

DARTMOUTH

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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Questions?

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

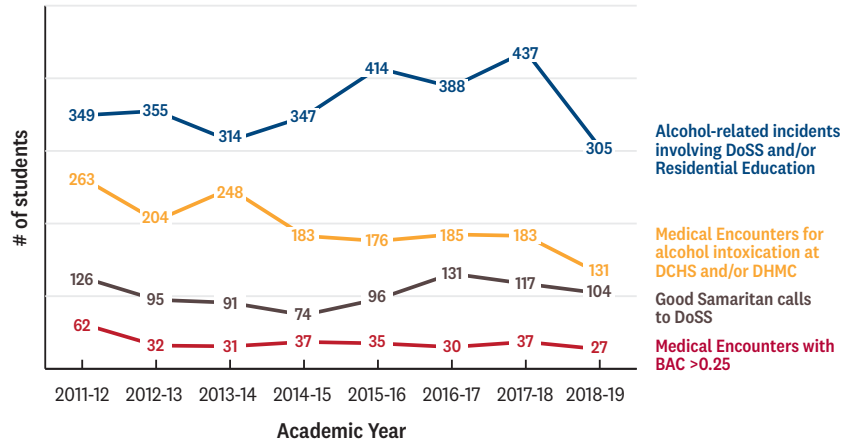
In order to address complex public health problems such as high-risk drinking, campuses must implement strategic prevention efforts and provide resources across the spectrum of need. Prevention efforts are often categorized as primary, secondary, or tertiary and have slightly different intended outcomes. 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

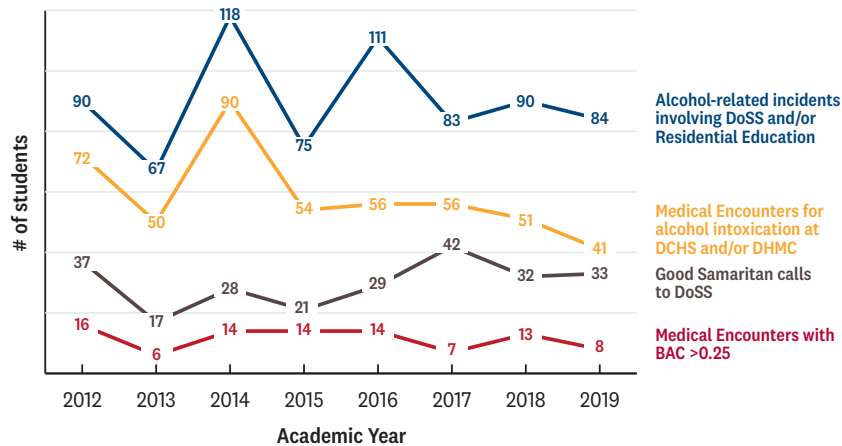
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Undergraduate Alcohol-Related Incident Data for Academic Year (July - June) Comparison²



- 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



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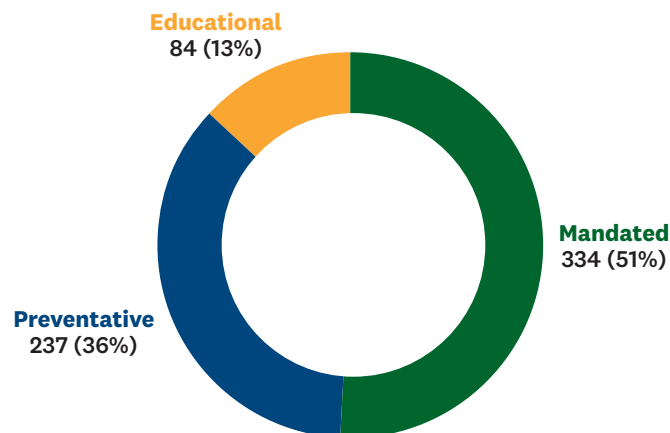
High BACs: Dartmouth describes the highest-level intoxications as blood alcohol concentrations (BACs) over 0.25. This is about seven drinks in one hour for a female weighing 125 pounds, or 10 drinks in one hour for a 150-pound male. At this level of intoxication, individuals approach a lethal limit and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



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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.