from a moral perspective of “right and wrong.” Some credit their parents for instilling their moral base, while others talked about their morality from a religious perspective. For them, the tenets of their faith instruct them to follow the law, so their decision to wait until they were of legal age was simply following a moral code as evidenced by the following quotes:

Caitlin - I have a problem with underage drinking. One because it breaks the law in this country and that’s just something I’ve never felt comfortable with. Why would I choose that? I don’t understand why that is such a nonchalant decision for so many people.

Kelly - I’m a scaredy-cat and it is against the law.

Leah - We are all perfectionist do-gooders in our family so it’s like “it’s the law that you’re not going to drink until you’re 21, well then you’re not drinking until your 21.” It’s just we’ve always been that way, like we always do what our parents say, and that’s pretty much what is has always been.
For other students, the consequences of getting caught drinking underage were not worth the risk. They did not see any advantage of drinking that outweighs the potential penalties:

Mekhi - I’m underage – the hassle of it. If you got caught you’re in trouble for no reason and it’s not something I really want to do.

Rebecca - I’m too much of a goody-goody. I don’t want to drink until I’m 21 because it’s not legal. I have so many things that can be screwed up from drinking. I’m pre-med. I can’t afford to be so sick that I’ll miss a day of class or something.

**Theme 3 - The relationship with my parents will be damaged by my drinking**

The relationship with their parents was an important one for of the participants in the study. The concern of how they would be viewed by their parents was an important factor in their decision not to drink, often because of the legal issue. Getting caught drinking underage would demonstrate a lack of responsibility by these students. These students all describe relationships based on trust with their parents. For most of the students interviewed, their parents did not express expectations about alcohol use in college. The students felt that their parents trusted them to make good, responsible or right decisions about many things including alcohol use. To get in trouble drinking, either by getting drunk or drinking underage would demonstrate irresponsibility and would disappoint the parents. Here is how several students describe these reasons:
Caitlin - [My parents] were very clear that I was not to do that. I also had a lot to lose in high school. I had a horse that my parents paid for. I drove a nice car. I had a pretty cushy life in a lot of ways. Unlike other kids, I had things that would have been taken away if I had stepped outside of those expectations. I’m really glad that those things were in place – that they set boundaries and expected me to follow them because it made me who I am….[drinking] would put division between me and my parents.

Jason – My parents didn’t give any expectation about things. It was more like “we know you’re going to do well in what you choose to do well in so do your own thing….“ It was never anything I wanted to worry about. I always had a good relationship with my parents. There were kids in high school that got kicked out of their house because they did really stupid stuff under the influence of alcohol.

Kelly – [The expectations] have been unsaid. From the beginning, even in high school, the people I hung out with and the activities I did - I think by giving me so much trust I had to respect that and that meant don’t drink.

Leah - Although I don’t think I would have, I didn’t want to disappoint my Mom. My Mom is my best friend. She is the most important person to me so, granted, I don’t think she would have thought less of me if I had drinks before 21 as long as I was responsible about it, but I am a perfectionist, a good child.
Rebecca - The worst thing in the world is for them to be disappointed in me. They think highly enough of me to know I wouldn’t do that.

Theme 4 - The transition to college is a difficult time, especially if you don’t drink alcohol

The transition from high school to college is a stressful time in a young adult’s life. A few of the students in this study described the first few weeks as difficult as they tried to meet friends and build their social network. Some of the students transitioned easily, while others found the period lonely since they did not want to attend parties, the primary mechanism of social interaction. The students commented on the difficulties they experienced coming to college:

Nora- Freshman year was horrible – I absolutely hated it. I think we had the worst hall. Everyone was cutthroat and they acted like [they were in] middle school. My roommate and I get along really well. She is the best friend I’ve ever had….we get along so well, because if I hadn’t had her, I definitely would have transferred….Second semester we just realized that just because we were in the hall with these people, that we didn’t have to be friends with them. We started to look for other things to do on campus

Kelly- I didn’t have that many friends first semester freshman year because it took me a while to meet people, but the people I met were abstaining so it
became easier in terms of finding what I wanted to do on the weekend and having a good group of people.

Jason- I wouldn’t say that I’ve found a group here yet. I guess it takes time to find kids like that first of all.

Unfortunately, Jason could not find the niche he was looking for and transferred from the University of Richmond to another school where he made connections through his participation in club sports. This highlights the importance of making social connections during that first year.

Some students had an easier time with their transition and found their social network right away through their roommate, residence hall or by getting involved with an organization soon after arriving.

Caitlin - I guess when I came here, I expected to sit in my room by myself for the first few weekends because I figured “who else was enough of a goody-goody not to drink when they came to college?” I knew I was going to be the exception to the rule so I prepared myself for that. I knew that it would be harder to make friends and to get into the college groove since I was choosing not to drink. I was really fortunate that I met my two roommates who didn’t drink either and I met some girls right away that had the same feelings about it that I do
Lynn- When I got here, right off the bat, I found a group that wasn’t into partying the first moment, the first weekend you get here.

Chris - Most of my social network is associated with my freshman year. Most of my friends were friends I made freshman year; people on my hall....I’ve met a lot of people and I’ve become good friends with people on Honor Council and the other stuff I do. I started the sport club....I’ve met a lot of people through it and from classes.

Matt- The first day I met so many people, not through the stupid program for orientation, but I went out and met a bunch of people on my hall on my own. I met enough that I knew who was going to drink and who wasn’t going to drink. I wasn’t going to some apartment where everyone was getting plastered. I hung out with other people and we had a good time.

Marcus- I don’t know how it works at other colleges, but when I decided to go here, alums had gatherings at their houses. I went to two of them and I met a lot of kids who were going here from [from my area] and there was no drinking at these events and we all met and had fun. When I got here, I jumped right into the student government and I was elected to that. I participated in pre-orientation so I had a lot of prior social interaction and drinking didn’t fit into there.
Nancy- I think people like being part of a group. That's what we thrive on is that you're a part of something whether it be a sorority or a team, so people are willing to make sacrifices whether that be they don't want to drink or whether that be they didn't want to be that partier in college. They weren't that in high school and then they come and they are willing, depending on how important that is, to make these sacrifices, to be with the group; to fit in with the group. I think that I am lucky enough to find a group, here, that doesn't care.

**Theme 5 - To be a non-drinker on campus requires strong convictions, but the experiences are richer**

During the focus groups discussions, the students were asked if they defined themselves as non-drinkers. The answers were a resounding “No.” They felt that there was much more to their lives than whether or not they drank alcohol. They defined themselves as “smart,” “kind,” “friend,” “person with strong values” to name a few. As they did not find alcohol an important aspect in their lives, they did not see their non-drinking as an important aspect of themselves.

As for the meaning they give to their experience as abstainers, the students described the need for resolve. The need to belong socially to a group is universal, but the need to maintain one’s values is also important. The meaning that these students give is one where their personal integrity was more important than the need to fit in socially. Through that sacrifice, though, these students found they made deeper, more interesting relationships and had more meaningful college experiences than those that
felt the pressure to drink to fit in. The following are excerpts from a few of the
individual interviews describing the meaning these students give as non-drinkers on
campus:

Nora- I think they [peers] admire me because I don’t do what everyone else
does. I think people are scared to death that they are not going to have any fun
or any friends.

Lynn- I’m already really confident in myself and I feel I’m cheating myself if I
have to alter my state to fit in with people. There seems to be fakeness about
that and I like the authenticity of real relationships.

Leah- You are not going to be a socially acceptable person because you are not
going to bend to their will so you have to be able to take that and sometimes be
lonely. That’s something you just accept, but you just have to say I’m not going
to be like that. I’m not going to succumb to that kind of peer pressure because
that’s not the kind of person I want to tell my kids I’ll be. It is going to be hard.
It is going to suck. You are not going to have friends. You’re going to cry, but
in the end you know you’re better for it. You can look in the mirror and go “I
never did anything I really regret.”

Marcus- I feel like being an individual. I think there is something valued about
being able to be your own person and not letting other people pressure you into
things. I was always motivated by being able to do what others couldn’t, so to
see a lot of my peers who got introduced into the party scene; you see fractions breaking off where alcohol became important in some people’s lives. I always saw alcohol as a negative.

Caitlin- The sorority is kind of a hard place to be as a freshman, but I had a lot of opportunity to strengthen my convictions before coming to school and had a lot of confidence in what I believed and why. It was hard and sometimes it was lonely and it took longer to get to know my pledge sisters than it took them to know each other because they had all of these crazy stories that I didn’t have part in. But, I’ve been amazed at how well it has turned out for me in that I really do have deep friendships with those girls and probably deeper in some ways than the ones that they have for each other because it is not based on nights we can’t remember. It is based on real heart to heart talks and just spending time together just outside of partying.

Kelly- I definitely feel that I’m getting a different college experience from those people who drink every weekend. I know there is a broad spectrum of those who drink Thursday, Friday, and Saturday every week and those who go out once a week or once every other week, I’m not even sure. I feel ultimately that I’m happy abstaining and I can focus on other things and I don’t need alcohol to have fun and I feel that in some ways that may be more fulfilling because when I’m happy, I made myself happy rather than just the effects of alcohol. There is just so much to do.
Nancy- I’m a very independent person, like I’ve always been stubborn, so that part of my personality allows me to be like “I don’t care, this is what I want to do, this is the decision I’ve made and I don’t care what other people think about it.” I mean everybody cares to a certain extent, but I think in this decision, especially in college, it’s such a large decision it really gears what your college experience is going to be like and I think you say “ok, I just finished my freshman year. Do I want the next 3 years to be just like that year 0 or are there other opportunities?”

A discussion of these themes follows in the next chapter.
Conclusion and Recommendations

Discussion

The purpose of this study was to learn how and why college students choose to abstain from drinking alcohol. The intent was to identify potential opportunities for intervention to develop strategies to reduce the level of college binge drinking. What was revealed about the decision to abstain was a merging of personality type, parental involvement and social support over a period of time, long before the student came to college. In fact, most of the influences had the greatest impact in early adolescence. According to Hingson, Heeren & Winter (2006), delayed onset of drinking in adolescence reduced the likelihood of heavy drinking in college. For 11 of the participants, the opportunity to drink within the high school years was made available, but these students chose not to participate. During the focus group discussions, it was asked “When do you think you developed the values that you have in college?” All of the groups said their values were developed by high school and solidified during those high school years. They were also asked what they considered to be the strongest influence on those values. They all agreed that “strong personal convictions,” “parental trust” and “supportive peers” were the strongest reasons for their high school
abstinence. All three reasons concur with the literature on the influences on adolescent drinking behavior.

What also emerged was the idea that many students come into the university with some of the same attributes as the abstainers, but fall victim to the social pressures to conform during the tenuous period of transition into college. The meaning that the participants give to their experience on campus is that the transition was indeed difficult, but their strength of conviction helped them maintain their abstinence. However, the campus culture does not adequately accommodate social non-drinking college students. The lack of opportunities to interact socially in a “dry” or low alcohol environment makes it difficult to maintain one’s decision not to drink. This is where the college administration can intervene.

**Theme 1 - The need to have control over one’s body and environment**

The need for control was an overwhelming theme that emerged. Many of the students expressed fear of saying or doing something embarrassing or leaving themselves vulnerable to an unwanted adverse action or ridicule. Several of the students described themselves as “a perfectionist,” “better than the average student” or “reserve.” Although there was no personality assessment administered as part of the study, the theme does correspond to a 1997 longitudinal study by Caspi, Begg, Dickson, Harrington, Langley Moffitt and Silva on birth cohorts at age 21. The researchers found that those identified in early childhood with alienation and aggression personality traits were more likely to be involved in health-risk behavior at 21 than those with harm
avoidance, control and social closeness traits. The participants in the present study seemed to describe similar personality traits to those in the low risk group of the Caspi, et al. study. In their study, they define harm avoidance as “avoids excitement and danger; prefers safe activities even if they are tedious.” Control is defined as “reflective, cautious, careful, rational, planful.” They defined social closeness as “sociable; likes people and turns to others for comfort.” All three personality descriptors resemble the students’ descriptions of themselves. The type of education program that might be effective for this group may include the health risks of binge drinking and the punitive risks of driving under the influence. Whereas, the educational model would differ for the personality traits of aggression, defined as “hurts others for own advantage; will frighten and cause discomfort for others” and alienation which is “feels mistreated, victimized, betrayed, and the target of false rumors.” Students with these traits would need to understand the psychological reasons for their drinking behaviors. As these students are not risk adverse, simply listing the potential negative outcomes from drinking will not likely deter these students. The implication from this information is that one-size-fits-all approach to reduction methods may not be effective and that targeted programs based on the personality make-up of the audience may need to be considered early on in adolescence.

Theme 2 - I should not drink alcohol under the age of 21

The risk of punitive measures from either parents or other institutions had a great influence on the decision for these participants. In term of punitive actions, the
students discussed the many avenues in which their drinking could result in a negative outcome. Depending on the state, the penalties for drinking underage could include the loss of one's driver's license and/or increased cost or loss of car insurance. Schools also have sanctions against underage drinking. High schools have random drug testing for students involved in any extracurricular activities with the threat of expulsion from the activity and/or the school. Colleges have sanctions for students caught drinking underage ranging from fines to expulsion from school depending on the magnitude of the violation. Those students on scholarship run the risk of losing their school funding. Students going on to graduate school may risk an alcohol violation on their school record or a citation on their driving record. These students, who like to be in control of their environments, did not want to risk their futures over alcohol. As Rebecca put it “I want to be a doctor too much to screw up my life.” Increasing punitive measures at the institutional level may affect the level of consumption for those who wish to avoid harm and should be considered as a means of alcohol control. The effectiveness of policy changes requires full commitment from the institution and the community if the policies are to affect a change in drinking behavior (Weitzman, Nelson, Lee & Wechsler, 2004). By simply assessing fines while ignoring drinking laws, the university may be contributing to the laissez-faire attitude of college students when it comes to underage drinking.
Theme 3 - The relationship with my parents will be damaged by my drinking

As mentioned in the results, the students had the perception that their parents either did not want them to drink or did not mind their drinking but would be disappointed if they were to get in trouble from underage drinking. Although the expectation regarding alcohol use was not explicitly expressed by all of their parents, the students in this study knew of their parents’ expectation during their high school years. This concurs with the literature on parental influence on drinking behavior during adolescence. In a 1998 study of adolescents, parental disapproval, especially the mother’s, of adolescent drinking had a deterrent effect on heavy episodic drinking (Reifman, Barnes, Dintcheff, Farrell, & Uhteg, 1998). Although the parental pressure is expected to have an influence on onset of drinking and drinking behaviors of younger adolescents, a 2004 study by Wood, Read, Mitchell, and Brand demonstrated that parental involvement continues to have a moderating effect into late adolescent drinking behavior as well. Their study found that perceived parental monitoring (asking about where they were going at night, what they were doing with free time) had a dual effect as a direct deterrent to heavy drinking and by limiting opportunities for the adolescents to be involved in activities where they might experience social pressures. Interestingly, focus group number two had a discussion of what it meant to have their parents’ trust. The four participants said they didn’t have or need curfews in high school. Their parents had expressed a level of trust and expectation of behavior and none of the students wanted to “break” that trust. The study by Wood, et al. also measured parental
attitudes and values by assessing the perceived permissiveness or disapproval of
drinking at various levels. The study found that perceived stringent drinking limits set
by the parents moderated adolescent heavy episodic drinking and social modeling of
peers. This agrees with the present study which suggests parental expectations of
moderate behavior (not getting drunk, not getting in trouble with the law) significantly
affected the decision to abstain for the participants as “not wanting to disappoint
parents” as the third most often mentioned reason for choosing abstinence.

With regards to the reasons for abstention, it was unexpected that so few of the
participants did not specifically list religion as a determining factor for their decision.
When questioned, however, several students did describe having values set forth within
the tenets of religion affecting their decision to abstain. The issues of control (not
wanting to get drunk, hurt others, be in risky situations), as well as the legal issues
(breaking the law for drinking underage) did come explicitly from religious upbringing
for many of the participants. Religion served as a moderator of drinking behavior by
instilling the idea that drinking may incur a negative consequence (“I would be a mean
drunk,” “I might get in trouble,” “I would disappoint myself”). This concurs with
Galen & Rogers (2004) who found similar effects of religion moderating the drinking
levels in college students.

Religiosity also assists individuals in finding positive outcomes from a source
other than alcohol. Matt describes his relationship with God as “It’s a difficult situation
to address, but for me it’s just my joy comes from somewhere else and that joy is much
more fulfilling than any kind of alcohol.” The effect of religion on self-esteem or ego resiliency has not been the focus of studies on drinking behavior. The effect of religious orientation (Protestant vs. Catholic) has been determined to contribute to drinking outcomes through overt and covert messages about expectancies (Galen & Rogers, 2004; Patock-Peckham, Hutchinson, Cheong & Nagoshi, 1997). How religion may strengthen an individual’s self-esteem or resolve towards abstention or low alcohol use before alcohol problems develop is an avenue for further investigation.

Theme 4 - The transition to college is a difficult time, especially if you don’t drink alcohol

The transition to college is a stressful period for most students marked by unfamiliar settings and a lack of parental supervision. The inability to network socially leads to loneliness, which increases the risk of negative outcomes such as lower academic scores and attrition (Lane & Daugherty, 1999). This theme rang true for the participants in this study. In the individual interviews and again in the focus group discussions, the students talked about the importance of finding a social network that supported their decision to abstain from drinking. For some, the first semester of their freshman year was a difficult transition period, while others were able to network right away. The key to their success was finding activities and organizations that met their social needs without alcohol as the focus. A few of the students mentioned having the luck of a good roommate match that first year. Rebecca lived in substance-free housing, which did not always preclude alcohol use, but did have many students with
similar academic and social expectations. The men do not have a substance-free housing option at University of Richmond. The students also said they made friends through the orientation groups that met the week prior to the start of school. Some students, like Matt, said they went and actively searched for friends that shared their common interests. When asked if alcohol abstinence was a requirement in their choice of friends, they all said “no;” most of their friends did drink. What was important were shared interests in things outside of drinking (e.g., sports, movies, eating out, attendance at cultural events). Finding friends supportive of their abstinence was also important in the development of their social network.

According to O’Malley and Johnston (2002), college-bound high school students have lower rates of alcohol and drug use than their noncollege-bound peers. Both groups increase their heavy drinking rates as they age, but the college students significantly increase their heavy drinking rates during their time at school and eventually surpass their noncollege peers. Sher and Rutledge (2006) found that in addition to precollege heavy drinking as a predictor of first semester heavy drinking, precollege peer-drinking norms and precollege college-party motivation were also significant predictors as well. The most important negative predictor for heavy drinking (although small in absolute value) was precollege religiosity. Bullers, Cooper and Russell also found the effects from social selection (e.g. choosing heavy drinking friends) were substantially stronger than social influence (perceived norms of peers).
This coincides with the experiences of the students in the present study. Based on their precollege backgrounds, could predict a low or no drinking outcome in college. This also rings true for the participants’ anecdotal experiences watching their peers. During a focus group discussion, Marcus had the following analysis of his peers:

There are kids who come to college who didn’t drink in high school and are not going to drink when they get to college. Then there are kids who drank a lot in high school and came to college looking forward to being able to party away from their parents, and there’s probably nothing you can do about that. But there is a whole group in the middle, who maybe didn’t drink in high school, or didn’t party a lot and they come to college and the only thing to do is go to the [Fraternity] Row and everyone there is drinking. Then it is just socialization. You’re going to drink too because you want to fit in.

The outcome of heavy drinking from attendance at these early events (e.g. fraternity parties) may be inevitable. While Lane and Daugherty (1999) found that men and women involved in Greek organizations reported having lower social alienation, the participation in these organizations increases the likelihood of heavy drinking in college (Weitzman, Nelson & Wechsler, 2003). Read, Wood and Capone (2004) found that proximal influences (close friends) on drinking behavior are more predictive of heavy drinking than perceived norms of the “typical student.” All indications are that early entry into the fraternity or party atmosphere increases the likelihood of heavy drinking in college. If the early social networking opportunities on campus are limited to these
events, then the opportunities to develop a network based on anything other than alcohol is limited.

**Theme 5 - To be a non-drinker on campus requires strong convictions, but the experiences are richer**

The participants in this study consistently used words like “stubborn” and “hard-headed” to describe themselves. They say they are “not easily swayed” from their goals. They valued their individuality. In order to maintain their abstinence, the students said they had to risk not being popular or even loneliness in order to preserve their values. The self-efficacy required to stand up for one’s beliefs is not easily developed. When asked where their stubbornness came from, Nancy said the competitiveness from athletics had spilled over into the rest of her life. Others were not sure where it came from. The ability to improve self-efficacy in college students may have to begin before college as well. The opportunity to intervene may not lie with college administrators or college health educators. Where administrators can intervene is in creating a culture where abstinence is an accepted social choice and the need to be so strong-willed about the decision is not critical (Johnston, O’Malley, Bachman & Schulenberg, 2006).

The students felt their experience would have been easier if the campus culture was more supportive of non-drinkers and provided more opportunities to socialize in an environment where drinking was not the primary focus. They did not mind mixed events where alcohol was present, but the focus could be on dancing, listening to music
or even games like billiards, rather than how much alcohol could be consumed. Within the focus group meetings, the support and hindrance from the University and peers was discussed. The groups all agreed the greatest hindrance to being an abstainer was the lack of on-campus activities. Game rooms had been turned into study lounges and the buses into the city did not run where or when the students wanted to go. They all commented on the ease at which one could find opportunities to socialize with other students at either the fraternity row or the on-campus student apartments, which host many weekend parties. Both of these are within walking distance from the dormitories and, of course, drinking alcohol is the predominate activity. To find a “dry” event, students often had to travel off campus or stay in their room with a couple friends.

The social activities that the students most often enjoyed with friends were: “hanging out” in someone’s room, watching TV, going to movies, going out to dinner, playing sports and enjoying cultural activities in the city. Since some of these require leaving campus, it is advantageous to have a car. All of the students either had or knew someone who had a car to leave campus for non-drinking activities.

Many of the students turned to Christian activity groups in order to meet friends. Although some, like Matt, are there to share their Christian values and study the Bible. Others, like Kelly, come there to find an opportunity to meet people in a setting where alcohol is not the focus. Kelly describes her reason for going to InterVarsity:

It is just a great group of people and when you go you can have great, meaningful conversations. I feel that when I walk around and I hear people
talking about a particular person or particular outfit – I don’t like talking about people. I would like to talk about different topics. I feel like when I go to IV that is one of the places that you can do that.

**Unanticipated Findings:**

Although playing a predominate role in the decision to abstain, religion alone was not the primary reason for anyone of the 12 students’ decision. Even those who factored their religious beliefs in their decision did not preclude drinking from their future. For Marcus, who does not anticipate drinking in the future, the reason is that he does not see an advantage for him, not that he finds it morally objectionable. Matt, who wants to be a Pastor, said he did not believe drinking was a sin. It was anticipated that at least one participant would have completely excluded alcohol based on religious reasons.

The development of values towards abstinence occurs early in adolescence and is strengthened through lower pressure to drink in high school. These are the critical years to develop the students’ resolve and confidence to withstand the social pressures when they are away from their support system they had in high school and at home. There is less opportunity to change a student’s beliefs about alcohol after they have come to college. The best time to affect change appears to be in early adolescence. This might explain the mixed results from social norms campaigns. As one of the students said in the focus group:
Seeing a sign that says “3 out of 5 students drink 0-4 drinks when they go out” still advertises drinking. Where are the signs that advertise “1 in 5 Richmond students don’t drink anything when they go out?”

The role of the university is to support the students by creating an environment where abstinence is considered part of norm.

The role of transition into college as a focal point in the decision to abstain was also interesting to hear from the students’ perspective. Once they had developed their network of supportive peers, maintaining the decision seems to be easier from their standpoint. The inability to develop that network may contribute to student attrition as evidence by the participant in this study. This is the point of intervention that should be addressed by college administrators and health educators.

Limitations:

While many qualitative studies is usually tied to a theoretical model, the model initially selected, Theory of Reasoned Action (Ajzen & Fishbein, 1980; Fishbein & Ajzen, 1975) the model proved inappropriate for the data collected in this study. However, the findings are supported by literature regarding adolescent alcohol use, as well as the issues surrounding the transition to college.

There were only two sources of data collection (individual interviews and focus group discussions), which made triangulation by method impossible for this study. Retrospectively, this was not a significant limitation because there was consistency of
responses across the individual interviews. The similarity of responses provided triangulation by source. This increases the trustworthiness of the data collected.

The present study was completed on only 12 participants from one university. The high qualifications for acceptance into the school and the competitive nature of the student body may attract students with similar personalities and temperaments. The homogenous nature of the students may negate the ability to generalize these findings to students at other schools. The use of only one school also means the experiences of the students may be limited to that setting.

Conclusion

The students who participated in this study demonstrated that they were not unique in background, personality or social development from most of their peers. They came to college with the same academic and social interests as any other college student. The only difference is they did find that alcohol consumption would positively contribute to their goals. This attitude toward alcohol comes from a combination of a controlling personality which is risk adverse and external influences that enhance the goal of harm reduction. The predominant external influences in high school for these students were high parental expectations and peer support, which had the greatest impact during the high school years when attitudes toward alcohol were developing. Playing a supporting role in the decision was religion, which served as a basis for some of the attitude toward alcohol. What is still unanswered is the role that religion plays in the self-esteem and character development of adolescents. Religion has been shown to
have a moderating affect on alcohol consumption, but the mechanism of how religion contributes is still unknown. Understanding the role of religion in how decisions like drinking are made is an area which warrants further pursuit.

According to the results of this study, the years during late middle school to early high school provides the best opportunity to affect student attitudes towards drinking. The participants in this study felt their high school years were when the beliefs in abstinence first developed. They also felt that it was easier to abstain in high school because they had established a social network that was supportive of that decision. Most of the high school peers did not drink as well, so the opportunity to socialize without the pressure to drink was easier when in high school. This is the best prospect for alcohol education and prevention. Through parental, school and community efforts, high school students may delay the onset of alcohol use and, therefore, reduce the chance of developing alcohol problems down the road. Health Educators need to develop age-appropriate programs about alcohol that incorporate abstinence and self-esteem building so that the cultural perception of abstainers in high school is a positive one.

The clear message from the students participating in this study is that the transition to college is a difficult time period for most students and is marked with excitement and uncertainty. The students are trying to develop a social network of peers with interests similar to their own. If the university does not assist the student by providing information and introductions into these social settings then the students are
left to find something on their own. Often the “something” they find are parties where alcohol is the pastime and everyone looks like they are having fun. The need to fit in socially may become more important than maintaining their values. In order to ease that transition, the university needs to develop strategies to get students involved immediately after arriving and again at several points during first semester. By providing a wide array of clubs, sports, and social opportunities, the university may be able to reduce the time spent dealing with alcohol problems. The approximate percentage of high school students reporting drinking alcohol and binge drinking is 50% and 25%, respectively. By the time they are in college, 80% of college students report drinking and nearly 44% report binge drinking. If colleges and universities want to lower drinking rates on campus, they must first identify the reasons why the percentage of students who drink alcohol increases from 50% to 80% during the college experience. Only then can colleges understand their role in the problem of binge drinking on their campuses.

Recommendations

This study has highlighted several areas where further research is warranted to better understand the many factors that go into the decision to drink or to abstain from drinking. First is the need to determine the best time for educational intervention in a young person’s development and how key influences (i.e. parents, peers) need to be included in the educational model. There is also a need to investigate how personality traits affect the decision making process. This may lead to the development of targeted
educational programs based on personality. Lastly, research is needed to determine the role of religion as it relates to the decision to abstain from drinking and how it affects the self-esteem of those choosing a diverse path from their peers.

Based on the findings from this study, college administrators need to find ways in which they can better assist the transition of freshmen from high school into college. Social networking programs as they may currently exist do not adequately address the needs of the students throughout the full transition of their first year. Opportunities to socialize throughout the year need to be fostered where alcohol is not the mediator to social interaction. Administrators also need to look at how alcohol policies and attitudes towards alcohol use contribute to a campus culture which condones underage drinking and accepts heavy drinking as part of campus customs. By changing policies and attitudes toward binge drinking, they may be able to create a culture where alcohol abstinence is an acceptable choice for more students.
List of References
List of References


interventions to reduce college students' heavy alcohol use. *Journal of Studies on Alcohol, 64*(4), 484-94.


APPENDIX A

Institutional Review Board Submission
# VCU IRB
## INITIAL REVIEW SUBMISSION FORM

**IRB NUMBER:**

### SECTION 1: REVIEW TYPE REQUEST

1. **PROTOCOL TYPE (check one):**
   - [ ] Biomedical
   - [x] Socio-Behavioral
   
   Research involving medical interventions and/or FDA-regulated products
   
   Social or behavioral research that does NOT involve medical interventions or FDA-regulated products

2. **REVIEW TYPE REQUESTED (check one):**
   - [x] Full Board Review
   
   (NOTE: Industry-sponsored research MUST be submitted to Western IRB for review. See instructions available at [http://www.research.vcu.edu/forms/wirb.htm](http://www.research.vcu.edu/forms/wirb.htm))
   
   - [ ] Exempt Review
   
   * Exempt Categories:
   
   * Identify the exempt category or categories in which your research falls (See Exempt Request Guidance at [http://www.research.vcu.edu/forms/vcurb.htm](http://www.research.vcu.edu/forms/vcurb.htm))

### SECTION 2: INVESTIGATOR/PROJECT INFORMATION

1. **PRINCIPAL INVESTIGATOR:** Gayle, Richard C
   
   *(Last, First, Middle Initial – Must be a VCU faculty/staff member)*
   
   Department: Exercise Science, School of Education
   
   PI Title and Degrees: Associate Professor, Ed.D.
   
   Mailing Address: Campus P.O. Box 2020
   
   Phone: 804-827-9337 Fax: 804-828-1946 Pager: E-Mail: rcgayle@vcu.edu

2. **RESEARCH COORDINATOR:** N/A
   
   Phone: Fax: Pager: E-Mail:

3. **Is this a STUDENT PROJECT (where research activities will be carried out by a student under your supervision)?**
   
   [x] YES [ ] NO
   
   If YES, Student Name: Proakis-Stone, Lisa
   
   Phone: 804-379-0091 Fax: Pager: E-Mail: lpstone@mail1.vcu.edu

4. **TITLE OF PROTOCOL SUBMISSION:**
   
   The motives and experiences of college students who choose to abstain from drinking alcohol.

5. **Are there any IRB-APPROVED PROTOCOLS ASSOCIATED with this submission?**
   
   [ ] YES [x] NO
   
   If YES, please list the associated VCU IRB Protocol #’s:

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**CONTINUE TO NEXT PAGE FOR:**

**SECTION 3: SPONSOR DATA**
SECTION 3: SPONSOR DATA

PLEASE CHECK ONE OF THE CATEGORIES BELOW:

☐ CATEGORY A  The research specified in this protocol may be internally funded.
☒ CATEGORY B  The research specified in this protocol will definitely not be funded.
☐ CATEGORY C  The research specified in this protocol may be funded, but no research application/proposal has been submitted to the VCU Office of Sponsored Programs Administration (OSPA) or the VCU Office of Industry Partnerships (OIP).
☐ CATEGORY D  The research specified in this protocol may be funded, and a research application/proposal has been submitted to the VCU Office of Sponsored Programs Administration (OSPA).* see note

* NOTE: If you checked CATEGORY D, you must provide the OSPA # for each associated research application/proposal:

(1)  (2)  (3)

PLEASE NOTE: Federal regulations require IRB approval of NEW or COMPETING continuation federal research applications/proposals. If there is a new or competing continuation VCU federal research application/proposal associated with this protocol, you must include a copy of your entire application/proposal (exclusive of appendices) with this submission. Failure to do so may delay your research award start date. Other sponsors also may require IRB approval of research applications/proposals. It is the investigator's responsibility to determine whether this review is needed. If the sponsor does not require IRB approval of research applications/proposals, DO NOT submit them to the IRB for review.

PRINCIPAL INVESTIGATOR STATEMENT OF COMPLIANCE:

I understand and accept responsibility for ensuring the safety and welfare of all human subjects who participate in the proposed research study. I certify that all key study personnel, including sub/co-investigators, study coordinators, and myself have completed required training on human subjects protection at VCU. I agree to a continuing exchange of information with the VCU IRB including the requirements to (i) obtain IRB approval before making non-emergency changes/revisions to the protocol, (ii) provide progress reports to the VCU IRB at their request (and at least annually), and (iii) report promptly to the IRB all unanticipated problems or serious adverse events involving risk to human subjects (in accordance with required reporting timelines by the IRB).

Signature of Investigator:  Richard C. Gayle  Date of Signature: 11-27-05

MEDICALLY RESPONSIBLE INVESTIGATOR (IF APPLICABLE):

If research procedures involve medical interventions and the PI is not a qualified physician, an M.D. or D.O. must be named as a medically responsible investigator to oversee the medical monitoring program.

Signature of Medically Responsible Investigator:  Date of Signature:

STUDENT INVESTIGATOR STATEMENT OF COMPLIANCE (IF APPLICABLE):

This is a student study, which will potentially be presented outside the classroom and/or published. I understand that I may not proceed with the research without first receiving a formal written letter of approval from the VCU IRB.

Signature of Student:  Date of Signature: 11-27-05

DEPARTMENT/DIVISION CHAIRPERSON OR DEAN STATEMENT OF COMPLIANCE* see note:

I certify that the research protocol referenced in this document has been reviewed by this department. It is judged to be well designed, scientifically sound, and likely to yield new knowledge that will be useful to society.

PRINT NAME, DEGREES, TITLE OF DEPARTMENT/DIVISION CHAIRPERSON OR DEAN:  Jack Schultz

Signature of Department/Division Chairperson or Dean:  Date of Signature: 11-28-05

* NOTE: Department/Division Chairperson cannot sign if he/she is a co-investigator on the study. In these instances, a Dean's signature is required.
LEAD VCU STUDY PERSONNEL:

Provide the names of the most responsible personnel first. If the PI cannot be contacted, these persons may be contacted by the IRB. Within SECTION 7 of this application you will have the opportunity to list all study personnel.

SUB/CO-INVESTIGATORS:

(1) Name (Last, First, MI), Degrees: Rossi, John, Ph.D.
Department: Professor, Department of Teaching and Learning, School of Education

(2) Name (Last, First, MI), Degrees: Hancock, Linda, RN-C, MSN, FNP, PhD
Department: Assistant Director, Office of Health Promotion

RESEARCH COORDINATORS:

(1) Name (Last, First, MI), Degrees: 
Department: 

(2) Name (Last, First, MI), Degrees: 
Department: 

USE OF A NON-VCU RESEARCH SITE/FACILITY:

PLEASE NOTE: If you plan to involve subjects in this study at a site/facility under the jurisdiction of an institution other than VCU or the VCU Health System, you must refer to the guidance on Use of a Non-VCU Research Site/Facility in the VCU IRB Written Policies and Procedures, (specifically WPP#: XVII-6) available at http://www.research.vcu.edu/irb/VCU/IRBWPP.doc. This guidance includes the requirements to: (1) request permission to involve subjects at the site in writing from the office of the person at that institution who has responsibility for protecting the rights and well being of human research subjects; and (2) determine that adequate resources are available at the site to conduct your study safely and effectively in full accordance with the approved protocol. You may proceed to conduct your study at the site only if that office or that person provides you with written permission to do so.

LIST PROPOSED SITES NOT UNDER THE JURISDICTION OF VCU OR THE VCU HEALTH SYSTEM:

(1) NAME OF SITE: University of Richmond

(2) NAME OF SITE: 

(3) NAME OF SITE: 

(4) NAME OF SITE: 

(5) NAME OF SITE: 

(6) NAME OF SITE: 

(7) NAME OF SITE: 

(8) NAME OF SITE: 

(9) NAME OF SITE: 

(10) NAME OF SITE: 

CONTINUE TO NEXT PAGE FOR:
SECTION 5: PROJECT DETAIL
SECTION 5: PROJECT DETAIL

ANSWER ALL OF THE FOLLOWING QUESTIONS (by marking the appropriate box to the right):

1. Will DRUG(s) be administered in this study? If YES, supply the following information (attach a separate sheet if necessary):
   DRUG NAME(s):
   □ YES  □ NO

   If drug is INVESTIGATIONAL or involves an IND, please complete the following:
   IND #:  HELD BY (check one):  □ SPONSOR  □ INVESTIGATOR  □ N/A
   • If IND is held by the SPONSOR, provide copy of the INVESTIGATOR’S BROCHURE and the SPONSOR’S PROTOCOL
   • If IND is held by the INVESTIGATOR, provide copy of the IND APPLICATION submitted to the FDA and safety information
   • Attach copy of FDA FORM 1572

2. Will BIOLOGIC(s) be used in this study? If YES, supply the following information:
   BIOLOGIC NAME(s):
   □ YES  □ NO

3. Are you evaluating MARKETED MEDICAL DEVICE(s) (including 510k devices) in this study? If YES, supply the following information:
   DEVICE NAME(s):
   □ YES  □ NO

   NAME OF MANUFACTURER:

   NOTE: In addition, provide any supporting documentation regarding LEVEL OF RISK (SIGNIFICANT vs. NON-SIGNIFICANT risk)

4. Are you evaluating INVESTIGATIONAL MEDICAL DEVICE(s) or a NEW USE FOR MARKETED MEDICAL DEVICE(s) in this study? If YES, supply the following information:
   DEVICE NAME(s):
   □ YES  □ NO

   NAME OF MANUFACTURER:

   IDE #:  HELD BY (check one):  □ SPONSOR  □ INVESTIGATOR  □ N/A
   • If IDE is held by the SPONSOR, provide a copy of the INVESTIGATOR’S BROCHURE and the SPONSOR’S PROTOCOL
   • If IDE is held by the INVESTIGATOR, provide a copy of the IDE APPLICATION submitted to the FDA
   NOTE: In addition, provide any supporting documentation regarding LEVEL OF RISK (SIGNIFICANT vs. NON-SIGNIFICANT risk)

5-A. Does this study involve the use of any procedure(s) that will expose the research volunteer to IONIZING RADIATION?
   □ YES (Proceed to 5-B)  □ NO (Proceed to Question 6)

5-B. If all of these procedures are for the direct clinical benefit of the research volunteer check YES. If any of these procedures are of research interest only and will not affect the clinical management of the research subject, check NO.
   □ YES (no further information required)  □ NO (Proceed to Question 5-C)

5-C. RADIATION SAFETY COMMITTEE (RSC) approval is required if you answered NO to item 5-B. Do you have RSC approval for this study?
   □ YES (Attach copy of RSC Approval Letter)  □ NO (Contact the Radiation Safety Section at 828-9131 for approval information

   NOTE: See also http://views.vcu.edu/oehs/radiation/humanuseguide.pdf

6. Does this study involve the use of RECOMBINANT DNA, BIO-HAZARDOUS SUBSTANCES (Adenovirus, HIV, Hepatitis B) and/or CARCINOGENS?
   □ YES  □ NO
   If YES, please see http://views.vcu.edu/oehs/chemical/ for guidance in submitting to the Institutional Biosafety Committee, or call the Office of Chemical and Biological Safety at 828-4866

7. Does this study involve GENE THERAPY?
   □ YES  □ NO
8. Is this a CANCER TREATMENT research study?
Yes ☐  No ☒
If YES, the research protocol must be reviewed and approved by the Massey Cancer Center Protocol Review and Monitoring System before IRB Review, and a copy of the approval letter provided.
For information, see http://www.vcu.edu/mcc/research_info/massey_protocol_review.htm or call the Administrator in the MCC Office for Clinical Research at 628-1939.

9. Will this study be conducted in the GENERAL CLINICAL RESEARCH CENTER (GCRC)?
Yes ☐  No ☒

10. Will the VCU/VCUHS INVESTIGATIONAL DRUG PHARMACY be utilized (required for all in-patient protocols)?
Yes ☐  No ☒
For information regarding the Investigational Drug Pharmacy, call 828-7901
If NO, your research synopsis must describe detailed, appropriate drug storage and dispensing plans

11. Has each investigator on your protocol completed and signed the CONFLICT OF INTEREST DISCLOSURE STATEMENT for this study?
Yes ☐  No ☒
See form and definition of “investigator” for COI purposes at http://www.research.vcu.edu/forms/ConflictofInterestDisclosureForm.doc

12. Does this study involve the creation of a HUMAN SUBJECTS REGISTRY (registries are sometimes called repositories, data sets, data banks, tissue or specimen banks) as an instrument for the conduct of research?
Yes ☐  No ☒
If YES, see guidance on Research Involving Data Registries/Specimen Banks in the VCU IRB Written Policies and Procedures (specifically WPP#: XVII-4) available at http://www.research.vcu.edu/irb/VCUIRBWPP.doc

13. Does this study involve GENETIC TESTING, that is, testing human tissue samples for heritable characteristics or storing human tissue samples for possible future such testing?
Yes ☐  No ☒
If YES, see guidance on Genetic Research (DNA) in the VCU IRB Written Policies and Procedures (specifically WPP#: XVII-5) available at http://www.research.vcu.edu/irb/VCUIRBWPP.doc

CONTINUE TO NEXT PAGE FOR
SECTION 6: RESEARCH SUBJECT INFORMATION
VULNERABLE SUBJECTS:
Consider your criteria for inclusion or exclusion of any subpopulation, review the following information, and identify research categories (as appropriate).

BOX 1: CHILDREN: If your inclusion or exclusion criteria permits the involvement of children as subjects, you must identify a research category below. Information should be included in the research synopsis to support the category and include a statement to support that the benefit to children outweighs the risks of the research procedures. PLEASE NOTE: In Virginia, anyone less than 18 years of age is considered a child. For statistical purposes, NIH considers anyone less than 21 years of age to be a child.

☐ Research not involving greater than minimal risk (45 CFR 46.404) – [see below for definition of minimal risk]

☐ Research involving greater than minimal risk but presenting the prospect of direct benefit to individual subjects (45.CFR 46.405)

☐ Research involving greater than minimal risk and no prospect of direct benefit to individual subjects, but likely to yield generalizable knowledge about the subject’s disorder or condition. (45.CFR 46.406)

☐ Research not otherwise approvable which presents an opportunity to understand, prevent, or alleviate a serious problem affecting the health or welfare of children. (45.CFR 46.407)¹

MINIMAL RISK means that the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

¹ PLEASE NOTE: Categories 406 and 407 REQUIRE BOTH parents to provide permission for the child’s participation unless one is deceased, unknown, incompetent, or only one parent has legal responsibility for care and custody.

BOX 2: PREGNANT WOMEN, HUMAN FETUSES, AND NEONATES: If your study is targeting pregnant women, human fetuses, or neonates as subjects, you must identify a research category below.

☐ Research involving pregnant women or fetuses (45.CFR46.204)

☐ Research involving neonates of uncertain viability and nonviable neonates (45.CFR46.205(a)(b)(c))

☐ Research involving neonates of certain viability (45.CFR46.205(d))

☐ Research involving after delivery, the placenta, the dead fetus or fetal material (45.CFR46.206)

☐ Research not otherwise approvable, which presents an opportunity to understand, prevent, or alleviate a serious problem affecting the health or welfare of pregnant women, fetuses, or neonates (45.CFR46.207)

BOX 3: PRISONERS: If you plan to allow for the enrollment of subjects who are or may become a prisoner, you must identify a research category below.

☐ Research involving study of the possible causes, effects, and processes of incarceration, and of criminal behavior, provided that the study presents no more than minimal risk and no more than inconvenience to the subjects (45.CFR 46.306(a)(2)(A)) – [NOTE: see next page for definition of minimal risk]

☐ Research involving study of prisons as institutional structures or of prisoners as incarcerated persons, provided that the study presents no more than minimal risk and no more than inconvenience to the subjects (45.CFR 46.306(a)(2)(B)) – [NOTE: see next page for definition of minimal risk]

☐ Research on conditions particularly affecting prisoners as a class (for example, vaccine trials and other research on hepatitis which is much more prevalent in prisons than elsewhere; and research on social and psychological problems such as alcoholism, drug addiction, and sexual assaults) provided that the study may proceed only after the Secretary (through OHRP) has consulted with appropriate experts including experts in penology, medicine, and ethics, and published notice, in the Federal Register, of his intent to approve such research (45.CFR 46.306(a)(2)(C))

☐ Research on practices, both innovative and accepted, which have the intent and reasonable probability of improving the health or
well-being of the subject. In cases in which those studies require the assignment of prisoners in a manner consistent with protocols approved by the IRB to control groups which may not benefit from the research, the study may proceed only after the Secretary (through OHRP) has consulted with appropriate experts including experts in penology, medicine, and ethics, and published notice, in the Federal Register, of his intent to approve such research (45.CFR 46.306(a)(2)(D))

☐ Research defined as public health research that focuses on a particular condition or disease in order to (i) describe its prevalence or incidence by identifying all cases, including prisoner cases, or (ii) study potential risk factor associations, where the human subjects may include prisoners in the study population but not exclusively as a target group, provided that the study presents no more than minimal risk and no more than inconvenience to the subjects

**MINIMAL RISK** means that the probability and magnitude of physical or psychological harm that is normally encountered in the daily lives or in the routine medical, dental, or psychological examination of healthy persons.

Please note: You must follow the VCU IRB Prisoner-Subject Guidance available at [http://www.research.vcu.edu/irb/guidance.htm](http://www.research.vcu.edu/irb/guidance.htm) and include the VCU IRB Prisoner-Subject Submission Form with your submission to the IRB

**SUBJECT ENROLLMENT PLAN:**
Anticipated # of SUBJECTS (if this is a multi-center study, list only subjects under this IRB approval):
- Total Study #: 12
- Is this a multi-center study? ☐ YES ☑ NO
- If YES, please provide: (1) # OF SITES: (2) # OF SUBJECTS ACROSS ALL SITES:

**CONSENT DOCUMENTATION:** (Mark the type of consent process/documentation planned):

☐ This study is submitted with a REQUEST FOR EXEMPTION and does not include documentation of informed consent

☑ STANDARD CONSENT FORM: A copy of the proposed consent form(s) to be signed by all subjects is attached to this submission

☐ CONSENT FORM FOR PRISONER SUBJECTS: A copy of the proposed consent form for prisoners is attached to this submission

☐ WAIVER OF DOCUMENTATION OF CONSENT: A request is being made to use a verbal consent statement and a copy of the proposed consent script is attached to this submission

☐ ASSENT FORM: A copy of the assent form for children or decisionally impaired persons is attached to this submission

☐ ASSENT WAIVER REQUEST: A request is being made to waive the requirement to obtain prospective assent from children or decisionally impaired persons. Your research synopsis should explain why the capability of some or all of the individuals is so limited that they cannot reasonably be consulted or that the intervention or procedure involved in the research holds out a prospect of direct benefit that is important to the health or well-being of the individuals and is available only in the context of the research.

☐ CONSENT WAIVER REQUEST: A request is being made to waive the requirement to obtain prospective informed consent from subjects. Your research synopsis should explain (i) why the project could not be practicably done if written consent were required, (ii) whether consent is normally obtained for the treatment/procedure, (iii) why the waiver will not adversely affect the rights and welfare of subjects who participate, and (iv) whether or not subjects will be debriefed after their participation.

☐ EMERGENCY RESEARCH CONSENT WAIVER

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CONTINUE TO NEXT PAGE FOR
SECTION 7: RESEARCH SYNOPSIS
Use of this template (outline) is required to provide a synopsis of your research to the IRB. Your responses should be in terms for the non-specialist to understand and be no more than 6 pages (single-spaced). Please also note that the VCU IRB uses a primary reviewer system. As such, not all reviewers receive a full copy of the protocol. Please make sure to address each area noted below. When not applicable, DO list the heading and simply indicate “N/A.” The synopsis is required with ALL submissions and MUST follow the template (outline). Failure to include it will delay review of your protocol.

I. TITLE

II. INVESTIGATORS: Include a list of key study personnel including key responsibilities.

III. CONFLICT OF INTEREST: Describe how the principal investigator and sub/co-investigators might benefit from the subject’s participation in this study or completion of the study in general. Do not describe (1) academic recognition such as publications or (2) grant or contract based support of VCU salary commensurate with the professional effort required for the conduct of the study.

IV. HYPOTHESIS: Briefly state the problem, background, importance of the research, and goals of the proposed study.

V. SPECIFIC AIDS

VI. BACKGROUND AND SIGNIFICANCE: Include information regarding pre-clinical and early human studies. List appropriate references.

VII. PRELIMINARY PROGRESS/DATA REPORT: if available

VIII. RESEARCH METHOD & DESIGN: Include a brief description of the study design and procedures.

IX. STATISTICAL ANALYSIS: for investigator-initiated studies

X. DATA AND SAFETY MONITORING: If the research involves greater than minimal risk and there is no provision made for data and safety monitoring by any sponsor, include a data and safety-monitoring plan that is suitable for the level of risk to be faced by subjects and the nature of the research involved.

XI. HUMAN SUBJECTS INSTRUCTIONS (Be sure to use the sub-headings under A-H):

A. DESCRIPTION: Provide a detailed description of the proposed involvement of human subjects in the work. Describe the characteristics of the subject population. Include the anticipated number to be enrolled at VCU and a breakdown by age, gender, ethnic makeup and populations requiring additional protections (if applicable). Identify the criteria for inclusion or exclusion of any subpopulation. Explain the rationale for the involvement of special cases of subjects, such as children, pregnant women, human fetuses, neonates, prisoners or others who are likely to be vulnerable. Please note: If your research involves prisoners, you must follow the VCU IRB Prisoner-Subject Guidance available at http://www.research.vcu.edu/forms/PIGuidance-Prisoner.doc

B. RESEARCH MATERIAL: Identify the sources of research material obtained from individually identifiable living human subjects in the form of specimens, records, or data. Indicate whether the material or data will be obtained specifically for research purposes or whether use will be made of existing specimens, records, or data.

C. RECRUITMENT PLAN: Describe plans for the recruitment of subjects and the consent procedures to be followed. Include the circumstances under which consent will be sought and obtained, who will seek it, the nature of the information to be provided to prospective subjects and the method documenting consent.

D. POTENTIAL RISKS: Describe potential risks whether physical, psychological, social, legal, or other and assess their likelihood and seriousness. Where appropriate, describe alternative treatments and procedures that might be advantageous to the subjects.

E. RISK REDUCTION: Describe the procedures for protecting against or minimizing potential risks, including risks to confidentiality, and assess their likely effectiveness. Where appropriate, discuss provisions for ensuring necessary medical or professional intervention in the event of adverse events to the subjects. Also, where appropriate, describe the provisions for monitoring the data collected to ensure the safety of subjects.

F. RISK/BENEFIT: Discuss why the risks to subjects are reasonable in relation to the anticipated benefits to subjects and in relation to the importance of the knowledge that may reasonably be expected to result. If a test article (investigational new drug, device, or biologic) is involved, name the test article and supply the FDA approval letter.

G. COMPENSATION PLAN: Compensation for subjects (if applicable) should be described, including possible total compensation, any proposed bonus, and any proposed reductions or penalties for not completing the protocol.

H. CONSENT ISSUES:

1. CONSENT SETTING (Who will obtain consent, where and when will consent be obtained, and how much time will subjects be afforded to make a decision to participate?)

2. COMPREHENSION (Will an assessment of consent material be conducted to assure the subjects [legally authorized representatives] understand the information?)

3. SPECIAL CONSENT PROVISIONS (If some or all subjects will be cognitively impaired, or have language/hearing difficulties, describe how capacity for consent will be determined. Please consider using the VCU Informed Consent Evaluation Instrument available at http://www.research.vcu.edu/forms/ICEval.doc)
4. If applicable, explain the ASSENT PROCESS for children.

5. If request is being made to WAIVE THE REQUIREMENT TO OBTAIN PROSPECTIVE ASSENT from children or decisionally impaired persons, explain why the capability of some or all of the individuals is so limited that they cannot reasonably be consulted or that the intervention or procedure involved in the research holds out a prospect of direct benefit that is important to the health or well-being of the individuals and is available only in the context of the research.

6. If request is being made to WAIVE THE REQUIREMENT TO OBTAIN PROSPECTIVE INFORMED CONSENT from subjects, explain (i) why the project could not be practically done if written consent were required, (ii) whether consent is normally obtained for the treatment/procedure, (iii) why the waiver will not adversely affect the rights and welfare of subjects who participate, and (iv) whether or not subjects will be debriefed after their participation.

7. If applicable, address the following issues related to GENETIC TESTING:
   a. **FUTURE CONTACT CONCERNING FURTHER GENETIC TESTING RESEARCH**: Describe the circumstances under which the subject might be contacted in the future concerning further participation in this or related genetic testing research.
   b. **FUTURE CONTACT CONCERNING GENETIC TESTING RESULTS**: If planned or possible future genetic testing results are unlikely to have clinical implications, then a statement that the results will not be made available to subjects may be appropriate. If results might be of clinical significance, then describe the circumstances and procedures by which subjects would receive results. Describe how subjects might access genetic counseling for assistance in understanding the implications of genetic testing results, and whether this might involve costs to subjects. Investigators should be aware that federal regulations, in general, require that testing results used in clinical management must have been obtained in a CLIA-certified laboratory.
   c. **WITHDRAWAL OF GENETIC TESTING CONSENT**: Describe whether and how subjects might in the future request to have test results and/or samples withdrawn in order to prevent further analysis, reporting, and/or testing.
   d. **GENETIC TESTING INVOLVING CHILDREN OR DECISIONALLY IMPAIRED SUBJECTS**: Describe procedures, if any, for re-consenting children upon the attainment of adulthood. Describe procedures for re-consenting subjects enrolled upon the consent of another decision-maker.
   e. **CONFIDENTIALITY**: Describe the extent to which genetic testing results will remain confidential and special precautions, if any, to protect confidentiality.

CONTINUE TO NEXT PAGE FOR
SECTION 8: SUBMISSION CHECKLIST
Section 7: Research Synopsis

I. Title: The Motives and Experiences of College Students Who Choose to Abstain From Drinking Alcohol.

II. Investigators:
   Richard Gayle, EdD, School of Education, Principal Investigator: Dissertation Director
   John Rossi, PhD, School of Education, Co-Investigator: Qualitative Analysis Consultant.
   Linda Hancock, RN-C, MSN, FNP, PhD, Assistant Director, VCU Office of Health Promotion, Co-Investigator: Health related behaviors consultant.
   Lisa Stone, MS, PhD candidate, VCU School of Education: Will recruit participants, conduct interviews, schedule focus groups, conduct focus groups, transcribe and analyze qualitative data.

III. Hypothesis:
   - Since this is an exploratory qualitative study investigating the motives and experiences of college students who choose to abstain from drinking alcohol, no a priori hypothesis is specified.

IV. Specific Aims:
   - To identify the reasons why students choose to abstain from drinking alcohol
   - To determine if these reasons can be incorporated into an educational program to reduce drinking among college students
   - To identify the structure that supports the students’ decision not to drink
   - To identify the people and events that hinder a student’s decision to abstain

V. Background and Significance:
   The consumption of alcohol among college students can be attributed to many negative outcomes. According to Hingson, Heeren, Winter, and Wechsler (2005), it is estimated that 1,700 college students between the ages of 18 and 24 die each year from alcohol-related unintentional injuries, including motor vehicle crashes, and more than 600,000 students between the ages of 18 and 24 are assaulted by another student who has been drinking. College students are at particular risk for these negative outcomes as the level of alcohol consumption among college students is greater than that of their non-college peers. Findings from the 2003 National Survey on Drug Use and Health (NSDUH) report that 43.5% of college students reported binge drinking within the past month and 17.6% reported heavy drinking within the same period. The NSDUH survey compared young adults 18-24 enrolled in college full-time with those attending part-time or not enrolled in college. Full-time college students reported past month drinking at a rate of 64.9% compared to 54.6% of those not enrolled full-
time. Binge and heavy drinking rates for college students were 43.5% and 17.6% respectively as compared to 38.7% and 13.5% respectively for those not attending full-time (Substance Abuse and Mental Health Services Administration, 2004). Binge drinking is defined as five or more drinks on the same occasion at least once in the past 30 days (includes heavy use) and Heavy use is defined as five or more drinks on the same occasion on at least 5 different days in the past 30 days. The definition for what constituted a drink is one can or bottle of beer, one glass of wine or one shot of liquor.

Despite educational and punitive measures employed by the colleges, the overall rate of binge drinking has not changed. In an analysis of surveys from 1993 to 2001, researchers from the Harvard College Alcohol Survey found no linear trend in binge-drinking rates over time. The proportion of students classified as binge-drinkers had not changed significantly between 1993 and 2001, 43.9% and 44.4% respectively. There was a trend, however, toward increasing frequency of binge drinking. From 1993 to 2001 the proportion of frequent binge drinkers rose from 19.75 to 22.8 while the proportion of occasional binge drinkers fell from 24.3% to 21.6%. During the same period, the percentage of students reporting abstaining from alcohol rose from 1993 to 2001 from 16.4% to 19.3% (Wechsler, et al., 2004).

Surveys to college students found that they believed alcohol helped in breaking the ice (77.4%), enhanced social activity (75.7%), facilitates male bonding (60.2%), facilitates peer connections (61.1%), and facilitates sexual opportunities (53.2%) (SIU, 2003, Recent Statistics 2003 section). While previous published research on alcohol use among college students have focused on the reasons why college students choose to drink, no study has investigated the reasons why college students have chosen to abstain from drinking alcohol. In order to lower the proportion of students engaged in binge and heavy drinking on college campuses, it would be helpful to first develop an understanding of the motives of those who choose not to drink. It would also be helpful to understand the experiences of those abstainers on a college campus where alcohol use among their peers is prevalent.

References


Section 7: Research Synopsis


VI. Preliminary Progress/Data Report:

N/A

VII. Research Method & Design:

The proposed study is qualitative and will employ an emergent design. There are two phases to the study.

*Phase I:* Undergraduate students from the University of Richmond will be recruited for participation through the use of flyers, letters to residence advisors, and messages via a campus-wide e-mail messaging system. To be eligible to participate, students must be at least 18 years of age, raised in the United States, and must have abstained from drinking alcohol and other mind-altering drugs for the past twelve months. After eligibility is confirmed, students will be scheduled for an interview. Consent will be obtained at the beginning of the interview according to guidelines set forth by the VCU Internal Review Board. Interviews will continue until 12 students have been identified as eligible for the focus groups (Phase II).

During the interview, participants will be asked questions the following open-ended questions in order to elicit information about their history and current experiences as an abstainer of alcohol:

- Describe your history with alcohol.
- Tell me about your how you feel about drinking alcohol?
- Tell me about your decision to abstain from drinking?
- Describe your social life here at college; who are you with and what do you do?
- What is it like to be an abstainer here at U of R?
- Is there anything about your decision to abstain from drinking that we have not talked about today?
- What do you think are the 5 most important reasons why you do not drink alcohol? Why?

Close-ended questions may be asked if necessary by the interviewer to help clarify the participants’ answers. Interviews will be audio-taped and transcribed. The participants will be given an alias for use on the transcription and for reporting of the responses.

*Phase II:* After all of the individual interviews have been completed, the participants will be assigned to one of three focus groups. The focus groups will discuss the decision making process of abstaining and the experiences as an abstainer on campus. The group discussions will also be audio taped and transcribed. The following script will serve as a guideline for the discussions.
Section 7: Research Synopsis

Script:

I would like thank you all for participating in this research study. We are here for the second phase of the study which is a group discussion about your experiences here at University of Richmond as an abstainer from alcohol. There are a few things I would like to go over before we begin:

- Remember, your participation is voluntary. You may leave at any time. You may also choose not to answer any of the questions I ask.
- In my reports, each of you will be identified by an alias.
- Comments/responses made during focus group session are confidential. They should not be discussed outside of the focus group.
- Everyone is encouraged to speak. You will be treated with respect. You will not be required to justify your points of view to me or other members of this group.
- I would like to tape this discussion so that I may accurately quote you when I write the findings from this study? If you prefer that your comments not be recorded on tape, please voice that objection now. After a transcript has been made, the digital audio file will be destroyed. You will only be mentioned in the findings by your alias.
- Do you have any questions about the focus group procedures?

The following questions will serve as guidelines for focus group discussions.

- How do your friends learn about your decision to abstain from drinking alcohol?
- How do your friends feel about your decision not to drink?
- How do your peers, other than your friends, feel about your decision not to drink?
- How do the feelings of your friends and peers affect how you feel about yourself?
- How does the university support your abstention?
- How does the university hinder your abstention?
- How has your decision to abstain from drinking shaped your college experience?

VIII. Statistical Analysis:
As this is a qualitative study there will be no statistical analysis. Information from interviews and focus groups will be organized and evaluated using standard qualitative methods.

IX. Data and Safety Monitoring:
N/A

X. Human Subjects Instruction:
A. Description:
Human subjects are providing the information for this study through the in-depth individual interview and focus group discussions. The study population will be
derived from full-time, undergraduate students from the University of Richmond. They must be at least 18 years of age, abstains from alcohol for at least 12 month prior to the study, abstains from other mind-altering substances, raised in the United States from birth, and able to attend both the initial interview and one of the follow-up focus group discussions. Efforts will be made to include students from all academic years (freshman, sophomore, etc.) and of mixed gender. It is intended to include at least 2 students of color to reflect the school’s population. International students will be excluded from participation as their cultural perspective and home country’s laws may confound the results. Eligibility will be confirmed through a phone interview (see Appendix D).

**B. Research Materials:**
The participants will provide their thoughts about how they feel about alcohol, their non-use of alcohol, their reasons for choosing to abstain and their experiences on campus as an abstainer in an environment where alcohol use is prevalent. These experiences and decisions will be further clarified through the focus group discussions.

**C. Recruitment Plan:**
Flyers will be posted in common areas in dorms and buildings around campus. Letters will be sent explaining the study to resident advisors asking them to make announcements about the study at meetings. An e-mail message will be sent through a campus-wide e-mail messaging system (see Appendices A, B and C).

**D. Potential Risks:**
There are minimal physical, psychological, social or legal risks associated with participation in this study. However:

1. though small, there is risk of breach of confidentiality

2. though unlikely in the abstaining population, it is possible that discussions related to alcohol consumption could be associated with unpleasant past events

**E. Risk Reduction:**
1. To reduce any potential confidentiality risks, aliases will be given to each participant for reporting purposes. All data will be stored in a secure facility. See Appendix E for destruction of material.

2. Information about how to contact counseling services available to the students is provided on the consent form. In addition, Dr. Linda Hancock, director of the VCU Office of Health Promotion, will be available to lend advice and consultation to the interviewer and focus group leader.

**F. Risk/benefit:**
The potential benefit for making positive changes in student drinking behaviors exceeds the minimal risk of participation.
Section 7: Research Synopsis

G. Compensation Plan:
The students will be given a gift card of their choosing from a local restaurant or electronics store in the amount of $15 after both the interview and group discussions for a total compensation of $30.

H. Consent Issues:
   1. Consent Setting:
      Consent will be obtained prior to initial interview in a private and relaxed environment on the University of Richmond campus. There will be no time constraints for the participant to read consent material and ask questions prior to their decision to participate. Subjects will receive a signed and dated copy of their own consent form. The consent process has been reviewed and approved by the University of Richmond IRB (see Appendix F)

   2. Comprehension:
      N/A

   3. Special Consent Provisions:
      N/A

   4. Assent Process:
      N/A

   5. Waive Requirement:
      N/A

   6. Genetic Testing:
      N/A
Participant Information and Consent Form

Title: The motives and experiences of college students who choose to abstain from drinking alcohol.

VCU IRB # - HM10008

Purpose:
The purposes of this study are (1) to understand the reasons why some college students choose not to drink alcohol in an environment where alcohol use is prevalent and (2) to understand your experiences as an alcohol abstainer. You are being asked to participate because you have indicated that you have abstained from drinking alcohol for the past year.

Description of the Study:
If you decide to be in this research study, you will be asked to sign this consent form after you have had all of your questions answered and understand what will happen to you.

In this study you will be asked to meet with Lisa Stone, Ph.D. candidate in the VCU School of Education, for a private interview. During the interview, you will be asked questions about your history of alcohol use, beliefs about alcohol use, reasons why you decided to abstain from drinking and your experiences at college as a person who abstains from drinking. The interview will last for 30-60 minutes. You will meet at a private location of mutual convenience on or near campus.

After all participants have been interviewed, you will be asked to return for participation in a focus group discussion. During this portion of the study, you will be asked to discuss the process by which you made the decision not to drink and your experiences at University of Richmond as an abstainer. You will also be asked about ways in which the college and your peers help or hinder your decision. The focus group meeting will last 30-60 minutes.

Both the interview and the focus group meetings will be audio taped to ensure accurate reporting of your responses to the questions. After the tapes have been transcribed, you will be asked to review your transcription for accuracy (30-60 minutes). You will be given an alias so your responses will remain anonymous to anyone reading the study.

Risks and Discomforts:
You may experience some emotional distress if you had a negative experience with alcohol, either on your own or through interactions with a friend or relative. If you find that participation in this study has caused any emotional distress, you should contact CAPS (University Counseling and Psychological Services) at 289-8119 and ask for Dr. Peter Levineness.
Benefits:
You will derive no personal benefit from this study. Your experiences, however, will help alcohol educators have a better understanding of all student populations on campus, not just those who consume alcohol. Your participation in this study will have no bearing on your wellness requirement. This study will not fulfill your need to take a wellness class, nor will it allow you to pass a course that you are currently taking.

Cost:
There is no monetary cost for participation in this study. Participation will total approximately 2-3 hours of your time.

Payment:
You will be compensated for your time by two $15 gift cards to local businesses (Ukrop’s, Coldstone, Best Buy or restaurants), one after the interview and another after the focus group, for a total of $30.

Alternatives:
This is not a therapeutic study. You have the alternative not to participate.

Confidentiality:
Confidentiality of your conversations, tapes and transcripts will be maintained throughout the study. You will be given an alias, so any reporting of your responses cannot be identified. However, the information from the study and the consent form signed by you may be looked at or copied for research or legal purposes by Virginia Commonwealth University. The information learned through this study will be presented for completion of a doctoral program and may also be published. In either instance, your identity will remain anonymous.

Voluntary Participation and Withdrawal:
You do not have to participate in this study. If you choose to participate, you may stop at any time without penalty. You may also choose not to answer particular questions that are asked in the study.

Questions:
In the future, you may have questions about your participation in this study. If you have any questions, contact: Lisa Stone at (804) 289-8464 or Dr. Richard Gayle at (804) 828-1948.

If you have any questions about your rights as a participant in this study, you may contact:
Office for Research Subjects Protection
Virginia Commonwealth University
800 East Leigh Street, Suite 111
P.O. Box 980568
Richmond, VA 23298
Telephone: (804) 828-0868
**Consent:**

I have been given the chance to read this consent form. I understand the information about this study. Questions that I wanted to ask about the study have been answered. My signature says I am willing to participate in this study. I understand that I will receive a signed and dated copy of this consent form for my records. By signing this consent form, I have not waived any of the legal rights that I otherwise would have as a subject in a research study.

<table>
<thead>
<tr>
<th>Participant name printed</th>
<th>Participant signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Name of Person Conducting Informed Consent Discussion/Witness printed

<table>
<thead>
<tr>
<th>Signature of Person Conducting Informed Consent Discussion/Witness</th>
<th>Date</th>
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</thead>
</table>

Investigator signature (if different from above) | Date |
Conflict of Interest Disclosure Statement

Under VCU Research Policy, the Principal Investigator and all others who have responsibility for the design, conduct, or reporting of research, must disclose financial interests in any external entity that is related to the work to be conducted under the proposed project or is interested in the results of the project. Providing this information is mandatory. Any individual who voluntarily discloses financial interests related to extramurally supported research projects should also use this form. Under the Virginia Public Records Act, this information may be made available to the public upon request.

Principal Investigator: Richard C. Gayle, Ed.D.
Funding Entity: N/A
Title of Research Project: The motives and experiences of college students who choose to abstain from drinking alcohol.

☐ Revisions to Grant/Contract ☐ Grant/Contract Continuation

Disclosure and Certification

By signature below, each individual certifies that either no Financial Interest exists or that a complete listing of all financial interest is provided on a Disclosure Supplement form. All individuals named below further acknowledge their responsibility to disclose any new Financial Interest obtained during the term of the award.

The Principal Investigator's signature certifies that all individuals required to make disclosures have been listed below.

A. Do you, your spouse, or dependent children have a Financial Interest in an external entity related to the work to be conducted under the project or interested in the results of the project? (See reverse for definitions of Financial Interests) - Check response below adjacent to your signature.

B. If the project is funded, to the best of your knowledge, does any VCU employee have a financial interest, including an ownership or equity interest, in the sponsor? Check response below adjacent to your signature.

C. Project is Unfunded: ☒

1. Signature (PI) Richard C. Gayle 11/12/05
   Print or Type Name of Principal Investigator
   Richard C. Gayle

2. Signature John Rossi 11-22-05
   Print or Type Name of Investigator
   John Rossi

3. Signature Linda Hancock 11/17/05
   Print or Type Name of Investigator
   Linda Hancock

4. Signature Lisa Proakis-Stone 11/17/05
   Print or Type Name of Investigator
   Lisa Proakis-Stone

5. Signature Date
   Print or Type Name of Investigator

(please attach additional pages as required)
The following elements are reminders of steps and documentation that must be included with your submission package. If required elements are missing or provided in an order other than noted below, your review will be delayed.

This checklist must be included as the last page of the IRB Initial Review Submission Form. If not applicable, indicate “N/A.”

1. VCU IRB Initial Review Submission Form Enclosed

2. Research Synopsis Enclosed: Required with ALL submissions and MUST follow the template (outline) in Section 7 of this form. Failure to include it or to follow the template (outline) WILL delay review of your protocol.

3. Protocol Enclosed: Sponsor’s protocol or investigator’s full research plan must be enclosed (if available). Note: If a full protocol exists, it must be submitted with the research synopsis. If no full protocol exists, the research synopsis will serve as the protocol and must be in sufficient detail, or it will be returned without review. Note: A grant application does not constitute a protocol or research synopsis.

4. Advertisements/Subject Recruitment Materials Enclosed: If approval is sought for advertisement/subject recruitment materials at this time

5. Informed Consent/Asent Document(S) Enclosed (if applicable): Informed consent document(s) should follow a version of the VCU IRB Consent Template (date of consent document and page number must appear on each page).

6. VCU IRB Prisoner-Subject Form Enclosed (if applicable)

7. FDA Form 1572 Enclosed: If investigational drugs are involved in the research

8. IND or IDE Application Enclosed: If a drug or device is used in the research and IND or IDE is held by the investigator [see Section 5(1) or 5(4) of this form]

9. Investigator’s Brochure Enclosed: If a drug or device is used in the study and the IND or IDE is held by the sponsor [see Section 5(1) or 5(4) of this form]

10. Documentation Regarding Level of Risk: If an investigational medical device or a new use for marketed medical device is being evaluated [see Section 5(4) of this form]

11. Radiation Safety Committee Approval Enclosed: If required [see Section 5(5) of this form]

12. Institutional Biosafety Committee Review: Requested, if required [see Section 5(6) of this form]

13. Massey Cancer Center Protocol Review and Monitoring System Approval Enclosed: If the project is a cancer treatment research protocol [see Section 5(8) of this form]

14. Conflict of Interest Disclosure Statement Enclosed: [see Section 5(11) of this form]

15. Research Application/Proposal Enclosed: If required [see Section 3 of this form]

16. Principal Investigator CV or 2-3 page BiSketch Enclosed: If submitting a biosketch, the NIH biosketch form (398) must be used. The biosketch form is located at the following website http://grants.nih.gov/grants/funding/phs398/biosketch.pdf. A sample biosketch is located at http://grants.nih.gov/grants/funding/phs398/biosketchsample.pdf. Adobe Acrobat 4.0 or higher is required for the biosketch form to be fillable.
17. **MEDICAL MONITOR CV or 2-3 page BIOSKETCH Enclosed** (if applicable): If submitting a biosketch, the NIH biosketch form (398) must be used. The biosketch form is located at the following website: [http://grants.nih.gov/grants/funding/phs398/biosketch.pdf](http://grants.nih.gov/grants/funding/phs398/biosketch.pdf). A sample biosketch is located at [http://grants.nih.gov/grants/funding/phs398/biosketchsample.pdf](http://grants.nih.gov/grants/funding/phs398/biosketchsample.pdf). Adobe Acrobat 4.0 or higher is required for the biosketch form to be fillable.

18. **OTHER:**

In addition, please ensure the following:

- 19. All key study personnel, including the principal investigator, sub/co-investigators, study coordinators, and students have completed **REQUIRED TRAINING ON HUMAN SUBJECTS PROTECTION** at VCU. The exam can be accessed from the following website: [http://www.research.vcu.edu/irb/education.htm](http://www.research.vcu.edu/irb/education.htm)

- 20. Principal Investigator, Medically Responsible Investigator (if applicable), Student (if applicable) and Department/Division Chair/person or Dean have **SIGNED THE APPROPRIATE STATEMENTS OF COMPLIANCE** on page 2 of this form.

- 21. The **REVIEW TYPE REQUESTED** [see SECTION 1 of this form] has been checked.
**PLEASE NOTE:** If required documents are missing, provided in an order other than noted below, or documents are not properly collated, your review will be delayed.

### I. If review type requested is **EXEMPT**, submit *(4) COLLATED SETS* containing the following documents in the order noted:
1. VCU IRB Initial Review Submission Form
2. Research Synopsis
3. Protocol (if available)
4. Advertisements/Subject Recruitment Materials (if applicable)
5. Conflict of Interest Disclosure Statement
6. Research Application/Proposal (if applicable)
7. Principal Investigator CV or 2-3 page Biosketch

### II. If review type requested is **EXPEDITED**, submit *(4) COLLATED SETS* containing the following documents in the order noted:
1. VCU IRB Initial Review Submission Form
2. Research Synopsis
3. Protocol (if available)
4. Advertisements/Subject Recruitment Materials (if applicable)
5. Informed Consent/Assent Document(s) (if applicable)
6. FDA Form 1572 (if applicable)
7. IND or IDE Application (if applicable)
8. Investigator’s Brochure (if applicable)
9. Radiation Safety Committee Approval Letter (if applicable)
10. Massey Cancer Center Protocol Review and Monitoring System Approval Letter (if applicable)
11. Conflict of Interest Disclosure Statement
12. Research Application/Proposal (if applicable)
13. Principal Investigator CV or 2-3 page Biosketch

### III. If review type requested is **FULL BOARD**, submit *(20) SETS IN TOTAL* as follows:

#### A) Submit *(4) COLLATED SETS* containing the following documents in the order noted:
1. VCU IRB Initial Review Submission Form
2. Research Synopsis
3. Protocol (if available)
4. Advertisements/Subject Recruitment Materials (if applicable)
5. Informed Consent/Assent Document(s) (if applicable)
6. VCU IRB Prisoner-Subject Form (if applicable)
7. FDA Form 1572 (if applicable)
8. IND or IDE Application (if applicable)
9. Investigator’s Brochure (if applicable)
10. Radiation Safety Committee Approval Letter (if applicable)
11. Massey Cancer Center Protocol Review and Monitoring System Approval Letter (if applicable)
12. Conflict of Interest Disclosure Statement
13. Research Application/Proposal (if applicable)
14. Principal Investigator CV or 2-3 page Biosketch
15. Medical Monitor CV or 2-3 page Biosketch

AND

#### B) Submit *(16) COLLATED SETS* containing the following documents in the order noted:
1. VCU IRB Initial Review Submission Form
2. Research Synopsis
3. Advertisements/Subject Recruitment Materials (if applicable)
4. Informed Consent/Assent Document(s) (if applicable)
5. VCU IRB Prisoner-Subject Form (if applicable)
6. Conflict of Interest Disclosure Statement

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1 Submit the 16 ADDITIONAL COPIES of the Conflict of Interest Disclosure Statement AND Disclosure Supplement Form(s) IF any of the investigators answered YES to one of the questions. Otherwise, submit only 4 COPIES.
Are you one of the 17% of U of R students who do not drink alcohol?

Then let your voice be heard!

Participants needed for a research study to understand the reasons why college students make the choice to abstain from drinking. The study also wants to know about your experiences as a non-drinker on campus.

Your participation is confidential and you will receive compensation for your time. Contact Lisa Stone at 289-8464.

*Participants must be at least 18 years old, raised in the U.S. and have abstained from drinking for at least the past year.
February 20, 2006

Dear Residence Assistant,

My name is Lisa Stone and I am the Interim Wellness Director at U of R and a doctoral student at VCU. My area of study is education, particularly health education. I have chosen to do my research on college students and alcohol use. As you are probably aware, alcohol use among students is a growing concern among most colleges around the country. Universities have spent a great deal of effort to try to reduce the quantity and frequency of alcohol consumption through education programs and increased punitive consequences. Unfortunately, these efforts have shown little results. Although there has been much research done to investigate the motivations to drink among college students, there has been no study done to date that investigates the reasons why some students abstain from drinking. This has become the focus of my doctoral dissertation.

I am asking for your help in the announcement/advertisement of the research study. I am looking for volunteers who would be willing to be interviewed about their decision to abstain from drinking and their experiences at U of R as a non-drinker. They need to have abstained from drinking for at least the past year and have been raised in the U.S. Participation consists of a private interview and a focus group with 3 other students. Their participation would be confidential and they will receive compensation in the form of gift cards to local merchants for their time. The total time commitment would be 1 ½ to 3 hours.

I would appreciate an announcement of the study at any group meetings with students. I am enclosing copies of the recruitment flyer. If you or any of your students have questions about the study, they can call me at 289-8464 or e-mail me at lstone2@richmond.edu.

Thanks for your help,

Lisa Stone
Appendix C

Spiderbytes Release:

Title: Participants needed for research study of non-drinking college students

Author: Lisa Stone

Category: Research Study

Contact:

Message: Participants are needed for a research study of college students who have abstained from drinking alcohol for at least the past year. Additional eligibility requirements: 18 years or older, lived in the US since birth, full-time undergraduate, and abstains from mind-altering drugs. Participants will be asked about the reasons for their abstention and related college experiences. They will also participate in a focus group discussion. Total time commitment is 1 ½ to 3 hours. Participants will be compensated for their time. Interested students contact Lisa Stone
Appendix D

Alcohol Abstinence Study
Eligibility Checklist
Phone Interview

Name: _______________________________________________________

1. Full-time undergraduate student at U of R?  _____ Yes  _____ No

2. 18 years or older?  _____ Yes  _____ No

3. Abstain from drinking alcohol for the past 12 months?  _____ Yes  _____ No

4. Abstains from mind-altering drugs?  _____ Yes  _____ No

5. Lived in the U.S. since birth?  _____ Yes  _____ No

6. Able to schedule an individual interview and participate in one of three focus group discussions.

Available days/times:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Academic Year: _____ Freshman  _____ Sophomore  _____ Junior  _____ Senior

Gender  _____ Male  _____ Female

Race:  _____ African American/Black (non-Hispanic)  _____ Asian
       _____ Caucasian/White (non-Hispanic)  _____ Hispanic/Latino
       _____ Native American Indian  _____ Pacific Islander/Hawaiian
Destruction of confidential information
IRB # HM10008

• The audio tapes from the individual interviews are digital and will be transferred to the computer after each interview. Once the transcript has been made and reviewed by the interviewee for accuracy, the file will be deleted.

• The audio tapes from the focus group discussions will be transferred to the computer after each group. The file will be deleted after the transcript is completed.

• The eligibility checklist will be shredded as soon as 12 eligible participants have been interviewed.
UNIVERSITY OF RICHMOND INSTITUTIONAL REVIEW BOARD FOR THE PROTECTION OF RESEARCH PARTICIPANTS
NOTICE OF ACTION

Date: 2/15/06

Name(s): Lisa Stone

Faculty ☐ Student ☐ Other ☒ Doctoral Student at VCU

Faculty Mentor: Richard Gayle

Is this for a class? ☐ yes ☒ no
If yes, department and course number

Project Title: The Motives and Experiences of College Students Who Choose to Abstain from Drinking Alcohol

The IRB has reviewed your research protocol by ☐ full review ☒ expedited review.
Your application is:

☐ Exempt from further review
   Your project does not fall within federal or university guidelines requiring review. If the nature of the project changes, you must resubmit this project for further review.

☒ Approved
   Please review the criteria for approval at the end of this form.

☐ Approved with conditions
   Please respond via email to the Chair of the IRB how you plan to address the concerns outlined at the end of this form.

☐ Third party verification required.

☐ Disapproved
   The IRB has some concerns regarding your proposed research; therefore, your project cannot be approved at this time. Please contact the Chair of the IRB to discuss the issues outlined at the end of this form.

☐ Incomplete
   A decision on your protocol has been temporarily withheld until the information listed at the end of this form is provided for IRB consideration. Please send this information to the Chair of the IRB via email.

Kathy Hoke, Chair
Institutional Review Board (8089)

2/15/06
Date

Notes: VCU approval attached.
Conditions of Approval

If your project has been approved by the University of Richmond Institutional Review Board for the Protection of Human Participants (IRB), this approval is based upon the conditions listed below. It is your responsibility to ensure that your research adheres to these guidelines.

1. IRB approval is for a period of one year. If this research project extends beyond one year, a request for renewal of approval (http://as.richmond.edu/facstaff/irbresources.htm) must be filed.

2. All subjects must receive a copy of the approved informed consent form. Unless a waiver of signature was given, researchers must keep copies of informed consent forms on file for three years.

3. Any substantive changes in the research project must be reported to the chair of the IRB. Changes shall not be initiated with IRB approval except where necessary to eliminate apparent immediate hazards to the subject. Based on the proposed changes, a new review may be necessary.

4. Any adverse reaction or other complication of the research which involves real or potential risk or injury to the subject must be reported to the Chair of the IRB immediately.

If your project has been approved with conditions or disapproved, or if your protocol is incomplete, please respond to the following concerns/questions of the IRB. Please send revisions or additional information to the Chair via email.
Vita

Lisa Proakis-Stone was born on September 4, 1964, in Los Angeles, California. She graduated from Monacan High School in Chesterfield County, Virginia in 1982. She received her Bachelor of Science degree in Psychology from James Madison University, Virginia in 1986. She received her Masters of Science in Exercise Science from Virginia Commonwealth University in 1990 after which she worked as an exercise physiologist until 1994. She began teaching health education and fitness classes as an adjunct faculty member at the University of Richmond beginning in 1994. From 1995 until 2003, Lisa also taught as an adjunct faculty member at Virginia Commonwealth University.