

Dartmouth Student Well-Being: High-Risk Drinking Prevention

In his *Moving Dartmouth Forward (MDF)* address on Jan. 29, 2015, President Philip J. Hanlon '77 said: “to truly create a safe environment—and one that is advantageous to learning—we will also have to tackle the challenge of excessive drinking.” Our campus continues to address the reduction of high-risk drinking and related harms by implementing effective strategies and best practices in the field of prevention.

To combat public health problems, members of the community must be informed and involved in making positive change. In support of this goal, a [series of reports](#) was released over the course of several months sharing current Dartmouth data, information, and recommendations with the community.

Series authors:

Caitlin K. Barthelmes

Director

The Student Wellness Center

Dawn Gillis

Assessment and Program Evaluation Coordinator

The Student Wellness Center

Questions?

Contact caitlin.barthelmes@dartmouth.edu

DARTMOUTH

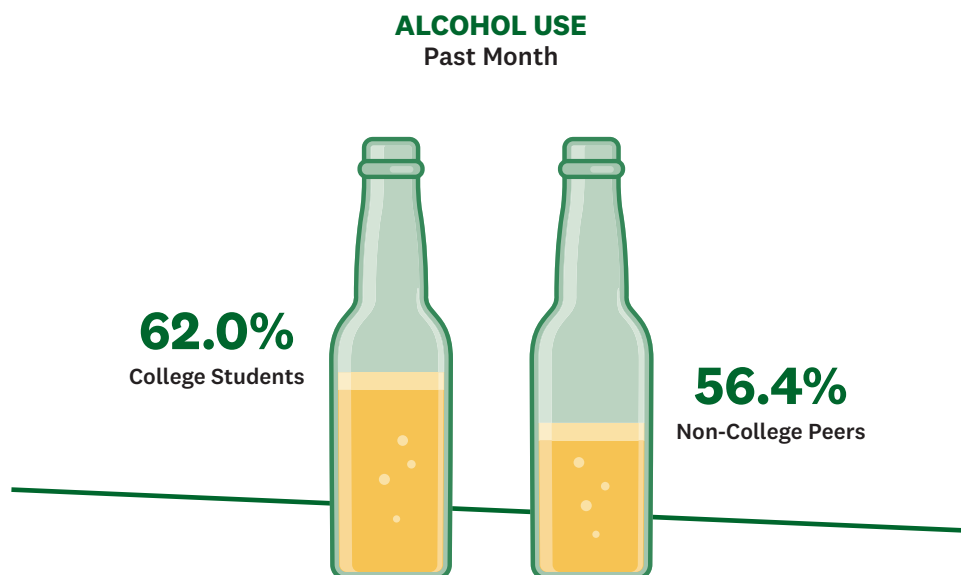
THE NEED FOR HIGH-RISK DRINKING PREVENTION (1/5)

College student populations have consistently recorded high levels of alcohol consumption and heavy episodic drinking for nearly 40 years of national measurement.¹ Moreover, research links high-risk drinking with negative consequences for individuals, campus communities, and institutions of higher education.² While some progress has been made, colleges and universities around the country continue to struggle to reduce high-risk drinking and related harms.

What Is High-Risk Drinking?

High-risk drinking (HRD) is defined as four or more drinks for a female* and five or more drinks for a male* in two hours (*biological sex at birth). Drinking at this rate leads to an estimated blood alcohol concentration (BAC) of 0.08 for an average person. At this level of intoxication, balance, speech, reaction time, judgment, and reason begin to be impaired.

Nationally: More than 60 percent of college students report drinking alcohol in the past month. HRD occasions are reported by 33 percent of all college students. While the prevalence of HRD among college students has remained relatively stable, after a small downward trend from 2008-2015, we know that college students drink at higher rates than their non-college peers putting them at a higher risk for negative consequences related to alcohol use.¹



DARTMOUTH

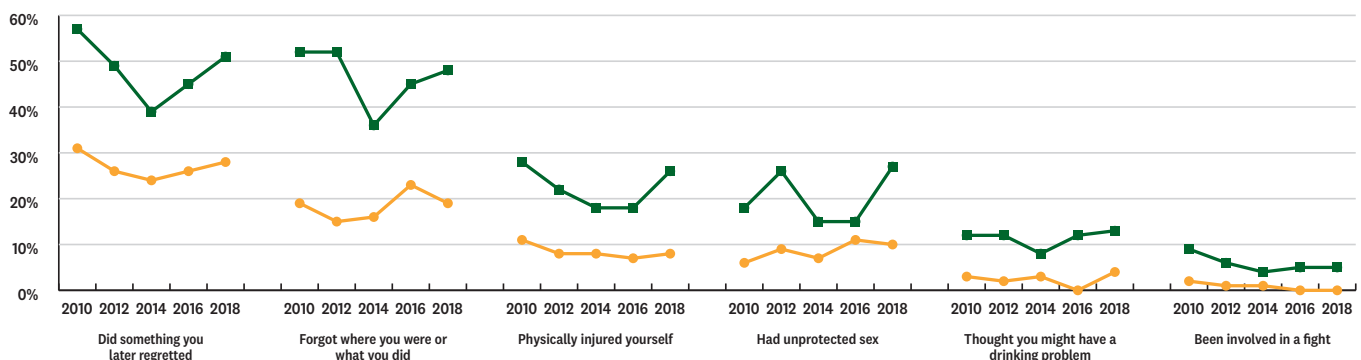
At Dartmouth: In 2018, **41 percent** of Dartmouth undergraduates responding to The Dartmouth Health Survey reported having had five or more alcoholic drinks at a sitting at least once in the last two weeks.³ **Sixteen percent** of first-year students reported feeling pressured to drink alcohol to fit in at Dartmouth in a separate survey.⁴

The Impacts of Risky Drinking^{5, 6}

- Impaired academic performance
- Decreased mental health and well-being
- Deficits in brain functioning and development
- Personal injury
- Sexual assault
- Communal negative consequences

Dartmouth data confirms that negative consequences occur at higher rates for students who engage in high-risk drinking compared to those who don't. However, in recent years both high-risk and low-risk drinkers have been experiencing increasing rates of negative consequences as a result of their drinking, including having regrets, experiencing blackouts, and having unprotected sex.

Percentage of Dartmouth High-risk drinkers (HRD) versus non-high-risk drinkers (N-HRD) experiencing negative consequences when drinking alcohol*



■ HRD
● N-HRD

Survey question: Within the last 12 months, have you experienced any of the following when drinking alcohol?

HRD = Had 5+ alcoholic drinks at a sitting at least once in the last two weeks

N-HRD = Have NOT had 5+ alcoholic drinks at a sitting in the last two weeks (does not include non-drinkers)

Dartmouth College, Office of Institutional Research, Dartmouth Health Survey Results.

*Percentage of respondents in specified drinker category answering in the affirmative.

DARTMOUTH

The adverse effects of risky drinking extend beyond the individual and into the community. Students who choose not to drink can experience secondhand effects of alcohol use that impede their ability to maximize their potential at Dartmouth.

Undergraduate students reported the following happening to them at least once in the last 12 months as a result of someone else's drinking:³

- **38 percent** had their studying interrupted
- **19 percent** had their property mistreated or damaged
- **63 percent** had to watch over someone who had been drinking

Reducing high-risk drinking and its negative impacts is essential for Dartmouth to fulfill its mission to effectively educate the most promising students and prepare them for a lifetime of learning and responsible leadership.

DARTMOUTH IS COMMITTED TO CREATING A SAFE ENVIRONMENT THAT IS ADVANTAGEOUS TO LEARNING.



¹ Johnston, L. D., Miech, R. A., O'Malley, P. M., Bachman, J. G., Schulenberg, J. E., & Patrick, M. E. (2018). Monitoring the Future national survey results on drug use: 1975-2017: Overview, key findings on adolescent drug use. Ann Arbor: Institute for Social Research, The University of Michigan.

² U.S. Department of Health and Human Services, National Institutes of Health. The National Institute on Alcohol Abuse and Alcoholism (2015). *Planning Alcohol Interventions Using NIAAA's CollegeAim Alcohol Intervention Matrix* (NIH Publication No. 15-AA-8017). Retrieved from [NIAAA College Matrix Booklet PDF](#).

³ Dartmouth College, Office of Institutional Research (2018). 2018 Dartmouth Health Survey Results. Response Rate 26%, N=603 Retrieved from [2018 Dartmouth Health Survey PDF](#).

⁴ Dartmouth College, Office of Institutional Research (2018). 2018 First-Year Student Survey Summary Report. Response Rate 46%, N=543. (Unpublished report). Hanover, New Hampshire: Dartmouth College.

⁵ Cronce, J. M., Toomey, T. L., Lenk, K., Nelson, T. F., Kilmer, J. R., & Larimer, M. E. (2018). NIAAA's College Alcohol Intervention Matrix Alcohol research: current reviews, 39(1), 43-47.

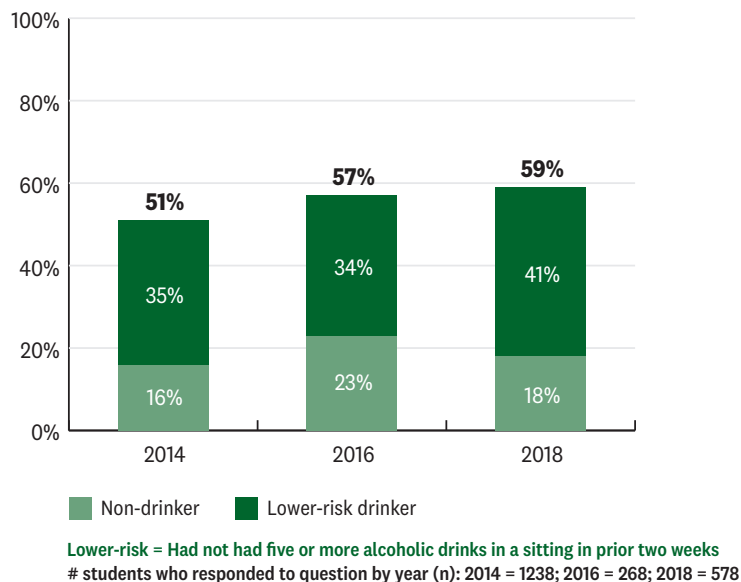
⁶ U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism (2015). College Drinking (fact sheet). Retrieved from [NIAAA College Fact Sheet PDF](#).

DARTMOUTH

EXPANDING THE HEALTHY MAJORITY (2/5)

As a population, we tend to overestimate the unhealthy behaviors and underestimate the positive, protective behaviors of those around us.¹ For instance, contrary to common assumptions about college student drinking behaviors, **the majority of Dartmouth students (59 percent) do not report high-risk drinking** (five or more drinks in one sitting) in the past two weeks. That majority has been growing on our campus since 2014. Additionally, **most Dartmouth students who drink engage in protective and harm-reduction strategies.**² Research shows that perceptions (or misperceptions) are one of the strongest predictors of behavior¹; therefore, knowing the true landscape of the attitudes and behaviors of Dartmouth students is critical in supporting the healthy majority.

**Dartmouth Health Surveys:
Percentage of Non-Drinkers and Lower-Risk Drinkers³**



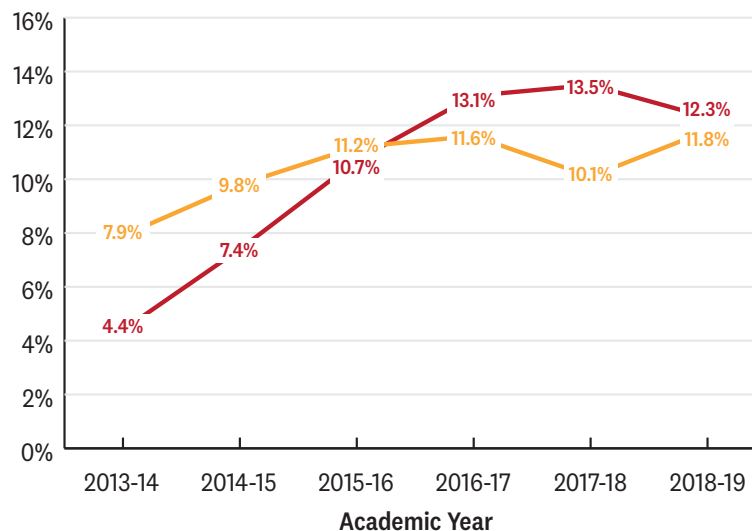
The most common protective behaviors of Dartmouth students who drink:

- **75 percent** eat before and/or during drinking most of the time or always
- **65 percent** keep track of how many drinks they are having most of the time or always
- **69 percent** choose not to drink sometimes or more often when partying or socializing
- **96 percent** did not drive after drinking any alcohol, and 100 percent did not drive after drinking five or more drinks.

DARTMOUTH

Incoming students: As our campus has taken on the challenge of reducing high-risk drinking in the past six years, we have seen a growing number of incoming students reporting riskier drinking prior to enrolling at Dartmouth. The number of students at pre-matriculation qualifying as high-risk drinkers or very-high-risk drinkers before they step foot on campus has nearly doubled from 2013 to 2018. Of note, 2016-2017 marked the first year that very-high-risk drinkers exceeded the number of high-risk drinkers coming to Dartmouth.⁴

Percentage of **High-Risk Drinkers (HRD)** and **Very High-Risk Drinkers (VHRD)** in incoming class – Pre-matriculation⁴



Number of **HRD** and **VHRD** in incoming class – Pre-matriculation⁴

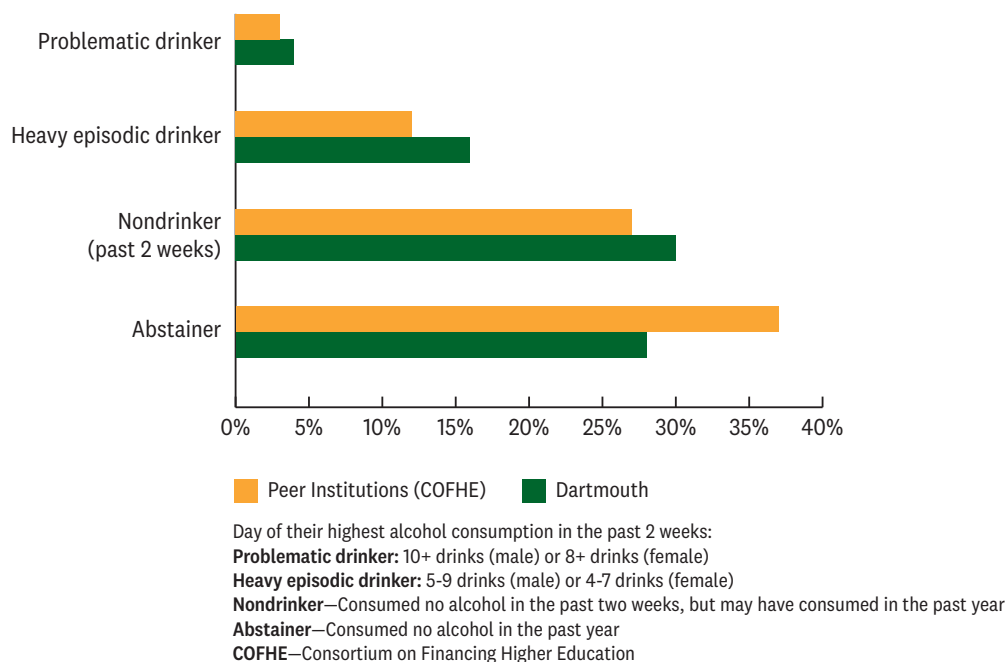
	2013-2014	2018-2019
HRD	85	128
VHRD	47	133
Total	132	261

HRD = consumed 5+ alcoholic drinks in a sitting once in past 2 weeks
VHRD = consumed 5+ alcoholic drinks in a sitting two or more times in past 2 weeks

DARTMOUTH

When comparing incoming Dartmouth students to peer institutions, we found that in the fall of 2018, Dartmouth first-year students were less likely to be abstainers and more likely to be heavy episodic or problematic drinkers.⁶

Comparison of Dartmouth Incoming Drinker Categories with Peer Institutions (Pre-matriculation, Fall 2018)



The ‘College Effect’: Studies of national student alcohol use have identified a trend termed the “college effect,” in which a rise in consumption is observed beginning in the summer before a student enters college and continues through their arrival on campus. College environments can produce a significant increase in alcohol consumption regardless of a student’s previous drinking history; however, schools can create circumstances that facilitate those tendencies or moderate them.⁵

AlcoholEDU®: Mitigating the College Effect: Incoming Dartmouth first-year students are expected to complete two evidence-based pre-matriculation online education programs as a primary prevention effort to mitigate the college effect. EVERFI’s AlcoholEdu® and Sexual Assault Prevention for Undergraduates (SAPU) help reduce the harms associated with alcohol misuse and sexual violence. Completion rates for both programs have been steadily increasing over time, with the most recent Dartmouth students, the Class of 2022, recording a **completion rate of 98 percent**, an all-time high for each.

DARTMOUTH

A large majority of students reported that AlcoholEdu® helped prepare them to prevent an alcohol overdose (89 percent), help someone who may have alcohol poisoning (92 percent), and establish a plan ahead of time to make responsible decisions about drinking (91 percent).⁶

Supporting the Healthy Majority

Providing consistent alcohol-free and low-risk social options for students particularly during traditional drinking times sets a tone for incoming students and creates circumstances that can moderate the college effect. These events, in which the healthy choice (to abstain or drink in low-risk ways) is the easy choice, also support the majority of Dartmouth students making, or wanting to make, responsible decisions regarding alcohol.

Thirty-five percent of the incoming Class of 2022 (413 students) reported that they would like to attend events that do not focus on alcohol.⁶

Collis After Dark offers late night events every Friday and Saturday of the academic year and features various forms of entertainment, such as live music, video-game tournaments, comedians, late-night meals, crafts, and cultural events. Attendance at Collis After Dark events from January 2018 to November 2018 was approximately 4,900 students (some students attended more than one event) and included students of different genders, race and ethnicities, and class years.

House Events: In the past two years there have been almost 1,500 alcohol-free or low-risk drinking community activities within the House system that bring together undergraduates, graduate students, faculty, and staff. House events span a range of social and intellectual interests, including arts and culture, competitive and outdoor activities, house leadership, intellectual engagement, and volunteerism.

Additionally, Dartmouth offers many College-sponsored, alcohol-free events, such as athletic contests, overnight outdoor experiences through the Outdoor Program Office, and performances at the Hopkins Center for the Performing Arts.

MAKING THE HEALTHY CHOICE, THE EASY CHOICE.



DARTMOUTH

¹Perkins, H.W., Haines, M.P., & Rice, R. (2005) Misperceiving the college drinking norm and related problems: a nationwide study of exposure to prevention information, perceived norms, and student alcohol misuse. *Journal of Studies on Alcohol* 66(4), 470-478.

²Dartmouth College, Office of Institutional Research (2018). 2018 Dartmouth Health Survey Results. Response Rate 26%, N=603. Retrieved from [2018 Dartmouth Health Survey PDF](#).

³Dartmouth College, Office of Institutional Research (2014, 2016, 2018). Dartmouth Health Survey Results. Retrieved from [Dartmouth Health Surveys](#).

⁴Dartmouth College, Office of Institutional Research (2013 - 2018). Dartmouth Short Survey Summary Report (Unpublished reports from 2013 -2018). Hanover, New Hampshire: Dartmouth College.

⁵U.S. Department of Health and Human Services, National Institutes of Health. The National Institute on Alcohol Abuse and Alcoholism (2018). [CollegeAim Alcohol Intervention Matrix](#).

⁶EVERFI (2019). AlcoholEdu® for College (unpublished data retrieved Dec. 19, 2018). Response Rate 98%, N=1,179, Hanover, New Hampshire: Dartmouth College.

DARTMOUTH

CHANGING HIGH-RISK BEHAVIORS: INDIVIDUAL STRATEGIES (3/5)

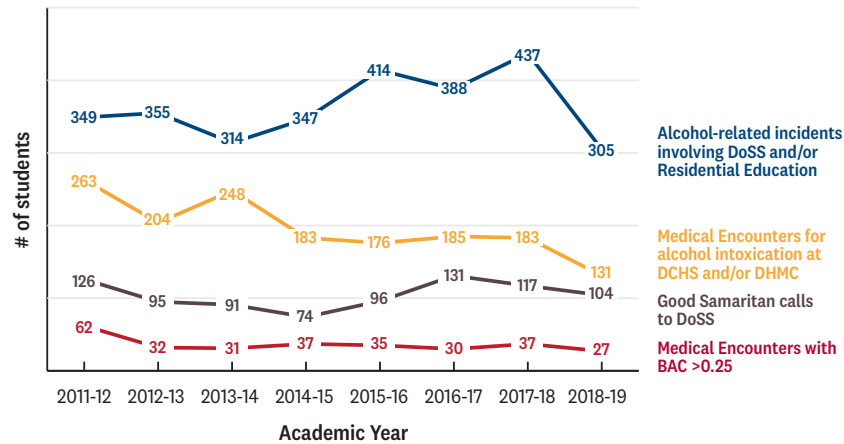
In order to address complex public health problems such as high-risk drinking, campuses must implement strategic prevention efforts and provide resources across the spectrum of need. Prevention efforts are often categorized as primary, secondary, or tertiary and have slightly different intended outcomes. Individual level interventions focus on changing behaviors and attitudes, which may include reducing alcohol use and/or risk-taking behaviors when drinking.¹

Prevention Category	Aim	Example
Primary	Intervening before negative effects occur	Supporting abstinence, low-risk drinking, and protective behaviors; altering risky drinking practices prior to the experience of negative consequences
Secondary	Screen and identify problems in the earliest stages	Identify patterns of negative consequences and/or worrisome behavior
Tertiary	Help an individual manage a disease or condition to avoid progression	Connect a person with treatment options before a substance use disorder develops

High-Risk Incidents: Monitoring incidents of higher risk is important to evaluating campus drinking activity and informing prevention efforts. Since 2011, Dartmouth has been tracking four community measures termly and annually. Comparisons across and between terms allow us to take a closer look at the impact of specific changes taking place in the community and long-term annual data is useful for determining an overall trajectory. In addition to the possibility that prevention strategies may lead to an increase or decrease of overall alcohol-related incidents, other factors may influence these fluctuations, such as pre-existing drinking behaviors of incoming classes or limitations in the ability to implement strategies in robust, comprehensive ways. As a campus, we continue to look more closely at possible mitigating factors that could account for changes in data.²

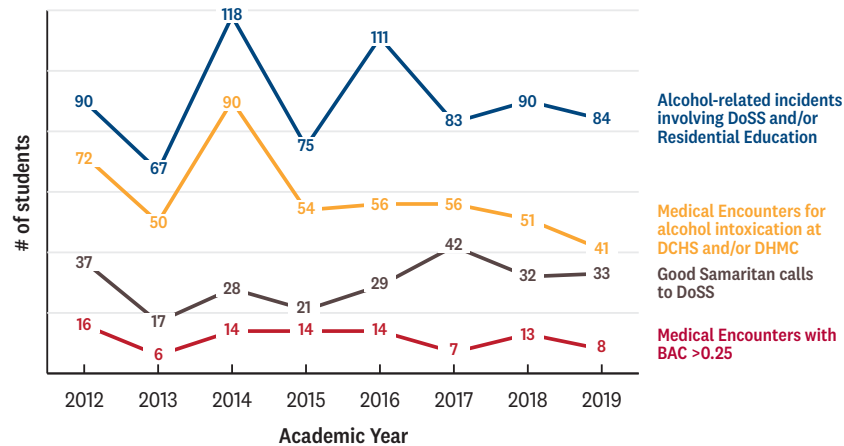
DARTMOUTH

Undergraduate Alcohol-Related Incident Data for Academic Year (July – June) Comparison²



- Numbers indicate counts at the individual student level.
- Alcohol-related incidents and Good Samaritans are determined using Maxient and Department of Safety and Security (DoSS) reports.
- BAC = Blood Alcohol Concentration.
- Data on medical encounters and BACs are from Dartmouth College Health Service (DCHS) inpatient medical encounters and Dartmouth Hitchcock-Medical Center (DHMC) Emergency Department encounters for alcohol intoxication.

Undergraduate Alcohol-Related Incident Data (2012 – 2019) April – June²



- Numbers indicate counts at the individual student level.
- Alcohol-related incidents and Good Samaritans are determined using Maxient and Department of Safety and Security (DoSS) reports.
- BAC = Blood Alcohol Concentration.
- Data on medical encounters and BACs are from Dartmouth College Health Service (DCHS) inpatient medical encounters and Dartmouth Hitchcock-Medical Center (DHMC) Emergency Department encounters for alcohol intoxication.

DARTMOUTH

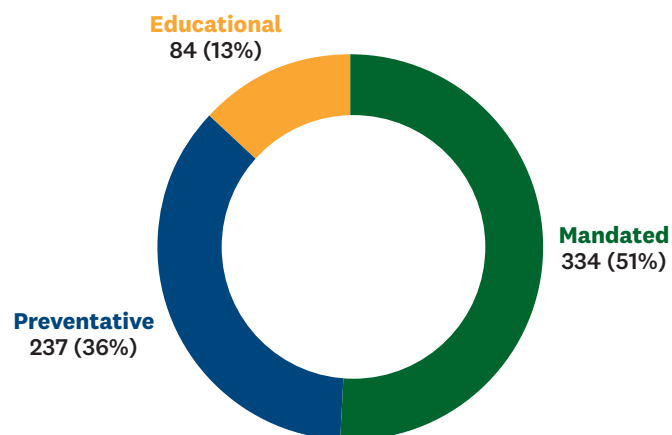
High BACs: Dartmouth describes the highest-level intoxications as blood alcohol concentrations (BACs) over 0.25. This is about seven drinks in one hour for a female weighing 125 pounds, or 10 drinks in one hour for a 150-pound male. At this level of intoxication, individuals approach a lethal limit and are at risk for an alcohol overdose.

Dartmouth began focusing on implementing evidence-based practices in 2011 and set the aspirational goal of eradicating high BACs from our campus. This past academic year, we saw the lowest number of high BACs in recorded history. Medical encounters are also at a historic low after four years of relative stability. While these data indicate progress toward our goals, we continue to strive to create the safest campus possible for our students.

Brief Alcohol Screening & Intervention for College Students (BASICS)

BASICS is widely known as one of the most evidence-based, effective individual interventions for producing changes in attitudes and behaviors among college students, including Dartmouth students.^{3,4} The Student Wellness Center provides BASICS sessions for students involved in an alcohol-related incident (mandated), those participating on a varsity athletic team (preventative), students associated with a mentoring group such as undergraduate advisors (educational), and those referred by a campus colleague, friend, or a self-referral. This comprehensive model for BASICS accentuates the program's ability to serve as a primary, secondary, or tertiary intervention. From 2018 to 2019, 655 students were invited to participate in BASICS and 521 completed the in-person feedback session, indicating a wide reach and high completion rate on campus for one of the most effective individual interventions available.

**Invitations to BASICS (2018-2019) by referral type
(number and percentage of students)**



DARTMOUTH

Universal Screening in Primary Care

Universal screening for high-risk drinking began in Dartmouth College Health Service's (DCHS) primary-care clinic as a pilot program in 2011 and has become a routine prevention effort in line with the United States Preventative Services Task Force recommendations. In the 2018-19 academic year, 12,027 graduate and undergraduate student encounters with DCHS included screening for alcohol misuse. Of that total, 4,753 unique individuals were given the screening and 24.3 percent of unique patients screened positive for consuming five or more drinks in a sitting in the previous two weeks. During the clinic visit, prescribing providers are expected to have a brief intervention using motivational interviewing and share low-risk-drinking guidelines with students who screen positive. Universal screening provides the opportunity to affirm non- and low-risk drinkers and identify and support high-risk and problematic drinkers in taking steps to change their behavior.

Providing evidence-based programs to individual students through the network of care creates opportunities for self-reflection and behavioral modification. Allowing Dartmouth students an opportunity to consider their drinking practices in connection with their values, their health, and their goals can spark the process of change.

PREVENTION BEST PRACTICES WITHIN THE NETWORK OF CARE



¹Centers for Disease Control and Prevention (n.d.). Picture of America: Prevention (pdf). Retrieved from [Picture of America Prevention PDF](#).

²"Dartmouth Undergraduate Student Alcohol Intoxication Incident Data" Retrieved July 22, 2019 from [Wellness Center Reports Publications](#).

³Fachini, A., Aliane, P. P., Martinez, E. Z., & Furtado, E. F. (2012). Efficacy of brief alcohol screening intervention for college students (BASICS): a meta-analysis of randomized controlled trials. Substance abuse treatment, prevention, and policy, 7, 40.

⁴Bracken, A.C., Bowden, B.S., & Zhang, Y. (2018). White paper: Effectiveness of Abbreviated BASICS on Mandated Alcohol Referrals: A Feasibility Study. [Wellness Center White Paper PDF](#).

⁵US Preventive Services Task Force. (2018). Screening and Behavioral Counseling Interventions to Reduce Unhealthy Alcohol Use in Adolescents and Adults: US Preventive Services Task Force Recommendation Statement. JAMA, 320(18):1899-1909.

DARTMOUTH

CHANGING HIGH-RISK BEHAVIORS: ENVIRONMENTAL STRATEGIES (4/5)

Because college student drinking occurs in the context of a living-learning environment, successful interventions for reducing high-risk drinking must operate to reach individual students, the entire student body, and the greater college community. Comprehensive prevention plans must include environmental management strategies that change the appeal and availability of alcohol. Developing and enforcing campus alcohol and other drug policies and limiting alcohol availability are two strategies that can shift an environment away from risky drinking toward more positive behaviors.¹

Alcohol Management Program Policy

The [Alcohol Management Program](#) (AMP) oversees the registration process and policies that undergraduate organizations must follow when alcohol is being served at events held on and off campus. A variety of environmental strategies are integrated into registration requirements, including managing Tier 2 events (40-150 attendees) with at least two Training for Intervention Procedures (TIPS)-trained bartenders to serve alcohol and at least two door monitors to increase the safety of party participants entering and exiting the event. Tier 3 events (with more than 150 attendees) require non-organization-affiliated bartenders, either through the AMP event staff or a licensed caterer, and also third-party security to increase safety and risk management. AMP continues to uphold additional risk-reduction requirements across tiers. Some examples include risk management advising meetings, additional sober door monitors, Safety and Security party checks, and wristbands for students who are legally able to drink. There were more than 1,500 registered AMP events in 2018-2019.

Limiting Alcohol Availability: Hard Alcohol Policy

[Dartmouth's Alcohol and Other Drug Policy](#) prohibits the possession, consumption, or service of hard alcohol (30 proof or higher). Individuals and organizations have been identified for violating this policy and have gone through the College's judicial process as a result of their behavior.

What does alcohol 'proof' mean? Proof is the percent of alcohol per volume expressed as a fraction of 200. For instance, 30 proof is 30/200 or 15 percent ABV (alcohol by volume), which means 15 percent of the substance is pure alcohol.

Typical alcohol content of standard drinks:

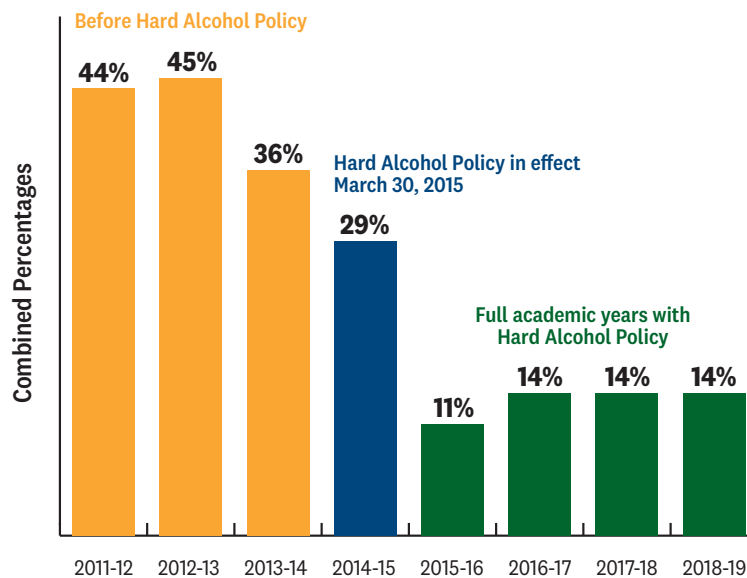
- A 12 oz. standard beer or cider is 5 percent ABV (10 proof)
- A 12 oz. malt beverage is 7 percent ABV (14 proof)
- A 12 oz. high-gravity beer or cider is 6 to 10 percent ABV (12-20 proof)
- 5 ounces of wine or Champagne is 12 percent ABV (24 proof)
- 1.5 ounces of liquor/hard alcohol is 40 percent ABV (80 proof)



DARTMOUTH

Since the implementation of more evidence-based alcohol prevention efforts began in 2011-2012, we have seen a decrease in reported use of hard alcohol by students referred to our alcohol education program, BASICS. There was a dramatic drop in reported hard alcohol use from 2014-2015 to 2015-2016, after the announcement and implementation of the hard alcohol policy. Reported hard alcohol consumption dropped by approximately 50 percent from the 2014 academic year to 2018 academic year and has remained steady for the past three years. We should be cautious of generalizing these results to all Dartmouth students as individuals invited to BASICS are typically higher-risk given their involvement in an alcohol-related incident or association with a high-risk group (e.g. athletics, the Greek community).

Combined Percentages of Self-Reported Hard Alcohol Use (July-June)



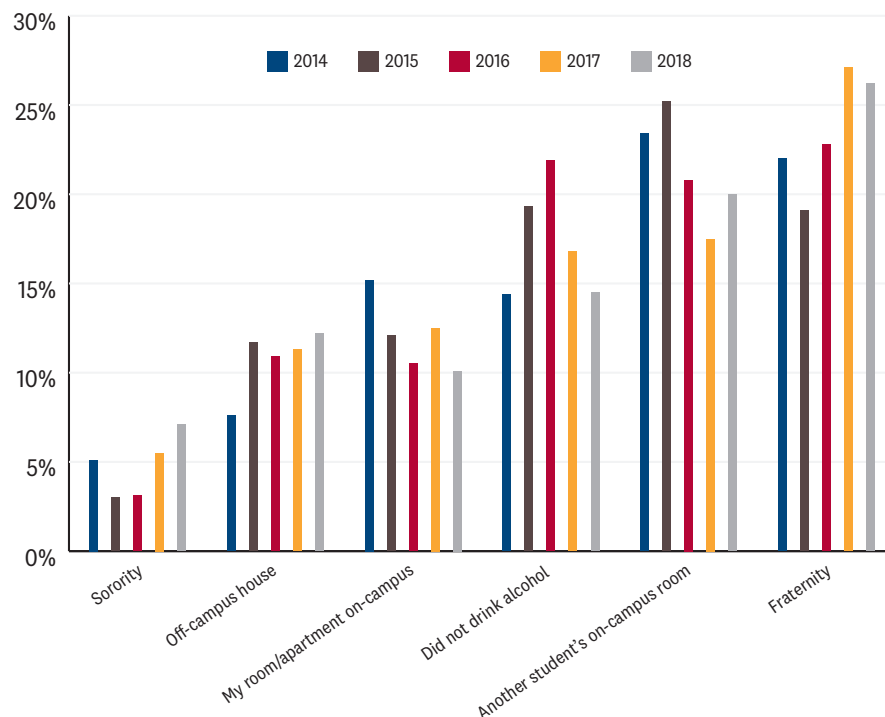
- Data from confidential BASICS (Brief Alcohol Screening and Intervention for College Students) baseline survey. Student responses based on incident that led to referral or last time drank (if no incident precipitated participation in BASICS).
- Combined percentages summed from each response item for hard alcohol consumed (shots, energy drinks, punch, and other mixed drinks). Students could respond in the affirmative to more than one type of drink containing hard alcohol.

DARTMOUTH

The Myth of Drinking Displacement

A reoccurring concern regarding environmental initiatives that reduce access to alcohol in one place (e.g. campus) is the fear that riskier drinking is displaced to other locations (e.g. off-campus). However, research indicates that when safer environmental interventions are employed, higher intoxication displacement does not occur.² Our data echoes that finding. While an initial increase in reported alcohol use in off-campus houses occurred in 2015, that rate has held relatively steady since then. Additionally, fraternities and another student's on-campus room have continued to remain the most frequently reported locations for drinking alcohol.

Self-Reported Location of Where Students Drank Alcohol Where did you drink alcohol?



- Data from the confidential BASICS (Brief Alcohol Screening and Intervention for College Students) baseline survey. Student responses were based on the incident that led to their referral or the last time they drank (if no incident precipitated their participation in BASICS). Academic year reported starts July of year shown.
- Location response choices that had results of less than 5% each year include: Affinity house, My room/apartment off-campus, Other on-campus location, Other off-campus location (restaurant etc.), and Other.

**POLICY AND ENFORCEMENT ARE
POWERFUL PREVENTION TOOLS**



DARTMOUTH

¹Cronce, J. M., Toomey, T. L., Lenk, K., Nelson, T. F., Kilmer, J. R., & Larimer, M. E. (2018). NIAAA's College Alcohol Intervention Matrix. *Alcohol research : current reviews*, 39(1), 43–47.

²Saltz, R. F., Paschall, M. J., McGaffigan, R. P., & Nygaard, P. M. (2010). Alcohol risk management in college settings: the safer California universities randomized trial. *American journal of preventive medicine*, 39(6), 491–499.

DARTMOUTH

STRENGTHENING THE COMMUNITY (5/5)

A combination of individual and environmental strategies for reducing high-risk drinking works to create a network of care and a healthy culture that places the well-being of students at its heart. By increasing positive, proactive actions by every member of the community—particularly student-to-student—Dartmouth can foster an environment in which all students thrive.

Strengthening Community and Preventing Risk in Residence Halls

The undergraduate advisor (UGA) role in residential education has been evolving since 2011 to capitalize on the ability of UGAs to positively contribute to creating healthy living and learning environments. In addition to their role as mentors and community builders, when high-risk alcohol behaviors—such as pre-gaming—occur in residence halls, UGAs are expected to interrupt and document the incident. This process allows residents to enter into the network of care before more serious consequences occur. In 2015, UGAs began conducting community walk-throughs on Wednesdays, Fridays, and Saturdays. Community walk-throughs generated 109 (36 percent) of the 305 undergraduate student-level alcohol-related incidents in 2018-2019. Overall, residential education staff (UGAs and assistant directors) were responsible for initiating student entry into the network of care in 50 percent of all undergraduate student alcohol-related incidents in 2018-2019. Fifty-eight percent of first-year student survey respondents saw a UGA intervening in a case of alcohol use at least once in the past term.¹

Medical Amnesty: The Good Samaritan Policy

Because students' health and safety are a primary concern, Dartmouth's Good Samaritan (Good Sam) policy protects individuals, organizations, and students in need of help from facing disciplinary action if they seek assistance to provide medical care through the policy. The student of concern must complete educational and/or medical recommendations in a timely manner in order for the Good Sam policy to apply. We saw an upward trend in incidents that resulted from a student calling for help for another student starting in 2015-2016, with a peak of 131 Good Sam incidents in the 2016-2017 academic year. In the past two years, these incidents have been trending downwards with the most recent academic year having 104 Good Sam incidents recorded. Of note, the total number of individual undergraduate student level alcohol-related instances was at an all-time low for the same year ([since recording began in 2011](#)). When looking at Good Sam incidents in the context of related data, we find that Dartmouth is still experiencing solid rates of bystander behavior and that students are looking out for the health and safety of one another.²

Steps to making a "Good Sam"

When a student is intoxicated to a concerning level ...

1. Call Safety & Security (603-646-4000).
2. Request assistance for "a Good Sam."
3. Provide a specific, unambiguous location.
4. Provide a description of the student of concern and the environment.
5. Report the level of consciousness, difficulty breathing, skin discoloration, or any other important detail.
6. Stay with the student of concern if it's possible and safe to do so.

DARTMOUTH

Ninety-three percent of Dartmouth student respondents would want a peer to intervene if they were in a situation in which they were drinking too much.³

Dartmouth Bystander Initiative (DBI) DBI is a prevention strategy that focuses on leadership and bystander intervention to mobilize our community to check in and step in. DBI was originally focused on reducing sexual violence; however, the DBI model encourages students, faculty, and staff to notice all potential harm and take steps to build a safer, more caring community.

Do something yourself
Bring others in
Use Ingenious alternatives

Fifty-seven percent of Dartmouth students reported intervening when they saw someone drinking too much.³

Going Forward Continuing the conversations about alcohol and its abuse is imperative to ensuring a healthy Dartmouth community. We must not neglect the significant impact high-risk substance use has on student success, well-being, and safety. We must use a data-driven approach to guide and improve our prevention efforts.

To that end, a group of campus partners has committed to review alcohol-related initiatives and data to refine our prevention policies and programs to ensure that we are implementing the most effective, comprehensive prevention plan possible so that we can continue to move Dartmouth forward.

CULTIVATING AN ENVIRONMENT OF CARE



¹ Dartmouth College, Office of Institutional Research (2018). *2018 First-Year Student Survey Summary Report*. Response Rate 46%, N=543. (Unpublished report). Hanover, New Hampshire: Dartmouth College.

² "Dartmouth Undergraduate Student Alcohol Intoxication Incident Data" Retrieved September 6, 2019 from: [Student Wellness Center Reports & Publications](#).

³ Dartmouth College, Office of Institutional Research (2018). 2018 Dartmouth Health Survey Results. Response Rate 26%, N=603. Retrieved from: [2018 Dartmouth Health Survey PDF](#).