Aiming at Alcohol

When the Committee to Address Sexual Assault at Harvard reported to the Faculty of Arts and Sciences last spring, it pointedly observed, “Alcohol has been identified as a significant factor in a large majority of campus sexual assaults” (see “On Preventing Sexual Violence,” July-August 2003, page 68).

The problem is not new. In studies of binge drinking among college students, for instance, School of Public Health lecturer on social psychology Henry Wechsler has documented bingers’ involvement in insulting behavior, pushing or hitting, property damage, unwanted advances, and sexual assault (see “The Booze News,” March-April 1995, page 20). Former dean of the College Harry R. Lewis repeatedly reminded students about the legal consequences of under-age drinking, their right not to be imposed upon by roommates’ alcohol-fueled antisocial behavior; and the problems of unregulated access to alcohol at final-club parties and tailgating events (see, for example, “Aftermath of a Drug Bust,” September-October 1996, page 72, and “An Accident Waiting to Happen?” March-April 1999, page 69).

So it comes as no surprise that the present dean of the College, Benedict H. Gross—whose appointment was announced in April as the sexual-assault report circulated—has made a point of focusing on alcohol abuse. On October 16, Gross and Provost Steven E. Hyman followed up by appointing a Committee to Address Alcohol and Health at Harvard. It is charged with making recommendations by the end of the academic year on “prevention, education, outreach, and treatment services to reduce the negative health consequences associated with excessive alcohol consumption and alcohol abuse.” Currier House master and Shad professor of business ethics Joseph L. Badaracco Jr. chairs the committee, which is composed of another faculty representative; three students; two administrators; three medical professionals; and ex-officio representatives from the Office of Sexual Assault Prevention and Response (created to implement the sexual-assault report) and the Bureau of Study Counsel.

The timing seems more than ripe. In reporting the news, the Crimson noted that University Health Services (UHS) treated 24 undergraduates for alcohol poisoning in September, up from 15 in the year earlier, and 123 during the academic year ended June 30, 2003—nearly a sevenfold rise from five years ago. Although the increase may reflect students’ willingness to seek help (Harvard has made it clear that medical care will not trigger disciplinary consequences), fears have intensified that more students may be drinking dangerously. Following scares associated with beer kegs and students’ close encounters with North Harvard Street traffic at the 2000 Yale game, Dean Lewis imposed restrictions on drinking in the vicinity of the Stadium (see “Unsavory Record,” January-February 2001, page 83, and “Drying Out ‘The Game,’” November-December 2001, page 85).

Suggesting the scope of the committee’s work—and of the problems it must address—its charge extends to “health-related and educational issues” such as “training of residential House staff, student orientation and outreach programs, impediments to healthy student social life, and available UHS treatment services.” UHS reports to Hyman; as a neuroscientist and past director of the National Institute of Mental Health, he has focused on addiction. Accordingly, the committee will examine both the scientific literature on anti-drinking measures and the programs of other universities. And underlying these research efforts is a sense of urgency about what administrators characterize as a real public-health issue for the community.