

Alcohol Harm Reduction Plan 2010-2013

The Findings: UI students are higher risk drinkers

Over the past decade, there is substantive evidence that students at The University of Iowa drink more heavily leading to more negative consequences than other college students nationally.

The evidence comes from the most widely used health-related survey about health risk with college students, The National College Health Assessment (NCHA). Responses to questions on alcohol use and other health topics produce data that can be compared with national rates.

Methodology: NCHA Assessment

Two methods of data-gathering were implemented on three separate occasions:

- At the start of the last eight weeks of the Spring Semester 2006, 97% of the students enrolled in Health and Physical Activity Skills (HPA) courses responded to the NCHA.
- This method was replicated in Spring 2009, with a 95% response rate, for a total of 852 surveys.
- In 2007, a random sample of UI undergraduate students, stratified by gender and year in school, received an e-mail invitation to complete the NCHA online, via the web. About 20% of students responded, a typical response rate for web-based surveys at Iowa.

All reported results have limited generalization; nevertheless, the demographic comparisons of students in HPA Skills classes to the rest of the UI population demonstrate:

- No substantial differences in major, or year in school. Over 90 majors are represented among enrollees in HPA courses.
- Percent of enrollment in the UI Honors program (24% of HPA students) is comparable to percent of Honors Students for all UI undergraduates (25%).
- Similarity of GPA: The mean undergraduate GPA in spring 2009 was 2.997; the self-reported mean for 2009 HPA respondents was 3.00.
- No significant differences in risk behaviors between a random sample and the representative sample using the same instrument (Mellen, 2007).
- The percent of response by gender (54% female and 46% male) for the HPA sample was more representative of UI gender distribution in undergraduates. However, likely due to the fact that men are less inclined to respond to web-based surveys, the 2007 random sample elicited a 67%/33% split for female/male.

What do we know about High Risk Alcohol Use at UI and how do we know it?

Compared to college students nationally, UI students are 1.5 to 2.0 times more likely to experience negative consequences such as blackouts or arrests.

70% of UI students engaged in high-risk drinking in the past two weeks – compared with 33% of college students nationally.

The National College Health Assessment, conducted in Health and Physical Activity Skills courses, provides a sample that is comparable to the UI undergraduate population, while ensuring a high response rate.

Similar Results in other Studies & UI Studies

Other studies of alcohol use by UI students have used different methods and arrived at very similar rates for high-risk use and consequences among our students. Examples:

Study	Year	Sampling/Data Collection Method	High-risk drinking
NCHA	2009	Representative sample via Health and Physical Activity Classes	70%
Harvard College Alcohol Study	1993; 1997-2005	Random, paper and web surveys	64-67%
Nathan	1997-2001	Students enrolled in Psychology courses, paper surveys	69.6%
Research on Iowa Student Experiences	2006	Census of first years and seniors, web survey	69.3% (first years) 78.5% (seniors)
Dhuse	2005	Students enrolled in GE psychology, paper survey	74%

References

National College Health Assessment

Mellen, K. (2007) Health Behaviors of College Students: Sample Comparisons, Physical Activity Associations, and a Physical Activity Intervention.

Nathan, P. (2009). Binge Drinking at UI (presentation to Wisconsin Department of Human Services)

Dhuse, 2006. Consequences of Binge Drinking: Risk and Protective Factors.

Pascarella, E., Whitt, E., Goodman, K., Park, S., Seifert, T., & Tagliapietra-Nicoli, G. (2006, September). Undergraduate experiences and outcomes at the University of Iowa. Report of Research on Iowa Student Experiences (RISE). Iowa City, IA: Center for Research on Undergraduate Education.

All tactics in the Harm Reduction plan relate to effective practices in student success and/or the National Institute on Alcoholism and Alcohol Abuse (NIAAA) Recommendations for Addressing Excessive College Drinking.

A key recommendation is to create a senior University position to lead harm reduction initiatives. This model has been successful in similar circumstances.

GOAL 1

Educational outcomes and student success are not isolated from inputs. Attracting more students to UI who already engage in healthier behaviors will provide us an opportunity to support them in continuing those behaviors.

Attract more low-risk drinkers/abstainers and fewer high-risk drinkers to UI

Year 1: Academic Year 2010-11

- Begin discussions regarding tactics for goal
- Review admissions materials for opportunities to communicate our commitment to student health, wellness and overall success

Year 2: Academic Year 2011-12

- Provide educational information to largest feeder schools
- Implement identified changes in admissions materials and images
- Monitor progress to determine year 3 strategy

Year 3: Academic Year 2012-13

- TBD based on assessment of years 1 and 2

More students remain low-risk drinkers/abstainers at UI

Year 1: Academic Year 2010-11

- Expand and promote engagement opportunities targeting first-year students
- Utilize new Campus Recreation and Wellness Center (CRWC) for extensive activity programming
- Implement Electronic Check-up To Go (e-CHUG) in intramurals, Alcohol Skills Training Program (ASTP) in Greek system
- Expand AlcoholEdu to all incoming students under 21 (underway)
- Implement personalized feedback in appropriate courses for first-year students
- Expand living-learning communities
- Sophomore screen + intervene project (underway)
- Implement parent interventions
- Implement parent-student education at orientation
- Increase amount of students in Friday classes
- Gather information regarding alcohol-related issues causing withdrawal from UI
- Increase student participation in high-impact activities associated with lower rates of binge drinking

Year 2: Academic Year 2011-12

- Continue + expand effective year 1 initiatives
- Provide more alternative activities at football games
- Implement On Iowa pre-semester program for first-year students
- Implement ASTP in Athletics
- Act on information gathered regarding alcohol-related issues causing withdrawal from UI

Year 3: Academic Year 2012-13

- Continue + expand effective initiatives from years 1 and 2

GOAL 2

As an educational institution, it is our responsibility to provide clear pathways to student success.

GOAL 3

We are committed to supporting students in developing and maintaining healthy practices that will contribute to their success now and in the future. In addition, we are committed to protecting individuals and the UI/local communities from secondhand effects related to high-risk drinking.

More high-risk drinkers lower their drinking while at UI

Year 1: Academic Year 2010-11

- Train hall coordinators in motivational interviewing/Brief Alcohol Screening and Intervention for College Students (BASICS)
- Implement BASICS in Athletics
- Expand Red Watch Band program
- Implement media campaign educating on saving friends from toxic drinking
- Implement probation supervision
- Implement house party education
- Implement monetary + social “cost” of alcohol violations campaign

Year 2: Academic Year 2011-12

- Continue + expand effective year 1 initiatives
- Implement broad-based provider-driven screening and brief intervention (SBI) at Student Health Service

Year 3: Academic Year 2012-13

- Continue + expand effective initiatives from years 1 and 2
- Develop/deliver harm-reduction intervention targeting upper-level students
- Implement screening and brief intervention in UIHC emergency treatment center

More high-risk drinkers are accountable for upholding community expectations

Year 1: Academic Year 2010-11

- Expand Code of Student Life beyond campus to include off-campus infractions involving alcohol, drugs and violence

Year 2: Academic Year 2011-12

- Evaluate Code of Student Life expansion

Year 3: Academic Year 2012-13

- Evaluate Code of Student Life expansion

Metrics for Success

Metric	Baseline (2009)	Target
% of students engaging in high-risk drinking in past two weeks	70%	55%
Average number of drinks per occasion	7.43	4
Percent of students drinking 10 or more days per month	34%	20%
Alcohol-related emergency room visits	To be compiled	To be determined

Targets assume all suggested interventions from Years 1, 2, and 3 are implemented. Targets will be adjusted if interventions are not implemented.

Research indicates that access, pricing, and availability are major contributors to high-risk drinking rates in college communities. While our plan is oriented toward actions the University itself can take, the outcomes of these actions are enhanced by changes in alcohol access and availability in Iowa City. Therefore, our targets take into account changes in the larger environment, such as the 21-only after 10 pm ordinance.

GOAL 4

We never want students to leave the UI. However, in some cases, after providing all available support, it may be in the best interest of the student, the institution, and the community for at least a temporary separation from the institution to occur.

Moving Forward

Ongoing efforts continue to address alcohol consumption and its related effects on student success. Alcohol is a national health and safety issue with college students, and must be monitored and addressed as appropriate by academic institutions. The framework and metrics described in this plan outline the key actions the University can take to address high-risk drinking.

For more information on this plan, contact the Office of the Vice President for Student Services at 319-335-3557 or vp-student-services@uiowa.edu.

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