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Yes, We Can!
Harm Reduction on Campus
Topics

- 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]
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 BE

The internationally popular hands-on program used to educate people of all ages about the consequences of alcohol misuse and abuse. Fatal Vision® Goggles use special lens technology that allows the wearer to experience a real-life impairment.

Alcohol Awareness Week 2014

Please Don't Drink & Drive

mocktails.
NIAAA Updates

- 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 Plus
  - Parent-based alcohol communication training
  - General life skills training/lifestyle balance/coping

**EDUCATION/AWARENESS PROGRAMS (IND)**
- Information/knowledge/education alone
  - 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

**MOTIVATIONAL/FEEDBACK-BASED (IND)**
- In-person Brief Motivational Intervention (BMI)
  - (e.g., BASICS):
    - 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 MCEF

**INTENSIVE TREATMENT AND MEDICATION (IND)**
- Psychotherapy
- Medication (Naltrexone)
Prevention Frameworks for other substances

- 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

- Universal Preventive Interventions: For the entire population
- Selective Preventive Interventions: For at-risk groups
- Indicated preventive interventions: For those with symptoms
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**
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 at-risk groups
For the entire population
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
These problems…

[Add Yours Here]

What is the problem?

But why here?

...specifically in our community...

Local conditions

[Add Yours Here]

[Add Yours Here]

[Add Yours Here]

What can we do about it?

...can be addressed thru these strategies...

Individual Strategies

Subpopulation Strategies

Campus-wide Strategies

Community Strategies

So what? How will we know?

...and we will use these tools to measure our impact...

Metrics
Case Study: University of Iowa 2009-2015
## Environmental Risk Factors

<table>
<thead>
<tr>
<th>Factor</th>
<th></th>
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<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>
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</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
<table>
<thead>
<tr>
<th>What’s happened since 2009?</th>
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</thead>
<tbody>
<tr>
<td><strong>Alcohol use (last 30 days)</strong></td>
</tr>
<tr>
<td>- Any use: 85.2% <strong>down</strong> to 74.1% (2,220 fewer students)</td>
</tr>
<tr>
<td>- 10+ days of use: 36.4% <strong>down</strong> to 26.1% (2,060 fewer students)</td>
</tr>
</tbody>
</table>

**Average number of drinks**
7.43 **down** to 5.77
Alcohol Use in Last 30 Days

86.9% to 74.1%
High Risk Drinking last 2 weeks

[Line graph showing percentage of high risk drinking from 1991 to 2015, with peak at 58.3% in 1999, followed by a decline to 54.2% 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.
Student body

Indicated preventive interventions

Selective Preventive Interventions

Universal Preventive Interventions

For the entire population
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>
</tr>
<tr>
<td>CAB Comedy</td>
<td>$24.86</td>
<td>$46.90</td>
</tr>
<tr>
<td>SCOPE Concerts</td>
<td>$10.05</td>
<td>$12.88</td>
</tr>
<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>
<td>N/A</td>
</tr>
<tr>
<td>Late Night Programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bijou Late Night Movies</td>
<td>$15.18</td>
<td>$19.73</td>
</tr>
</tbody>
</table>
Subgroups of students

- Indicated preventive interventions
- Selective Preventive Interventions
- Universal Preventive Interventions

For at-risk groups
Fraternity and Sorority Members

Arrest and Citation Ratios
F/S Members : Students in General

Men
Women

AY 90
AY 91
AY 92
AY 93
AY 94
AY 95
AY 96
AY 97
AY 98
AY 99
AY 00
AY 01
AY 02
AY 03
AY 04
AY 05
AY 06
AY 07
AY 08
AY 09
AY 10
AY 11
AY 12
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
Intramural participants
High-risk drinking

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

Percentage trends from 2009 to 2015:
- Greeks:
  - 2009: 82.8%
  - 2015: 70.1%
- Intramural Participants:
  - 2009: 77.4%
  - 2015: 67.3%
Red Watch Band- Alcohol bystander training

• 55.7% of participants changed at least one drinking behavior
• 30.7% didn’t use alcohol to begin with

- 28.6% used alcohol on fewer days
- 25.0% consumed fewer drinks
- 24.3% alternated with non-alcoholic drinks
- 23.6% did not exceed a set number of drinks
- 10.7% avoided drinking games
- 5.0% stopped drinking

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

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

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