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Yes, We Can!
Harm Reduction on Campus
Prevention strategies
- Alcohol
- Marijuana
- Prescription drugs

One university’s experience with alcohol harm reduction
NIAAA Taskforce on College Drinking Recommendations:
(2002 comprehensive review of existing research on college drinking)

Basic principles for best practice in changing culture of high risk drinking:

1. Think comprehensively.
2. Target multiple audiences simultaneously.
3. Implement evidence based, integrated strategies that address unique needs of your campus and community.

*Source:*  
*A Call to Action: Changing the Culture of Drinking at U.S. Colleges. NIAAA.*  [www.collegedrinkingprevention.gov](http://www.collegedrinkingprevention.gov)
Grounding Principles:

- Our decisions about alcohol are not only shaped by our individual characteristics.

- Our decisions about alcohol are influenced in large part by our physical, social, economic, and legal environment.

- To create cultural change, we must implement strategies that change environmental conditions that influence high risk drinking.

- More cost effective than individual strategies alone.
Best results will come if we focus on all three audiences simultaneously

1) Individual Students
   Not just those with dependency issues
   Engage students as early as possible

2) Student Body as a Whole
   Availability of alcohol to underage students
   Student perceptions of heavy alcohol use as the norm
   Large amounts of unstructured time

3) College Campus and the Surrounding Community
   Campus and community environments are mutually reinforcing.
   Must work together to create environment that supports, promotes, and normalizes healthy, low risk choices for students.
What community conditions make high-risk drinking more likely?

Environmental conditions to consider:
- Access (price, excise taxes)
- Physical availability within a small geographical area
- Marketing & promotion of alcohol
- Enforcement of alcohol laws (police and retailers)
- Alcohol free options
- Community norms & traditions
NIAAA Taskforce divided strategies into the following tiers based on supporting research:

- Tier 1: Evidence of effectiveness among college students
- Tier 2: Evidence of success with general population
- Tier 3: Evidence of logical and theoretical promise
- Tier 4: Evidence of ineffectiveness
Combining cognitive-behavioral skills with norms clarification.
  - Change dysfunctional beliefs and thinking about alcohol’s effects
  - Increase stress management skills
  - Examine perceptions about acceptability of abusive drinking

Offering brief motivational enhancement interventions.
  - BASICS program (Brief Alcohol Screening and Intervention for College Students).

Challenging alcohol expectancies.
  - Decrease expectancies that alcohol will produce positive effects in sociability and sexual attractiveness.
Tier 2:
Evidence of Success With General Populations That Could Be Applied to College Environments

- Increased enforcement of minimum drinking age laws (our case: full enforcement of Code of Student Life)
- Restrictions on alcohol retail outlet density
- Increased prices and excise taxes on alcoholic beverages.
- Responsible beverage service policies in social and commercial settings
- The formation of a campus and community coalition involving all major stakeholders
Tier 3: Evidence of Logical and Theoretical Promise

- Reinstating Friday classes and exams to reduce Thursday night partying; possibly scheduling Saturday morning classes.

- Implementing alcohol-free, expanded late-night student activities.

- Establishing alcohol-free dormitories.

- Increasing publicity about and enforcement of underage drinking laws on campus and eliminating "mixed messages".

- Consistently enforcing disciplinary actions associated with policy violations

- Provision of "safe rides" programs

- Regulation of happy hours and sales

- Informing new students and their parents about alcohol policies and penalties before arrival and during orientation periods.
Tier 4: Evidence of Ineffectiveness

- Informational, knowledge-based, or values clarification interventions about alcohol and the problems related to its excessive use, when used alone.
  - Although educational components are integral to some successful interventions, they do not appear to be effective in isolation.
  - Despite this evidence, informational/educational strategies are the most commonly utilized techniques for individually focused prevention on college campuses.

- Providing blood alcohol content feedback to students.
  - Providing this information to students who are drinking must be approached with caution.
  - Some researchers have found that the presence of immediate breath analysis feedback can actually encourage excessive drinking when students make a contest of achieving high BACs.
A SOBERING VIEW OF WHAT IMPAIRMENT CAN DO

The internationally popular hands-on program is used to educate people of all ages about the consequences of alcohol misuse and addiction.

Vision® Goggles use special lens technology to allow the wearer to experience a real-world impairment.

Alcohol Awareness Week 2014

Please Don’t Drink & Drive

mocktails.
Research update in 2009

Formed President’s Working Group in 2011

Based on feedback from President’s Working Group, NIAAA is developing the College AIM (Alcohol Intervention Matrix). AIM will allow users to search for strategies according to intervention level (e.g., individual, group, campus-wide, community) and evaluate factors such as effectiveness, cost, and ease of implementation.

CollegeAIM is being finalized and is scheduled for release in September 2015 with participation from the NIAAA College President’s Working Group (current membership – 13 presidents)
NIAAA commissioned researchers to evaluate existing interventions and the research supporting them:

- 60 types of interventions, both individual and environmental, were looked at across a range of parameters including effectiveness, cost, barriers, public health reach, strategy level and others.

- Final product will include decision matrices and summary charts.
Strategies

CAMPUS-ONLY (ENV)
- Alcohol-free campuses
- Prohibition of alcohol use/service/sales at:
  - campus social events
  - sporting events
- Standards for alcohol service at social events
- Requirement of Friday morning classes
- Campus-wide social norms campaign
- Substance-free residence halls
- Amnesty policies
- Requirement of alcohol-free programming
- Bystander interventions

COMMUNITY-BASED ONLY (ENV)
- Increase alcohol tax
- Retain state-run alcohol retail stores (where applicable)
- Dram shop liability laws pertaining to:
  - Sales to underage
  - Sales to intoxicated
- Retain age-21 drinking age
- Require unique design for state IDs for age <21
- Responsible beverage service training laws
- Increase cost of alcohol license
- Limit number/density of alcohol establishments
- Prohibit home delivery of alcohol
- Keg registration laws
- Social host laws:
  - Property
  - Provision of alcohol
- Noisy assembly laws
- Shoulder tap campaigns

CAMPUS OR COMMUNITY-BASED (ENV)
- Prohibition of beer kegs
- Restriction of alcohol sponsorship and advertising
- Retain ban on Sunday sales (where applicable)
- Retain restrictions on hours of alcohol sales
- Restrictions on happy hours/price promotions
- Beverage service training programs:
  - Sales to underage
  - Sales to intoxicated
- Minimum age requirements to serve/sell alcohol
- Enforcement of age-21 drinking age, e.g., compliance check campaigns
- Party patrols
- Safe-rides program

COGNITIVE-BEHAVIORAL SKILLS-BASED (IND)
- Expectancy challenge interventions (ECI):
  - In vivo / experiential expectancy challenge
  - By proxy / didactic / discussion expectancy challenge alone
  - Self-monitoring/self-assessment alone
  - Goal/intention-setting alone
  - BAC feedback alone
  - Multi-component alcohol skills training:
    - Alcohol Skills Training Program (ASTP)
    - Alcohol 101
    - Parent-based alcohol communication training
    - General life skills training/lifestyle balance/coping

MOTIVATIONAL/FEEDBACK-BASED (IND)
- In-person Brief Motivational Intervention (BMI)
  - BMI - Individual
  - BMI - Group
- Electronic/mailed Personalized Feedback Intervention (PFI):
  - e-CHECKUpToGo (formerly e-CHUG)
  - CheckYourDrinking.net (beta 1.0 version)
- College Drinkers CheckUp (CDCU)
- General PFI programs
- Multi-component education-focused programs:
  - AlcoholEdu for College
  - General MCEFP

EDUCATION/AWARENESS PROGRAMS (IND)
- Information/knowledge/education alone
- Values clarification alone
- Normative re-education: In-person norms clarification alone
- Electronic/mailed Personalized Normative Feedback (PNF):
  - Event Specific Prevention (21st birthday cards)
  - General PNF programs

INTENSIVE TREATMENT AND MEDICATION (IND)
- Psychotherapy
- Medication (Naltrexone)
Can the alcohol framework be applied to other drugs?

What resources are available to categorize or evaluate interventions/approaches?
Alcohol “wins” have come from...

- Embracing a public health model
  - Addressing individual and environment simultaneously
  - Linking strategies to local conditions
- Using evidence-based practices specifically focused on alcohol
  - Tier 1
  - Tier 2 when appropriate
  - Tier 3 (such as alternative activities)
- Coalition building
  - Involving all sectors of the campus-community
Institutes of Medicine – Levels of Prevention

- Indicated Preventive Interventions: For those with symptoms
- Selective Preventive Interventions: For at-risk groups
- Universal Preventive Interventions: For the entire population
Prevention Frameworks

- Strategies should align with multiple categories:
  - Provide information
  - Build skills
  - Provide support
  - Change barriers/access
  - Change consequences/incentives
  - Alter the physical design
  - Change policies, practices, rules

- Individual focused
- Environment focused

SAMHSA
Marijuana

- Strategy reviews for “youth” – most are not targeted at college
- Root causes: favorable norms, access/availability, perceived risk
- Rapidly changing climate with legalization
- Effective college-level strategies:
  - Campus-community coalitions
  - Enforcement
  - Media campaigns (when part of comprehensive approach)
  - Motivational enhancement interventions
Marijuana

- Most consequence measures are adapted from alcohol so may miss key concerns

- Top 5 concerns endorsed by college users:
  1. Eating too much
  2. Sleep problems
  3. Productivity, apathy, motivation
  4. Cognitive abilities, attention, concentration trouble
  5. Memory problems

Walter, Kilmer, Logan, & Lee (2012)
Example: Marijuana

- **Provide information:** Distribute information about marijuana risks to parents of new students.
- **Build skills:** Provide training for Resident Assistants on watching for abuse signs.
- **Provide support:** Ensure marijuana violators complete e-Checkup to Go or a face-to-face motivational enhancement intervention.
- **Change policies, practices, rules:** Consistent enforcement, including driving; in legalization environments consider zoning density regulations for dispensaries/advertising restrictions.
Some agencies differentiate between misuse and abuse.

Strategies should be linked to root causes based on your analysis of local conditions.

Resources:
- CADCA (learning.cadca.org – online courses, Rx Toolkit)
- Talkaboutrx.org (College Resource Kit)
Example: Rx Meds

- **Provide information**: Distribute information about sharing meds to students
- **Provide support**: ensure providers screen for Rx abuse and refer to treatment, if indicated (NIDA Modified Assist give risk level for Rx abuse)
- **Change barriers/access**: Increase access to mental health/substance abuse services
- **Change policies, practices, rules**: Institute prescription guidelines for Student Health (e.g., renewal dates, lost scripts, follow-up appts)
Indicated preventive interventions
Selective Preventive Interventions
Universal Preventive Interventions

For those with symptoms
For the entire population
For at-risk groups
Strategies should align with multiple categories:

- Provide information
- Build skills
- Provide support
- Change barriers/access
- Change consequences/incentives
- Alter the physical design
- Change policies, practices, rules

**Individual focused**

**Environment focused**
Streamlined Logic Model

What is the problem?

These problems...
[Add Yours Here]

But why here?

...specifically in our community...
Local conditions
[Add Yours Here]

...can be addressed thru these strategies...
Individual Strategies
Subpopulation Strategies
Campus-wide Strategies
Community Strategies

What can we do about it?

So what? How will we know?

...and we will use these tools to measure our impact...
Metrics
Case Study:
University of Iowa 2009-2015
<table>
<thead>
<tr>
<th>Factor</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Greek System</td>
<td>✔</td>
</tr>
<tr>
<td>Athletics influential</td>
<td>✔</td>
</tr>
<tr>
<td>4 year (vs. 2 year)</td>
<td>✔</td>
</tr>
<tr>
<td>Non-commuter</td>
<td>✔</td>
</tr>
<tr>
<td>North Central or North East location</td>
<td>✔</td>
</tr>
<tr>
<td>Rural or Small Town</td>
<td>✔</td>
</tr>
<tr>
<td>Outlet density</td>
<td>✔</td>
</tr>
<tr>
<td>Low pricing</td>
<td>✔</td>
</tr>
</tbody>
</table>

**Plus:** Minimum bar entry age less than minimum legal drinking age

http://www.collegedrinkingprevention.gov/niaaacollegematerials/panel01/highrisk_05.aspx
What does it take to effect change?

- Known effective (Tier 1), or at least promising (Tier 2), or at least theoretically plausible (Tier 3) practices
- Metrics we believe in
- Commitment

- Used 10 out of last 30 days
- High risk drinking last 2 weeks
- Number of drinks last time partied

e.g.,
- Published plan
- Specific goals
- Staffing
- Budget
What’s happened since 2009?

**Alcohol use (last 30 days)**
- Any use: 85.2% **down** to 74.1% (2,220 fewer students)
- 10+ days of use: 36.4% **down** to 26.1% (2,060 fewer students)

**High risk drinking (last 2 weeks)**
- Any: 70.3% **down** to 54.2% (3,220 fewer students)
- Frequent (3+ times): 41.1% **down** to 27.3% (2,760 fewer students)

**Average number of drinks**
7.43 **down** to 5.77
10+ Days of Use

- 2009: 36.4%
- 2011: 26.1%
- 2012: 20%
- 2013: 17%
- 2014: 15%
- 2015: 26.1%
High Risk Drinking last 2 weeks

58.3% 54.2%
Frequency of High Risk Drinking

- None: 45.8% in 2015
- Occasional (1-2 times): 27.3% in 2015
- Frequent (3+ times): 26.9% in 2015
Reducing Alcohol Harm: Four logical possibilities

- Admit fewer students who will drink in high risk ways
- Keep students who aren’t high risk drinkers from becoming high risk drinkers
- Move high risk drinkers away from high risk drinking
- Separate high risk drinkers from the university
Levels of intervention: A 3 ½ in 1 framework

- Individual students
- Student body as a whole
  - Identifiable subgroups of students
- College campus and surrounding community environment
The larger community
Local ordinance

- The issue: minimum bar entry age = 19 (after 10:00)
- 2010: Council passes 21 ordinance with UI support (inc. expanded conduct enforcement, funding for late night entertainment)
- 2011: Referendum to repeal 21 ordinance- defeated 52% to 48%
- 2013: Referendum to repeal 21 ordinance- defeated 66% to 34%.
21 Ordinance fears

- Tumbleweeds blowing through the streets of downtown Iowa City
- Mayhem in the neighborhoods
- Decreased enrollment

Unusual(?) town/gown collaboration
Coalition building

- Partnership for Alcohol Safety (campus/community)
  - Business
  - Local government
  - Law enforcement
  - Faith community
  - Schools
  - etc.
Distributed to parents of all incoming students

Evidence based: reduces non-drinker to drinker transition and reduces growth in consumption

Individual Students

- Indicated Preventive Interventions
  - For those with symptoms
- Selective Preventive Interventions
- Universal Preventive Interventions
Brief Alcohol Screening and Intervention for College Students

- Individual motivational interview (2 sessions)
- Mandated (alcohol in residence halls, underage possession, public intoxication, etc.)
- Incentivized for sophomores with high scores on health risk assessment

Critical MASS

- Faculty and staff volunteers
- Goals
  - Connection
  - Check-in
  - Early intervention
- Brief annual training
  - 4 sessions over 3-4 months
- Mandated
"[The program] didn't just focus on what you did, but helped find clubs and programs that will help with my future career option(s)"

My mentor was great. We never had a problem scheduling a time or place to meet. I didn't dread the meetings like I thought I would.

Developing a good relationship with my mentor really made things easy and I can now contact her whenever I need guidance or someone to talk to.
Indicated preventive interventions
Selective Preventive Interventions
Universal Preventive Interventions

For the entire population
e-CHECKUP TO GO

Provides students with personalized profile and feedback on:

- how their drinking compares to others,
- their personal risk factors,
- relationship and health consequences,
- unique family risk factors, and the
- amount of money they spend on alcohol each month

Hard mandate for all entering undergraduates; part of required “College Expectations” course.

http://www.echeckuptogo.com/usa/research/
Late night entertainment

- Funding: $200K - $250K
- Programming for students, by students
- Thursday, Friday, Saturday

<table>
<thead>
<tr>
<th>Program</th>
<th>Cost per Student</th>
<th>Cost per Likely Drinker</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAB Films</td>
<td>$3.48</td>
<td>$7.56</td>
</tr>
<tr>
<td>CAB Night Hawks</td>
<td>$10.74</td>
<td>$22.37</td>
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<tr>
<td>CAB Comedy</td>
<td>$24.86</td>
<td>$46.90</td>
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<tr>
<td>SCOPE Concerts</td>
<td>$10.05</td>
<td>$12.88</td>
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<tr>
<td>CSIL Grant Funding</td>
<td>$2.25</td>
<td>$3.75</td>
</tr>
<tr>
<td>Fraternity &amp; Sorority Life</td>
<td>$8.88</td>
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<tr>
<td>Late Night Programs</td>
<td></td>
<td>$19.73</td>
</tr>
<tr>
<td>Bijou Late Night Movies</td>
<td>$15.18</td>
<td></td>
</tr>
</tbody>
</table>
Subgroups of students

Indicated preventive interventions
Selective Preventive Interventions
Universal Preventive Interventions

For at-risk groups
Arrest and Citation Ratios
F/S Members: Students in General

- Men
- Women

AY 90 to AY 13
Fraternities and Sororities

Ratio of Greek Arrests and Citations to Arrests and Citations for All Students

- *Sororities to all UG women*
- *Fraternities to all UG men*

- Spring 11
- Fall 11
- Spring 12
- Fall 12
- Spring 13
- Fall 13
- Spring 14
- Fall 14
- Spring 15
Intramural participants
High-risk drinking

- All Students
- Men
- Women
- Under Age 21
- Age 21+
- Greek Students
- Intramural Participants

2009: 82.8%, 77.4%, 70.3%, 66.7%, 82.8%, 70.1%
2011: 82.1%, 74.8%, 70.3%, 64.4%, 82.8%, 67.3%
2012: 82.8%, 74.8%, 70.3%, 66.7%, 82.8%, 65.4%
2013: 59.5%, 54.2%, 49.6%, 44.7%
2014: 59.5%, 54.2%, 49.6%, 44.7%
2015: 59.5%, 54.2%, 49.6%, 44.7%
• 55.7% of participants changed at least one drinking behavior
• 30.7% didn’t use alcohol to begin with

3 month follow up survey from 2014-2015: n=140
Culture change

- Norms, including rules
- Traditions
- Language
- Artifacts
Comments, questions, observations, disputation... 

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