



Combating Alcohol Overdoses by Promoting Responsible Action Campus-Wide

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NORTHWESTERN
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The Big Lesson...

Institutions should adopt Medical Amnesty or Good Samaritan policies only as a part of comprehensive campus efforts that:

(1) address high-risk drinking and drug use (and their related harms) and

(2) promote responsible, positive behavior on the part of their students.

Learning Outcomes

- Learn about the prevalence and danger of **alcohol and drug overdoses** amongst young adults and college students
- Understand the need for and empirical evidence supporting **comprehensive, multi-tiered, environmental approaches** to addressing high-risk drinking on campus
- Identify the efficacy, barriers, and limitations of **medical amnesty/good samaritan policies and laws** in addressing potential alcohol and drug overdoses on campus
- Identify education and training programs that bolster and encourage peer and **bystander intervention** to prevent and respond to potential alcohol and drug overdoses
- Identify **personal interventions** that can decrease the likelihood of occurrences of alcohol and drug overdoses

Alcohol & Drug Overdoses

Prevalence and Danger

Overdoses: Prevalence

- **Emergency Room Treatment:**

18-20 years old	<u>2006</u>	<u>2009</u>	<u>Rate</u>
• Alcohol :	73,973	82,786	.626%
• Illegal Drugs:	71,973	97,582	.738%
• Nonmed. Pharm.:	51,972	75,768	.573%
• Alcohol & Drugs:	31,703	38,067	.288%

- Source: DAWN Reports (SAMHSA, 2008, 2011)

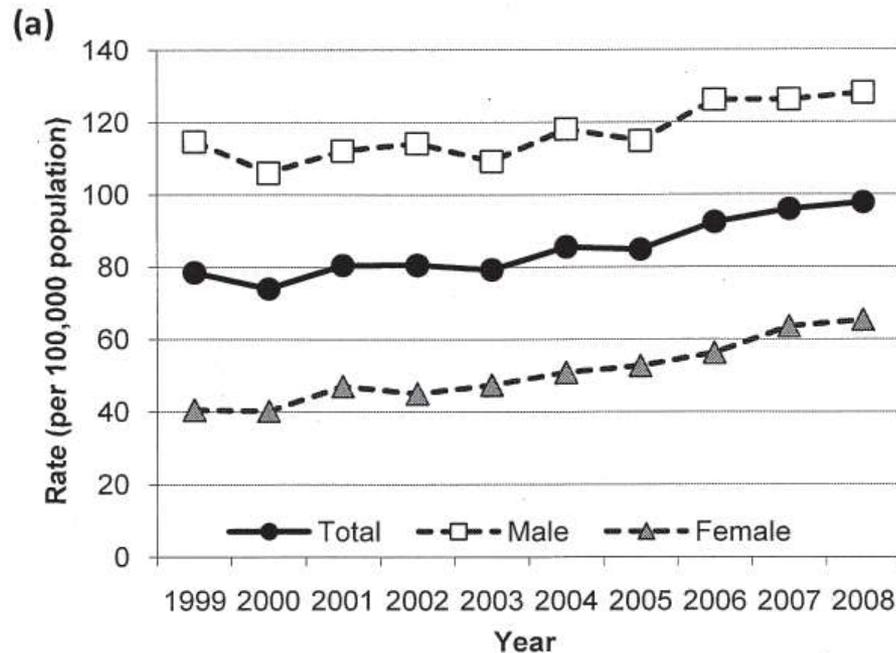
College Students Reporting Medical Treatment for Alcohol Overdose

<u>1993</u>	<u>1997</u>	<u>1999</u>	<u>2001</u>
0.5%	0.6%	0.6%	0.8%

- Source: Harvard College Alcohol Study – Wechsler et al. (2002)

Overdoses: Trend & Cost

- Trend: Rate of alcohol overdose increased 25% from 1999-2008 (for 18- to 24-year olds in U.S.)



- Cost: Estimated at \$266M (for hospital stays in 2008)

Overdoses: Danger

- **Student Deaths**

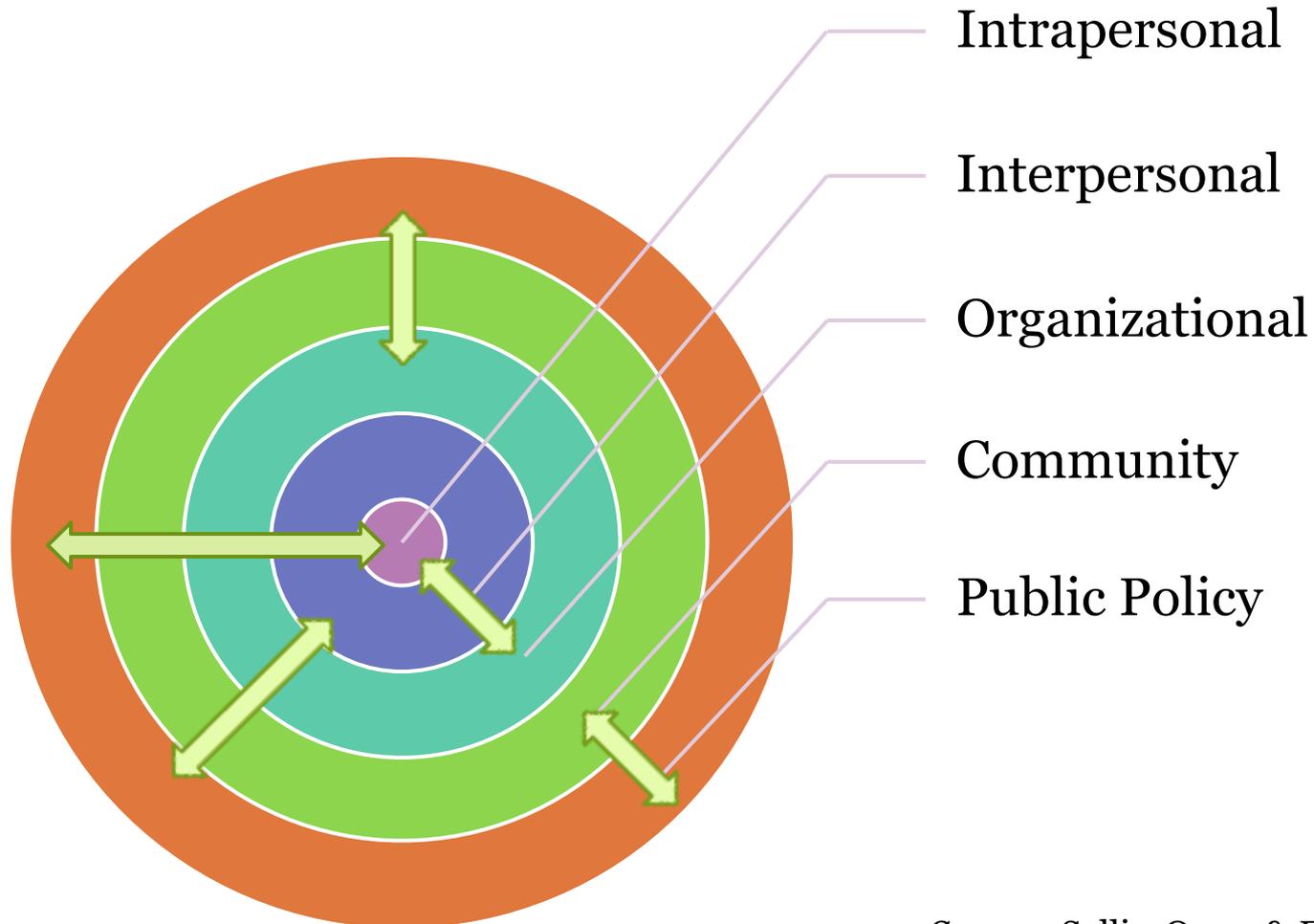
- From 1999 through 2005, at least 157 college-aged individuals (18-23) drank themselves to death
 - Over one-half (83) were under 21
 - Average BAC = 0.40
 - *In “nearly every case” others knew that the individuals were severely intoxicated, put them to bed, and expected them to “sleep it off”*

Source: Associated Press Investigation (Forliti, 2008)

Environmental Approaches

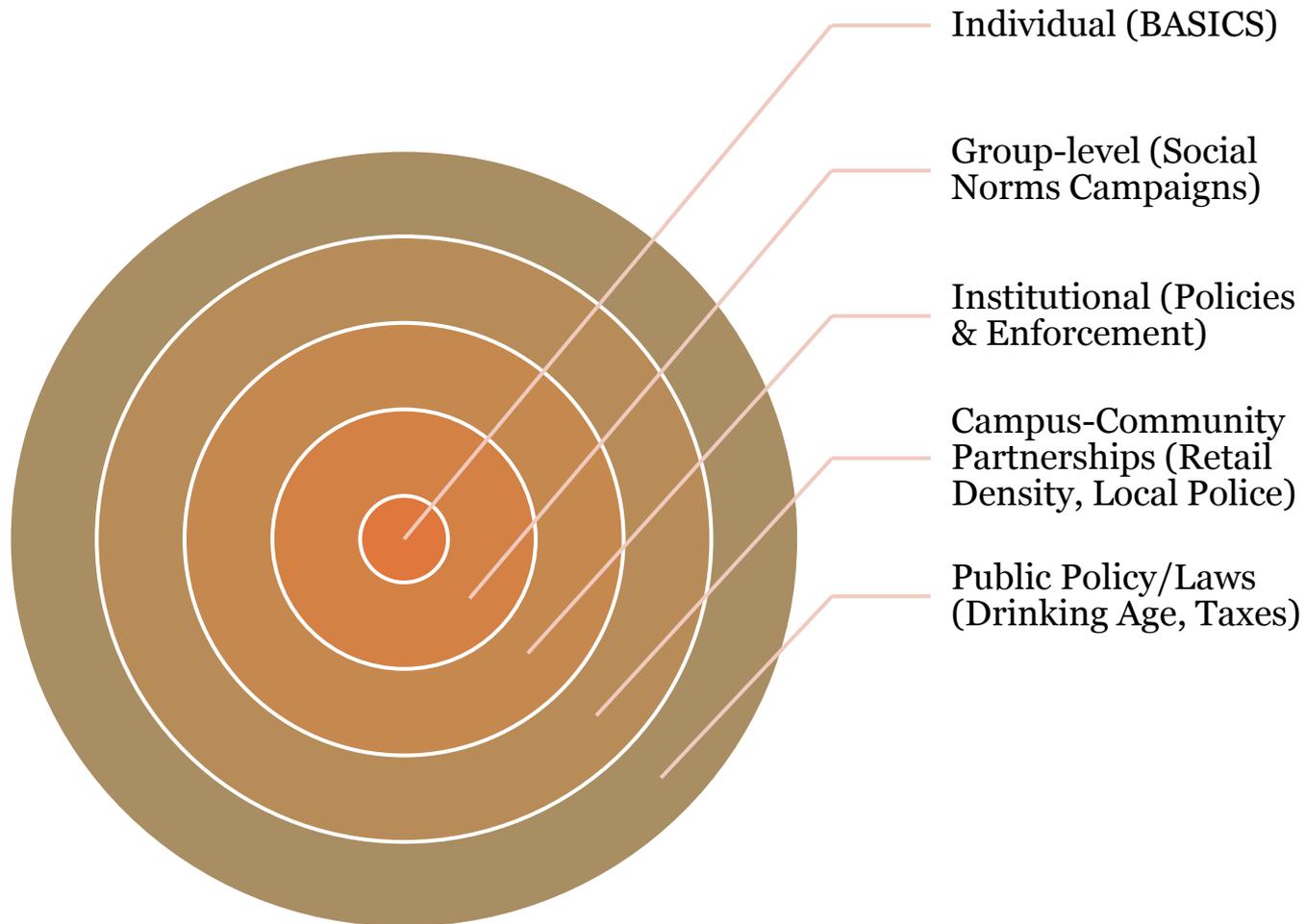
Comprehensively addressing AOD Misuse and Abuse by College Students

Ecological Model of Health Behavior

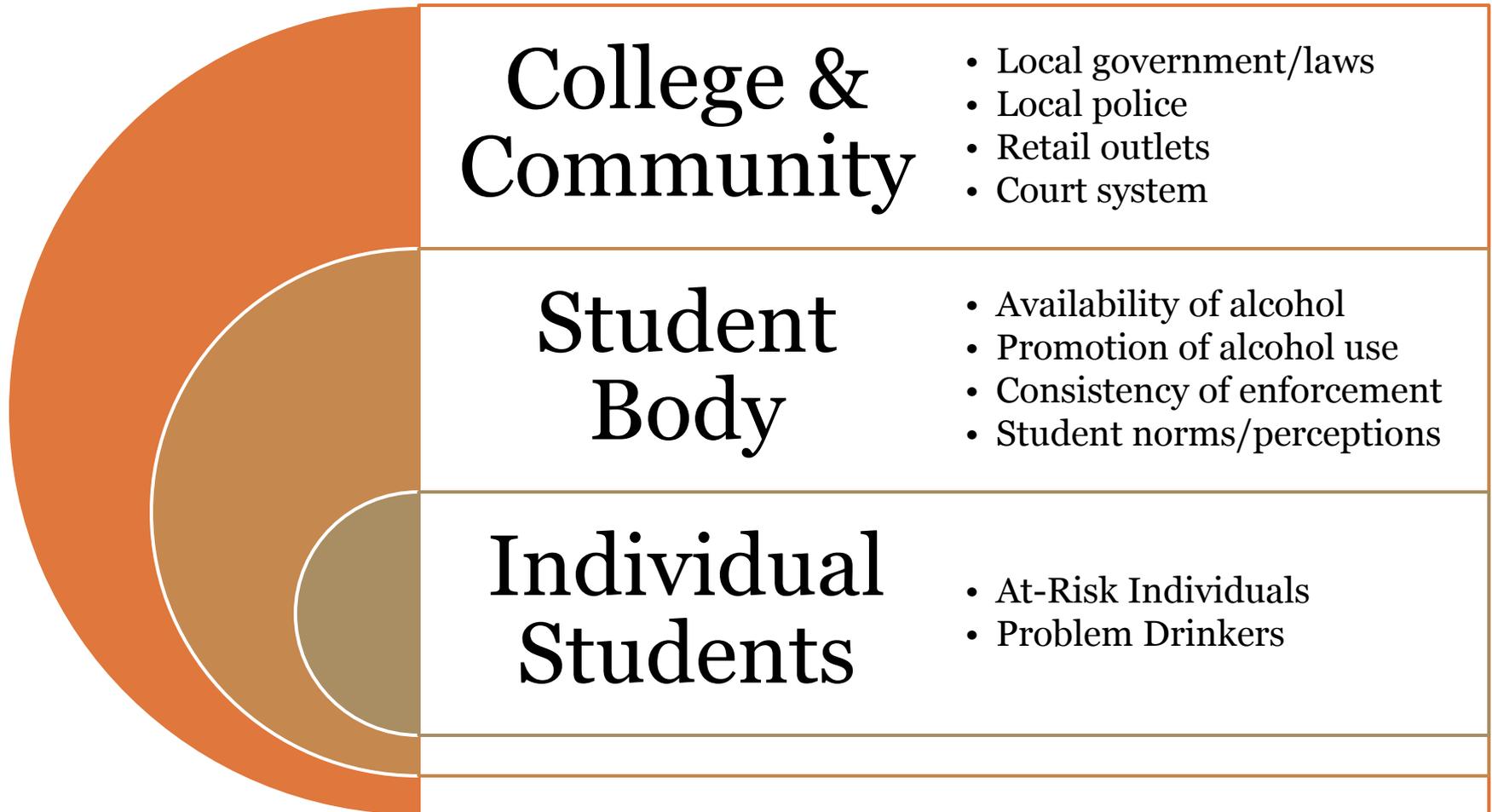


Source: Sallis, Owen & Fisher (2008)

Comprehensive Approach to AOD



NIAAA 3-in-1 Approach



No evidence of effectiveness: Informational, knowledge-based interventions, on their own

Effective Environments

- A growing body of research is demonstrating that:

Environmental factors and community-wide interventions are critical to understanding and addressing alcohol abuse and related harms on campuses.

E.g., Pacific Institute for Research and Education (2011); Saltz (2011); Toomey, Lenk & Wagenaar (2007); Wechsler & Nelson (2008).

Effective Policies

- Multiple researchers looking at multiple campus and communities over multiple years have concluded that:

Campuses and communities with stricter and more restrictive alcohol policies have lower levels of alcohol abuse and experience fewer harms related to alcohol.

E.g., Anderson, Chisholm & Fuhr (2009); Anderson & Hanfman (2007); Wechsler & Nelson (2008)

Medical Amnesty Policies

Introduction & Effectiveness

Medical Amnesty & Good Samaritan

- Medical Amnesty :
 - Protect or shield students *who require or receive* emergency medical attention from possible disciplinary action that may arise as a result of their receiving emergency assistance
- Good Samaritan:
 - Protect or shield students *who request or summon* assistance in emergency situations from possible disciplinary action that may arise as a result of their requesting emergency assistance
- Other Names:
 - Responsible Action Protocol (Georgia)
 - Medical Emergency Assistance Program (Ohio U.)
 - Health & Safety Related Emergency Considerations (NYU)

Policies v. Laws

- **Good Samaritan Laws**
 - Generally protect medical professionals from civil liability when rendering assistance in emergencies
- **Alcohol Amnesty Laws/Provisions**
 - California
 - Indiana
 - New Jersey
 - North Dakota
 - Colorado
 - Michigan
 - New York*
 - Texas
- **Drug Amnesty Laws/Provisions**
 - Connecticut
 - Illinois
 - New York*
 - Washington
 - Florida
 - New Mexico
 - Rhode Island
- **“Dear Colleague Letter” (April 2011)**
 - Sexual Violence vs. Alcohol/Drug Offenses

Pros (Real & Perceived) ...

- **Save lives**
 - ... or at least increase the likelihood of a person calling for help. (More on this later....)
- **Empower students to help themselves & others**
 - Prevent dumping or abandoning of students
 - Promote civility and citizenship (bystander)
 - Promote self-advocacy among students
- **Refocus campus culture regarding AOD issues**
 - Environmental approach
 - Harm reduction v. no-tolerance
- **Increase likelihood of treatment/intervention for substance abusers**

... and Cons (Real & Perceived)

- Condones & Encourages Illegal, Risky, Dangerous Behavior
 - “Get out of jail free card”
- Inconsistent/Mixed Message on Alcohol
 - Don’t use alcohol or drugs(!), but if you overdose, it’s OK(?)
- Fairness of Disciplinary Response
 - Least responsible behavior = less disciplinary response(???)
 - Most responsible behavior = bigger conduct response(!!!)
- Legal Liability & Risk Management
- Town-Gown Issues

- Don’t Address Real Reasons Students Fail to Call for Help
- Lack of (Conclusive) Research Demonstrating Effectiveness
 - More on these last two later...

Efficacy of Policies

- **The effectiveness of Medical Amnesty policies depends upon these “facts”:**
 - Students recognize alcohol overdose symptoms
 - Students understand the risks of alcohol overdoses
 - Students responsible for seeking help are sober enough to assess the situation and act
 - Students are not summoning help (now) because they fear punishment (specifically, university action)
 - Students are more likely to get help when that fear is reduced or removed

Source: Oster-Aaland & Eighmy (2007)

Efficacy Part 1: Recognize Symptoms?

- Research suggests students may have a basic understanding of most alcohol overdose symptoms

(5=strongly agree; 1= strongly disagree)

▫ Seizures	4.51
▫ Bluish skin	4.31
▫ Cannot be roused	4.26
▫ Low body temperature	4.21
▫ Irregular breathing	4.19
▫ Pale skin color	4.13
▫ Slow breathing	4.10
▫ Passed out	4.07
▫ Vomiting	4.01
▫ Nausea	3.77
▫ Confusion	2.88 (not so good)

Caveat: Identifying items on a list is different than recognizing symptoms in context

- Source: Oster-Aaland et al (2009)

Efficacy Part 2: Recognize Danger?

- Federal law (Drug Free Schools & Communities Act) requires institutions to advise students and employees annually of the health and legal consequences of drug and alcohol use
 - *NOTE: Department of Education has stated that they will be increasing enforcement of this law*
- Virtually all institutions do education around alcohol and alcohol overdose ... but for whom, when, how often and what are we saying?
 - AlcoholEdu, MyStudentBody, etc.
 - Orientation, New Member Education, etc.
 - *Lethality & Locus of Control*
 - Alcohol “poisoning” vs. Alcohol “overdose”

Efficacy Part 2: Recognize Danger?

- Most likely predictor of students getting help?
 - Observing symptoms of alcohol poisoning (*Oster-Aaland et al, 2009*)
 - *BUT: Students with prior experience with alcohol emergencies are LESS likely to seek help in future cases (*Oster-Aaland, Thomson & Eighmy, 2011*)*
- When students DO decide to help a friend in an alcohol emergency, what is the source of that help?
 - 57.8% - Themselves
 - 38.6% - Another student (not an RA)
 - 12.4% - Parent
 - 7.5% - Hospital, Clinic, ER
 - 2.3% - RA
 - 1.3% - Local Police
 - Write in: Internet

Efficacy Part 3: Sober Enough to Act?

- Many students have lots of experience assisting their intoxicated and impaired peers!
 - More than 80% of students report caring for or assisting a drunk friend
 - Source: Edmunds (2008); Oster-Aaland et al (2009)
- BUT: Willingness to help/intervene in an alcohol emergency is INVERSELY related to overall drinking level
 - The more a student reports drinking per week, the less likely they are to seek help
 - I.e., Abstainers are more likely to help than heavy drinkers
 - Source: Oster-Aaland, Thompson, Eighmy (2011)
- “Drunk Support”?? (*Getting Wasted*, Vander Ven, 2011)
 - Helping a drunk friend avoid a bad experience or get home safely
 - Consoling an emotionally distraught friend after dispute w/ partner
 - Backing up a friend in a fist-fight
 - Bonds forged over shared (negative and positive) experiences
 - Many negative experiences are recast as positive ones

Efficacy Part 4: Does Fear Deter Help?

- **Reality:**

- Increasing amounts of data suggest that the *fear of getting into trouble* is **NOT** the primary reason students fail to seek help in emergency situations
- More likely, students don't get help because they don't think their friend needs help, or they don't know what to do

Efficacy Part 4: Does Fear Deter Help?

- **Top Reasons Students Did Not Get Help**

(mean score – 4= strongly agree; 1 = strongly disagree)

- 3.53 – Not believe student was at risk
- 3.41 – Not think student needed help
- 2.83 – Someone else was already helping
- 2.34 – Not sure what to do
- 2.30 – No one else seemed concerned
- 2.27 – Not sure how to help
- **2.18** – Afraid friend would get in trouble with law
- **2.11** – Afraid friend would get in trouble with university
- 2.09 – Not think it was my responsibility
- **2.02** – Afraid friend would get in trouble with parents
- **2.02** – Afraid I would get in trouble with law
- 2.02 – Assumed someone else would help
- 1.93 – Others discouraged me from helping
- 1.90 – Didn't want friend to be angry
- **1.90** – Afraid I would get in trouble with university
- 1.83 – Thought the help would cost too much money
- 1.69 – I was in a hurry

Efficacy Part 4: Does Fear Deter Help?

- **Arizona State: Why not summon help?**

- 47.6% - Did not know what to do
- 35.5% - Fear of getting friend into trouble

Source: Catalyst, 2007

- **U. of Wyoming: Why not call for help?**

- 80.0% - Repeatedly checked on person
- 69.4% - Made sure to stay with the person
- 60.0% - Wasn't sure person was sick enough
- 29.2% - Turned person on their side
- 24.5% - Didn't want to get person in trouble
- 20.4% - Didn't want to get self in trouble

Source: Edmunds, 2008

- **Cornell University: Why not seek help?**

- 9.3% - Not sure if person was sick enough
- 3.8% - Feared getting a friend in trouble

Source: Lewis & Marchell, 2007

- **No difference in helping behaviors in alcohol emergency scenario between students <21 or 21+**

Source: Oster-Aaland, Thomspson & Eighmy, 2011

Efficacy Part 5: Does Amnesty ⇒ Help?

- Studies are limited, but overall they show that amnesty policies:
 - May increase students' stated willingness to intervene in a situation ...
 - Oster-Aaland, Thompson & Eighmy (2011)
 - But may not significantly affect their actual behavior.
 - Lewis & Marchell (2007)

Efficacy Part 5: Does Amnesty ⇒ Help?

- Study #1: Oster-Aaland, Thompson & Eighmy (2011): Experimental Design with Hypothetical Scenario
 - Students were divided into four groups and asked to assess a hypothetical situation involving a possible alcohol emergency
 - | <u>Group</u> | <u>% Stating would Get Help*</u> |
|-------------------------|----------------------------------|
| No treatment | 57.5% |
| Alcohol Video only | 65.4% |
| Amnesty Policy only | 74.4% |
| Video & Medical Amnesty | 77.6% |
 - Regression models showed that the best predictors for students getting help in an alcohol emergency situation were:
 - (1) being female,
 - (2) being an abstainer/light drinker,
 - (3) not having previously experienced a real-life alcohol emergency, and
 - (4) being exposed to the Medical Amnesty policy

Efficacy Part 5: Does Amnesty ⇒ Help?

- Study #2: Cornell (Lewis & Marchell, 2007):
Real life situation – inconclusive result
 - Cornell looked at the # of 911 calls, students' reported drinking level, and the likelihood that a student hospitalized for alcohol would received follow-up care before and after their MAP went into effect:
 - # of 911 calls increased (but not statistically significant)
 - Level of drinking remained relatively stable
 - BUT: Proportion of students receiving follow-up AOD treatment increased from 22% to 52% (major finding)
 - ALSO: Cornell also instituted a broad educational campaign regarding signs of alcohol poisoning at the same time; thus, hard to determine exact effect of amnesty policy

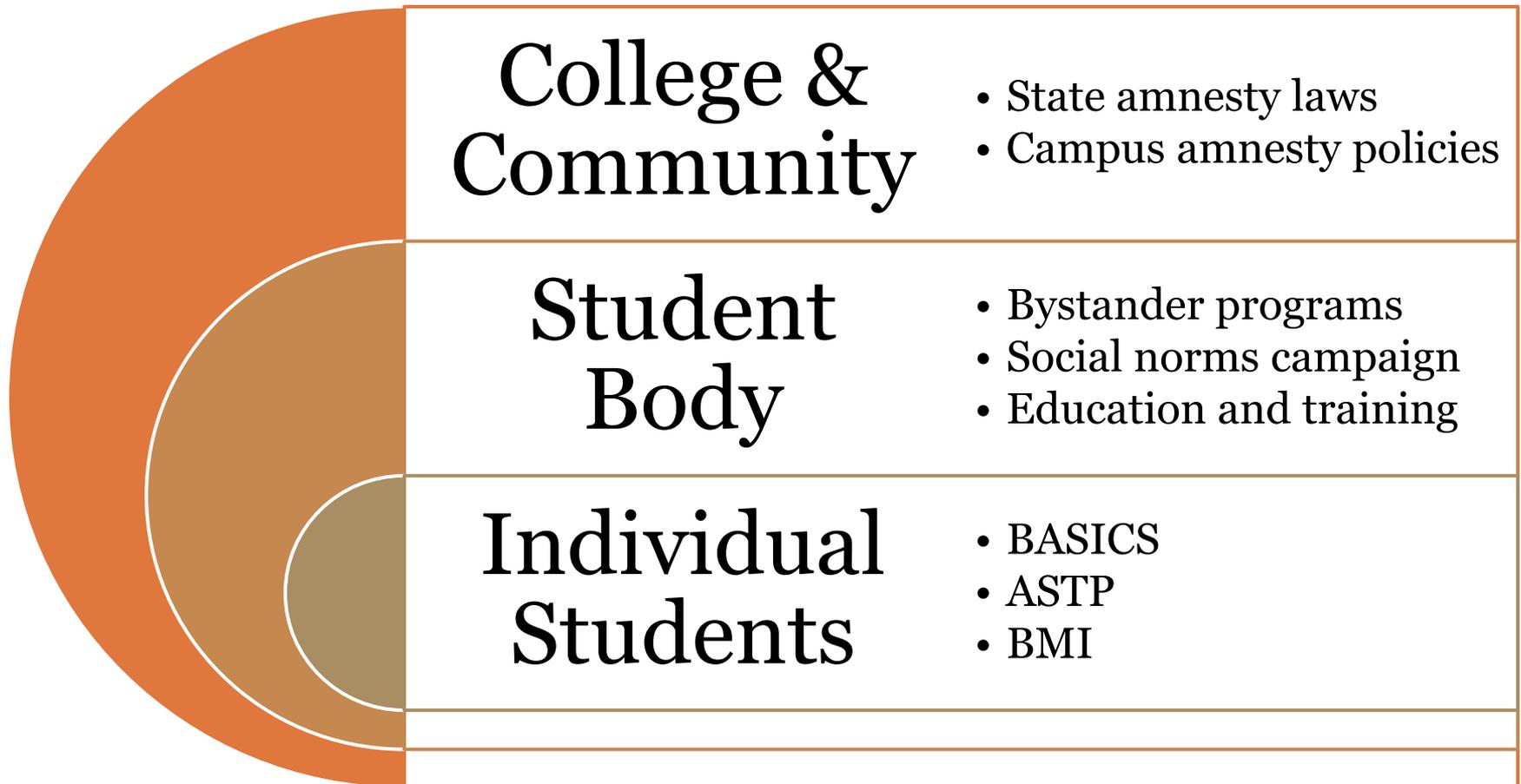
Efficacy: Effect on Drinking Culture?

- *Environment - The \$1 Million Question:*
Amnesty policies do **not** appear to have any impact on students' overall level of drinking
- Lewis & Marchell (2007)
- Logically:
 - Amnesty would not deter excessive drinking on campus, and may actually be inconsistent with a the goal of preventing or reducing high-risk drinking on campus
 - Thus, the need for other interventions or programs to:
 - Increase personal “protective factors” when drinking
 - Increase students’ “helping behaviors” before emergency assistance is needed
- Caveat: Does your campus have a medical amnesty policy?
 - 71.5% = don't know (vs. 21.7 % = yes; 6.8% = no)
 - Source: 2009 NASPA/ASCA Consortium Assessment on Campus Safety & Student Conduct (n = 10,462)

Implementing Amnesty Policies

Leveraging Policy & Interventions

NIAAA 3-in-1 Approach



Crafting a Good Amnesty Policy

How can Amnesty Policies be crafted so that they encourage responsible action on campus?

Overarching Issue: *Broader protections may encourage intervention, but could they also enable behavior that is contrary to our mission, values and community standards?*

Elements of Policies

1. Statement of Purpose
2. Definition of Emergency
3. Requirements during Emergency
4. Parties who Receive Protection
5. Nature of Protection for Parties
6. Offenses Covered
7. Additional Conditions for Protection
8. Policy Limitations
9. Institutional Discretion Statement

Source: Neumeister (2010), review of 125 policies

1) Statement of Purpose

- Example: Drake University
 - “Drake University’s primary concern is the health and safety of its students. Drake is aware that students are sometimes reluctant to seek medical attention in alcohol- and drug-related emergencies, out of fear that they may face sanctions related to possessing or consuming alcohol and drugs. Because these emergencies are potentially life-threatening, Drake wants to do what it can to reduce **barriers** that prevent students from seeking assistance.”

1) Statement of Purpose

- Concern:
 - By acknowledging (*correctly?*) that students may be dissuaded from seeking help because of perceived risk of discipline, is the policy simply re-enforcing a misperception?
- Perhaps the statement of purpose could be broaden to encourage responsible action with regard to...
 - *Whether students choose to drink;*
 - *When, where, what, how often, how much and with whom students choose to drink;*
 - *How students encourage peers to be responsible;*
 - *AND how students should act in an emergency.*

2) Definition/Description of Emergency

- Most are invoked for medical necessities, but rarely define an “emergency” with any specificity (other than talking about alcohol or drug overdoses)
- *ADVICE*: the more specific you can be, the better.
 - Why? Because we know that students may not always recognize or appreciate the dangers of being severely intoxicated
 - Provide examples of emergency situations/scenarios
 - List symptoms of alcohol overdose
- Major Questions: How does policy apply to...
 - Drug Overdoses
 - Providing alcohol/drugs
 - Sexual assault/sexual violence

3) Requirements during Emergency

- ***If a major barrier to seeking help is not knowing what to do, use the policy to clarify what is expected.***
- ***Consideration #1:*** Should students be ***required*** to summon help (or face conduct charges)?
 - **Frequency: 15%** (+ numerous others that include moral imperatives without explicit statement that failure to do so is a violation)
- ***Consideration #2:*** Should the policy ***specify to whom*** the emergency is to be reported (e.g., 911, Police, Campus Security, Student Health, Res Life staff)?
 - **Frequency: 48%**

3) Requirements during Emergency

- Consideration #3: Should students be required to ***remain with the victim*** until help arrives (and cooperate with emergency officials)?
 - **Frequency: 6%** (+ others that offer “suggestion”)
- **NU Approach: *Call, Stay, Cooperate***
 - **Call 911;**
 - **Stay** with individual needing attention
 - **Cooperate** with emergency officials at the scene and University officials who follow up about the situation

Call 911.
Stay.
Cooperate.



**DILLO
DAY** play it smart.

4) Parties Who Receive Protection

- **Campus Decision: Arguably, we are “encouraging” (i.e., enabling) the actions/choices of those we protect, but broadening protection may also encourage intervention**
- Amnesty Only (4%)
 - Victim Only 4%
- Good Samaritan Only (20%)
 - Individual Callers Only: 14%
 - Caller & Student Group: 5%
- Amnesty & Good Samaritan (77%)
 - Victim & Caller: 44%
 - Victim, Caller & Student Group: 33%

4) Parties Who Receive Protection

- Consideration #1: If there are ***multiple calls for help***, does only the first person get protection or everyone?
 - **Frequency: <2%**, but could be major issue for others
- Consideration #2: If ***multiple people are helping*** the student, does everyone get protected?
 - **Very rarely addressed in policies (<1%)**, more frequently in laws
- Consideration #3: If organizations are covered...
 - Can any member call or must it be an officer?
 - Do they have to mention the organization?
 - Does it only protect “official” functions or does it also extend to “unofficial” functions?
 - What if the conduct associated with the emergency violates the organization’s own risk management policies or constitution?
 - Does it affect actions by alumni boards or national organization?

5) Nature of Protection for Parties

- **ISSUE: The more protection, the more likely to intervene?**
- **No Referral (2%)** - Police or emergency officials do not refer the incident to university officials
 - *Most protection (and most enabling?) for students, but likely no possibility of follow-up intervention*
- **“Immunity” (61%)** - Student is guaranteed protection from certain disciplinary violations or sanctions, but specific type of protection varies broadly
 - *Students like/want bright lines; this can be the easiest to communicate*
- **Balance Test (9%)** - The scope of protection is determined by balancing the positive actions against the possible negative consequences
 - *Most institutional discretion, but perhaps a harder “sell” to students*
- **Mitigating Factor (7%)** - Summoning assistance will be a mitigating factor when determining sanctions (i.e., student still found in violation, but face lower sanction)

5) Nature of Protection for Parties

- **Other Types:**
 - **Hybrid Policies** (16%) – Provide different levels of protection for different groups, generally giving more protection to individual students than for groups, but some also differentiate between student “victims” and callers.
 - **Rule of Evidence** (<1%): Can’t use call as evidence in hearing
 - **Discretionary Protection** (<1%): Policy allows for “an opportunity of a grace from discipline”
 - **Positive View** (<2%): Act of calling is “viewed positively” during conduct process (Balancing? Mitigating factor?)

6) Offenses Covered

- What offenses/policy violations do students receive protection from?
 - **Protection only for Use/Possession** 34%
 - Also cover supplying alcohol 11%
 - No protection if supplied AOD 2%
 - **Protection for all AOD Infractions** 31%
 - 4% of these policies also offer protection from other specific violations, such as public intoxication, disturbing the peace, dangerous action, housing violations, etc.
 - **Any/Unspecified Infraction** 34%
- ***Big Issue***: Should protection be given to a student or group who called for help, even if they also provided the alcohol or drugs that led to the overdose?

7) Additional Conditions for Protection

- **Fundamental Issue**: Should “amnesty” mean “nothing happens” to a student?
 - *If nothing is done or required, then how do institutions fulfill their mission to protect or educate students, especially from future occurrences?*
 - But the (possible) flip-side: The more we require, the less likely students may be to seek help.

7) Additional Conditions for Protection

- Consideration #1: Should the student be **required to formally invoke or petition** to receive Amnesty protections?
 - **Frequency: 3%**
- Consideration #2: Should students seeking amnesty be **required to meet with a University/student affairs official?**
 - **Frequency: 38%** explicitly require it, many others appear to require it by implication
- Consideration #3: Should students seeking protection be **required to participate in an AOD assessment, treatment, or educational program?**
 - **Frequency: 61%** explicitly require, plus many others by implication
- Consideration #4: Should **parental notification** be required for those seeking protection (in conformity with FERPA)?
 - **Frequency: 22%** specifically address parental notification

8) Policy Limitations

- Consideration #1: How many ***times*** can amnesty be invoked?
 - One time only: 14%
 - Once/Period of Time: 1%
 - Unlimited times: 8%
- Consideration #2: Should protection be denied for ***serious or repeated incidents***?
 - **Frequency: 30%** (+ many others by implication) of policies do ***not*** protect flagrant, repeated, extreme, or non-isolated incidents
- Consideration #3: What if the student seeking protection committed ***other (more serious) infractions***?
 - **Frequency: 38%** of policies specifically do ***not*** provide protection against other (more serious) violations, such as hazing, assaults (physical or sexual), harassment, or vandalism

8) Policy Limitations

- Consideration #4: Should students be ***charged money (or pay a fee)*** for going through the amnesty process?
 - 3% state that *there is a cost* associated with completing the process
 - <1% waive the normal charge for AOD intervention in amnesty cases
- Consideration #5: Should the policy clarify that it does not immunize students from ***legal or police actions***?
 - **Frequency: 28%** of policies state this explicitly (but becoming more interesting given the number of jurisdictions which now have amnesty/immunity laws)
- Consideration #6: Should institutions ***consider a prior amnesty incident when assessing sanctions for a later violation***?
 - **Frequency: 9%** of policies specifically address this issue – most (7%) say they will be documented and taken into account, but a few (2%) say they won't
 - *NOTE: But all should probably be counted for Clery purposes (so long as in Clery reportable location)*

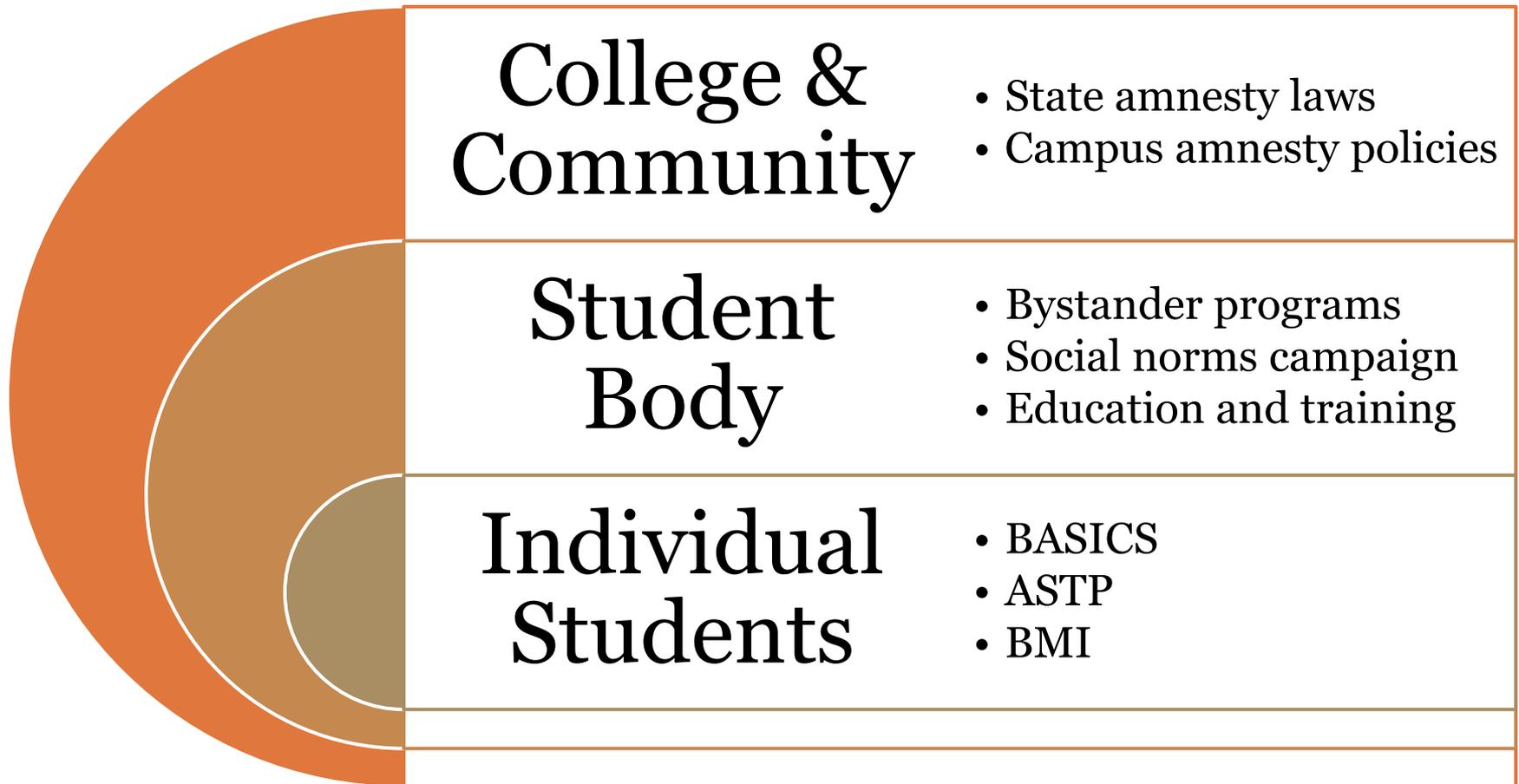
9) Institutional Discretion Statement

- Consider whether your policy needs a statement that **the institution or certain officials have final authority/discretion to decide whether or not amnesty applies** to a given situation.
 - **Frequency: 16%** of policies explicitly do so

Overall: Crafting the Policy

- Keep in mind that there may be a difference between the full and complete policy/protocol your institution develops and how we choose to communicate to and educate students about it
 - **EXAMPLE:** “Responsible Action Protocol” vs. “Call. Stay. Cooperate.”

NIAAA 3-in-1 Approach



Group Level Interventions

Bystander Programs, Social Norms Campaigns, and Education

Bystander Programs

- **Description**

- Programs designed to increase likelihood that peers will intervene with their friends to prevent or respond to dangerous or risky behavior.
- Generally work by building awareness, exploring possible options, practicing interventions, building efficacy
 - *Example: Situational Model of Bystander Intervention:*
(1) Notice event, (2) Recognize as intervention-worthy,
(3) Take responsibility, (4) Decide how to help, and
(5) Act to intervene (Burn, 2009)

- **Examples:**

- **Red Watch Band**
- TIPS for the University
- Step Up!
- Soteer (Dartmouth Green Team, Haverford Quaker Bouncers)
- Gordie Foundation

Social Norms Campaigns

- **Description**
 - Campus-based media campaigns designed to address students' misperceptions about alcohol use (or other problematic social behaviors) and make the social environment less conducive to high-risk drinking
 - Generally work by communicating actual drinking norms (generally much less than perceived), educating students about less-known or less-understood facts about alcohol, and attempts to change the conversation about alcohol on campus
- **Examples:**
 - UAlbany "Did You Know?" Campaign
 - U.Va.'s National Social Norms Institute
 - Website provides information about efforts on multiple campuses

Education & Training

- **Description**
 - We can't end our education and outreach efforts around alcohol, but we need to make sure that they are not the only thing we are doing; the NIAAA has shown that education on its own is not an effective deterrent
 - However, the published research on Medical Amnesty suggests that alcohol education is a vital part of such policies, and indeed such policies may have little effectiveness (and we can't do it once....)
- **Example: Ohio U.**
 - Broader Campaign: "I will be a responsible member/good citizen of the Ohio community."
 - Training for RA's, Greek and other groups
 - "Call 4 MEA" Posters, Magnets, etc.
 - Wellness Wagon, After Hours Programs, Commercials
 - Surveys to determine awareness, use and barriers



Individual Interventions

BASICS, ASTP, Screening/BMI

Risk Level & Interventions



**Known Risks:
Specific
Interventions**

**“At Risk” Groups:
Targeted
Interventions**

**General Risk:
Universal Interventions**

BASICS/ASTP - Known Risk

- Students who experience negative consequences of high-risk drinking (like going to the hospital) should receive one of these “gold standards” when it comes to alcohol interventions:
 - **ASTP** (Alcohol Skills Training Program): cognitive-behavioral group alcohol prevention program that teaches students basic principles of moderate drinking and how to cope with high-risk situations for excessive alcohol consumption (ex. CHOICES)
 - **BASICS** (Brief Alcohol Screening and Intervention for College Students): Students are provided personalized feedback about their drinking behavior (often compared against norms) and given the opportunity to negotiate a plan for change based on the principles of motivational interviewing
 - **Challenging Alcohol Expectancies**: Make students think they are drinking, and they act like they are drinking (lower inhibitions, louder talking, etc.); make students think they are not drinking, and they act like they are sober. Then tell them the truth.

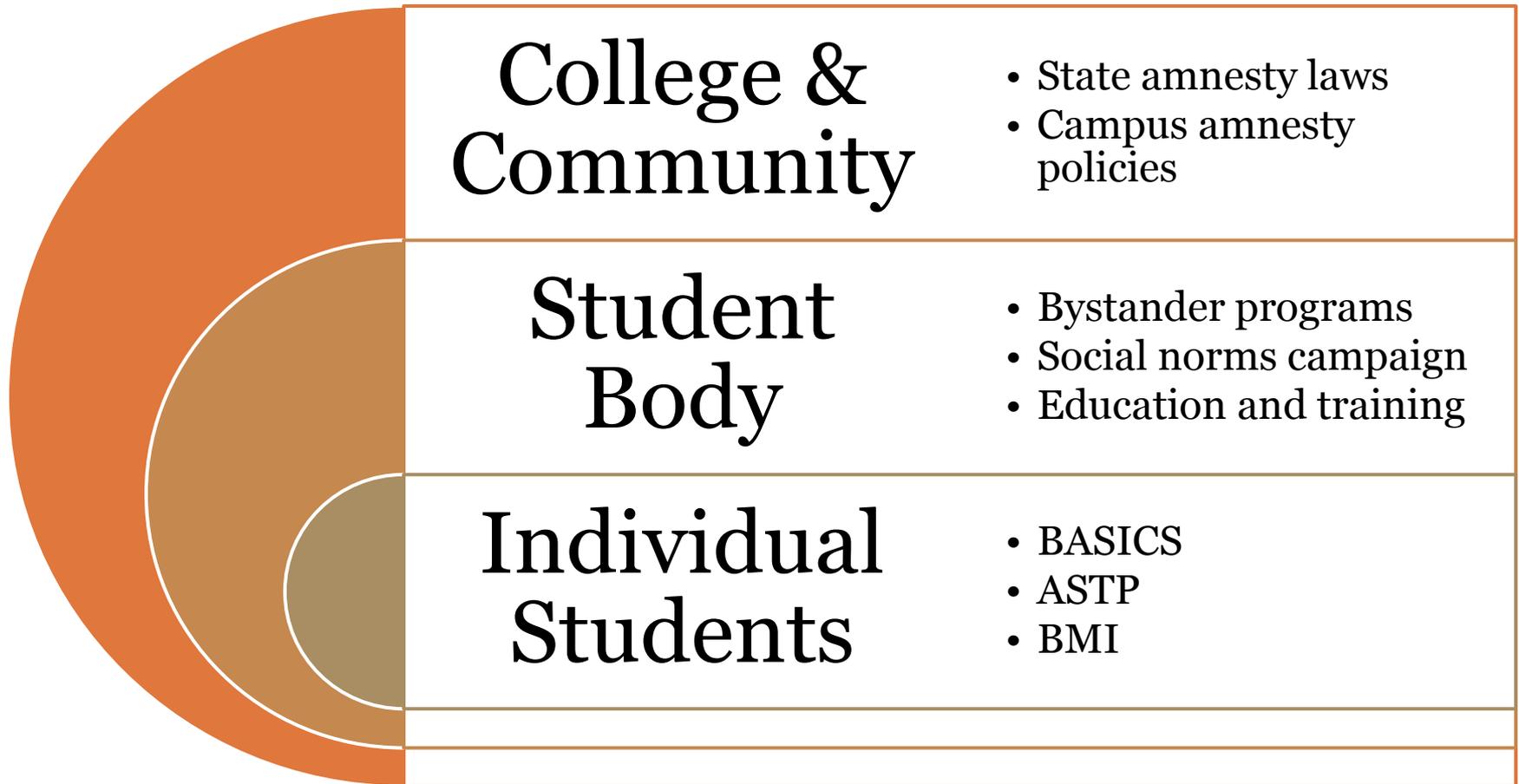
Screening + BMI - Heightened Risk

- There are other initiatives that can be used, both to identify problem drinkers and to intervene in such cases:
 - **Brief Screenings:**
 - Like screening for tobacco, exercise, diet, etc.
 - Part of Intake or Routine Background Information in Counseling Centers, Student Health Centers, etc.
 - Tools: AUDIT (10 ?s), CAGE (4 ?s), & T-ACE (4 ?s)
 - Even 1 question can work: “How often in the past two weeks have you had at least 4/5 drinks in one sitting?”
 - **BMI: Brief motivational interviewing techniques to capitalize on internal motives to change**
 - So many people can be trained to do this beyond health care and helping professions – deans, advisors, professors, parents, etc.
 - **Referral: Direct student to intervention (i.e., BASICS)**

Interventions for All Students

- AlcoholEdu, MyStudentBody, etc.
 - Provide education, but also gather individual information from students about their use in order to provide personalized feedback, etc.
 - Some evidence of effectiveness, but long-term effect seems unclear...

NIAAA 3-in-1 Approach



No evidence of effectiveness: Informational, knowledge-based interventions, *on their own*

Any Questions???

- Thanks for participating. I appreciate feedback and comments, and I am happy to provide citations or additional materials. Just ask.

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