Dartmouth-Led High-Risk Drinking Collaborative Notes Progress

More than 30 colleges and universities meet in Boston this week to assess and renew NCHIP efforts.

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Two years after Dartmouth led a collaborative effort of 32 colleges and universities to reduce the harms associated with high-risk drinking, the number of its students treated for extreme alcohol intoxication has been reduced by more than half.

This week, the first group of schools participating in the collaborative—known as the National College Health Improvement Program (NCHIP)—will meet in Boston for a two-day summit. NCHIP’s success to date has generated interest from other colleges and universities that want to join the next phase of the collaborative alongside a core group of the original schools, including Acadia, Bucknell, Cornell, Dartmouth, DePauw, Southern Methodist, Stony Brook, University of Vermont, and Yale.

Discussions are also taking place about forming similar collaboratives throughout the state schools of Maryland and among a number of Canadian institutions.

Dartmouth President Philip J. Hanlon ’77 says the Boston summit is a time to assess the efforts so far and determine how to continue the work already under way.

"As we gather in Boston with our peers from across the country, we remain committed to making significant, measurable inroads into the widespread and persistent problem of high-risk drinking on college campuses." Hanlon says. "This is a dangerous practice among college students and I am pleased that Dartmouth will continue to lead the effort to keep students safe."

"We will also broaden the data-driven, action-oriented strategy we committed to when we established the program two years ago with the goal of closing the gap between research and practice. The strength of NCHIP is that it enables rapid sharing of the knowledge we gain and quick adaptation of evidence-based strategies to suit the unique circumstances at each institution," Hanlon says.

Dartmouth’s NCHIP team had as its ambitious goal the eradication of cases of medical interventions in which students registered a blood alcohol count (BAC) greater than .25, which is more than three times the legal limit in the state of New Hampshire.

In the school year that just concluded (2012-13), 31 Dartmouth students with a BAC greater than .25 needed medical attention at the campus infirmary or at nearby Dartmouth-Hitchcock Medical Center. That number is down from 63 the previous
year and down from 80 two years ago, the year NCHIP was started by then-President Jim Yong Kim, a public health physician who is now president of the World Bank.

Before the NCHIP initiative, Dartmouth had instituted a "Good Samaritan" policy, which stipulates that students can call campus Safety and Security without the concern of College disciplinary action when an intoxicated student—often with high BAC levels—is in need of medical attention.

College data shows that as incidents of medical intervention for a BAC greater than .25 decreased, the number of Good Sam calls remained consistent at 43-44 percent of all incidents with intoxicated students.

Dartmouth’s Dean of the College Charlotte Johnson says the NCHIP data generated so far is encouraging.

"While the information collected over these two years provides reason to be cautiously optimistic, additional time, study, and evaluation are needed before firm conclusions can be drawn about the efficacy of our efforts. We have more work to do," she says.

Timothy Marchell, director of Mental Health Initiatives at Cornell, says NCHIP has made a significant difference in prevention efforts, particularly at the level of collaboration between administrators and student leaders.

"We take a comprehensive approach to reducing alcohol problems among our students," he says. "NCHIP has enabled us take those efforts to the next level. Since the beginning of the project, we've seen a 7 percent reduction in high-risk drinking overall."

Jon Porter, a primary-care physician who directs the Center for Health and Wellness at the University of Vermont, says the collaborative has had a significant impact on UVM's work.

"While we have taken the issue of high-risk alcohol use seriously for many years, our work over the last two years with NCHIP has moved us forward in very important ways," he says. "We have built a system which allows us to collect real-time, credible information about the prevalence of high-risk behavior and the impact it has on individuals and on the community."

"This information in turn allows us to target our resources strategically in ways that will provide the best outcomes," says Porter. "And this commitment to collecting high quality data allows us to confidently identify important issues and trends and to understand when our interventions are effective and when they are not."
At the heart of the NCHIP effort is a methodology called “Plan-Do-Study-Act,” which allows local NCHIP teams to devise a way to address a problem, put it into immediate use on a small scale, study the results, and then make rapid changes based on the results. The collaborative enables and encourages individual institutions to tailor their approaches to high-risk drinking to best suit their campuses.

This week’s NCHIP Summative Congress will include colleges and universities not in the first round of the collaborative that are interested in joining a second wave of NCHIP. A core group of original schools, including Dartmouth, will form a Leadership Network, which will continue its evidence-based work to find successful strategies and share lessons learned with the next round of schools. Over the last two years, NCHIP schools developed and adapted an array of intervention tools, including:

• A program called BASICS, for Brief Alcohol Screening and Intervention for College Students, which is based on principles of motivational interviewing delivered in an empathetic, nonconfrontational, and nonjudgmental manner. BASICS is aimed at revealing the discrepancy between the student's risky drinking behavior and his or her goals and values.

• Brief motivational interviewing, or BMI, during interactions with students in situations such as health care visits and residence hall meetings, to help students understand how alcohol can affect their lives.

• Consistent enforcement for violations, such as serving alcoholic punch and "pre-gaming" — which often takes the form of dorm-room drinking before going to an event.

• Training of hosts and managers of social events that are often the scene of high-risk drinking, such as Homecoming.

• Social norms campaigns, which help new students realize that most of their peers are not engaged in high-risk drinking.

• Bystander intervention programs that encourage peers to help their friends.

NCHIP Co-Directors Lisa Johnson and Tricia L. Lanter say a significant task of this week’s meetings will be sharing and dissemination of NCHIP data. While the scientific causality is not possible to prove, the institutions have closely tracked actions and outcomes, very often with positive results, the two say.
"When we began this initiative two years ago, we pledged to disseminate our findings so that others could learn from our approach. We will take some time at the Congress to discuss next steps for sharing our work more broadly," Johnson says.

**Member Colleges and Universities talk about NCHIP**

**Acadia University, Wolfville, Nova Scotia, Canada**
"Through our work with NCHIP, Acadia has learned that peer-to-peer influence is one of the most effective ways to change behavior and to effect a change in campus culture. We have worked closely with our student leadership to build successful programming and messaging about responsible behaviour; these interventions have proven to be very influential and effective. Acadia University has invited our sister universities and colleges as well as Provincial Ministries of Health to consider a Canadian consortium that builds on the work of the NCHIP Learning Collaborative."

Ray Ivany
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**Brown University, Providence, R.I.**
"Brown's participation in NCHIP has meant that we have focused more targeted time and attention on formulating different approaches to alcohol use on our campus. We are very pleased that we decided as one of our projects to update our survey data. We now have a very rich database of current information about patterns of use which will inform our on-going prevention and education efforts."

Francie Mantak,
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**Cornell University, Ithaca, N.Y.**
"NCHIP has made a significant difference in our prevention efforts, especially in the level of collaboration between our administrators and student leaders. We're encouraged that our data suggests we're making progress towards changing the culture of high-risk drinking at Cornell. Students are more likely to agree that there are enough late-night social activities without alcohol, report not drinking at all, engage in less high-risk drinking, and are less likely to experience alcohol-related harm."

"We take a comprehensive approach to reducing alcohol problems among our students, and the NCHIP has enabled us take those efforts to the next level. Since
the beginning of the project we’ve seen a 7% reduction in high-risk drinking overall. The harm caused by heavy drinking undermines the learning mission of the university, so prevention is critical. There’s no single solution, but the combination of strategies aimed at individual drinkers and the environment on and off campus is making a difference."

Timothy C. Marchell, Ph.D., M.P.H.  
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Dartmouth College, Hanover, N.H.  
"Two years ago, as we launched DCHIP I quickly learned that a lot of people could agree on principles about reducing harms from high risk drinking, but there was little consensus about what to DO. NCHIP’s PDSA method—small, measurable tests of change — quickly became a powerful tool for making changes even when people did not agree. The tests of change could quickly show us what worked and didn’t work about the change. The first day we screened for high-risk drinking in primary care, for example, we discovered we needed to make some modifications to the screening question before trying again. We made changes and tried again a few days later. Small positive results of the changes, or experience with the change being 'not as bad as they thought' could convince those initially resistant to try it again, a little bigger, a little better."

Aurora Matzkin, PhD  
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Frostburg State University, Frostburg, Md.  
"Frostburg State University has capitalized through our participation in the NCHIP Learning Collaborative by focusing on the concept of intentional rapid cycling. This concept has allowed us to develop and implement research-informed strategies to reduce high-risk drinking without a long-term financial or time commitment to evaluate efficacy. We have been much more intentional about committing to strategies that are assessed as effective within the unique environmental framework of our institution. Our efforts are well-planned, aggressive, and designed for outcomes. Our pinnacle initiatives include BASICS Screening Intervention for high-risk alcohol policy violators, joint jurisdiction patrols in the university neighborhood, and a coordinated community coalition."

Jeff Graham  
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Lehigh University, Bethlehem, Pa.
"Our two pronged interventions were designed to reduce harm among our most vulnerable population: first year students. After launching Lehigh After Dark – which provided social, cultural, intellectual, and community development activities that do not focus on alcohol during peak drinking hours (10 p.m.-2 a.m. Thursday-Saturday) — and increasing the sanctions for hard alcohol violations, the number of first-year students who experienced an alcohol-related hospitalization dropped by 46.4 percent over the course of the past academic year."

John Smeaton, PhD
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Sewanee, The University of the South, Sewanee, Tenn.
At Sewanee: The University of the South, we have been working very intentionally to promote a "think first" attitude among our students with the goal of decreasing the harms—physical, social, and academic—that can result from high-risk drinking. Thanks to our involvement with NCHIP, we've begun a host of educational interventions designed to prompt students to reflect upon their responsibility for their own safety— as well as that of their peers— before they go out. Progress comes slowly, but we have seen a 14% overall decrease in the number of alcohol-related incidents over the past two years, as well as a 5% decrease in the number of students who report drinking to the point of "regret."

Alexander M. Bruce,
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Stanford University, Stanford, Calif.
Offering attractive social alternatives to drinking is important on a college campus. Students tell us they want choices on weekend nights. At Stanford, we developed a comprehensive program (Cardinal Nights) that consistently offers enticing alcohol-free social programming such as movies, live music, and outings on weekend nights. Our survey data shows that over 40% of attendees to these events report that they potentially would have been drinking alcohol had they not attended, thus reducing potential alcohol-related problems for these students on those nights.

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Stony Brook University, Stony Brook, N.Y.
The Red Watch Band is a peer support program developed at Stony Brook: Over the Spring 2012 and Fall 2012 semesters, 464 students signed up for Red Watch Band training. Students who wanted CPR training, to help their friends, or to become more effective in their role on campus outnumbered those who reported that they enrolled in training because a friend recommended it, they had family members with alcohol problems, or they had experienced binge drinking themselves. This finding could imply that Red Watch Band is a place for students who see themselves as helpers, as students who can respond when they're called upon because of their position on campus.

The knowledge students retained a month after training was still greater than the knowledge they reported before training. Even more promising, students reported help-seeking barriers such as not wanting to appear weaker than one’s peers or worrying about overreacting to an alcohol intoxication event were less important immediately after training and stayed low even one month later.

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"Stony Brook University has a lower than national average rate of high risk drinking, and we have seen a continued moderate decrease in overall high risk drinking rate as a result of our work with NCHIP. Thanks to a more focused measurement strategy, we’ve seen a marked reduction in the impact of high risk events such as Homecoming and Opening. We’ve also seen an aggregate reduction in the medical and law enforcement encounter rates, and the most marked reduction in reported drinking-related harms such as suicidal ideation and physical injury. Lastly, there’s also been evidence to indicate a significant decline in positive social norms around high risk drinking, in turn, leading our team to suspect that a positive cultural impact of our work is taking hold as well."
Jenny A. Hwang, Ph.D.
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University of Vermont, Burlington, Vt.
"While we have taken the issue of high risk alcohol use seriously for many years, our work over the last two years with NCHIP has moved us forward in very important ways.

We have built a system which allows us to collect real-time, credible information about the prevalence of high risk behavior and the impact it has on individuals and on the community. This information in turn allows us to target our resources strategically in ways that will provide the best outcomes."
Our work with the data tells us what times of the academic year we see the highest rates of risky alcohol use and to respond with educational interventions, programming, and enforcement efforts. Our engagement with the parents of first year students to encourage them to have critical conversations about this issue during that year has taught us that parents are very willing to have these conversations and communicate their expectations to their student. Our mapping initiative allows us to identify neighborhoods and individual houses where alcohol-related issues are adversely impacting the quality of life for students and neighbors, and this allows us to work with University and city law enforcement on proactive ways to minimize alcohol-related problems. Our commitment to evidence-based initiatives has led us to review our sanctions for alcohol violations and move toward a motivational-based interviewing approach in working with students. Our commitment to acquiring data that is of high quality allows us to confidently identify important issues and trends and to understand when our interventions are effective and when they are not.

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**Yale University, New Haven, Conn.**

Last fall, Yale College introduced a policy that required students to register off-campus events with the dean's office and the Yale Police Department. Over 200 hosts registered their events and helped usher in a new model of community policing and a new level of engagement among students, administrators, and the YPD. A second new policy, introduced jointly by the dean's office and the Department of Athletics, created new tailgate rules that prohibited vehicles and kegs from student tailgate areas, designated a special zone where students of legal drinking age could drink beer, and ended all tailgate parties by kickoff. A third new policy delayed until the spring term all rush activities for first-year students who wished to join sororities and fraternities, giving them more time to adjust to the rigors of college life and academics, establish their own routines and independent friendships, and explore the full range of activities available on campus.

In addition to these initiatives, two groups, working to create broader strategies to address drinking culture on campus, met through the 2012-2013 academic year. The first was the Yale College Dean’s Office Task Force on Alcohol and Other Drugs, chaired by Yale College Dean of Student Affairs Marichal Gentry. The 15 members of this task force, made up of students, faculty members, the Chief of Yale Police, representatives from the Departments of Athletics and Yale HEALTH, and deans, were charged by Yale College Dean Mary Miller to make the undergraduate experience safer. The Yale College Dean’s Office will publish the task force's report later this summer.
The second was the University Council Committee on Alcohol in Yale College, which President Levin convened in January 2013. This committee, comprised of Yale alumni and parents on the University Council; an advisory group to the President and senior administrators; and experts on contemporary college life, with assistance from the Office of the Secretary and Vice President of Student Life, is writing its report and recommendations and will submit them to President Salovey and Dean Miller this summer.

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