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 will be released over the course of several months sharing current Dartmouth data, information, and recommendations with the community.

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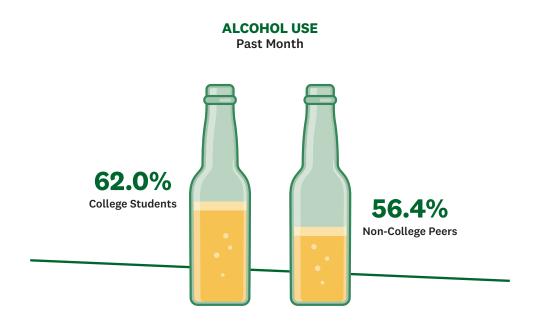
THE NEED FOR HIGH-RISK DRINKING PREVENTION (1/5)

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



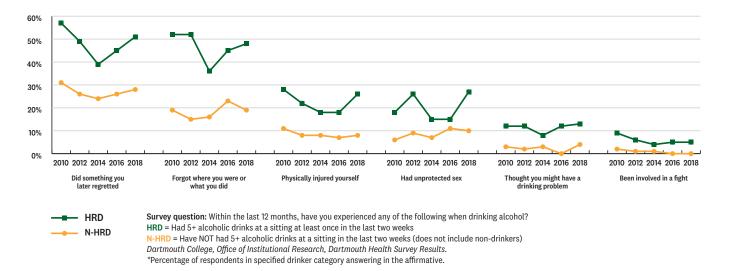
At Dartmouth: In 2018, **41 percent** of Dartmouth undergraduates responding to The Dartmouth Health Survey reported having had five or more alcoholic drinks at a sitting at least once in the last two weeks.³ **Sixteen percent** of first-year students reported feeling pressured to drink alcohol to fit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



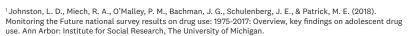
The adverse effects of risky drinking extend beyond the individual and into the community. Students who choose not to drink can experience secondhand effects of alcohol use that impede their ability to maximize their potential at Dartmouth.

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

- 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.





²U.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 <u>NIAAA College Matrix Booklet PDF</u>.

³ Dartmouth College, Office of Institutional Research (2018). 2018 Dartmouth Health Survey Results. Response Rate 26%, N=603 Retrieved from <u>2018 Dartmouth Health Survey PDF</u>.

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.