

PARTNERS IN PREVENTION –PREVENTION & FRATERNITY AND SORORITY LIFE






Question: How many of you have seen the
MACHB data (especially around FSL)?

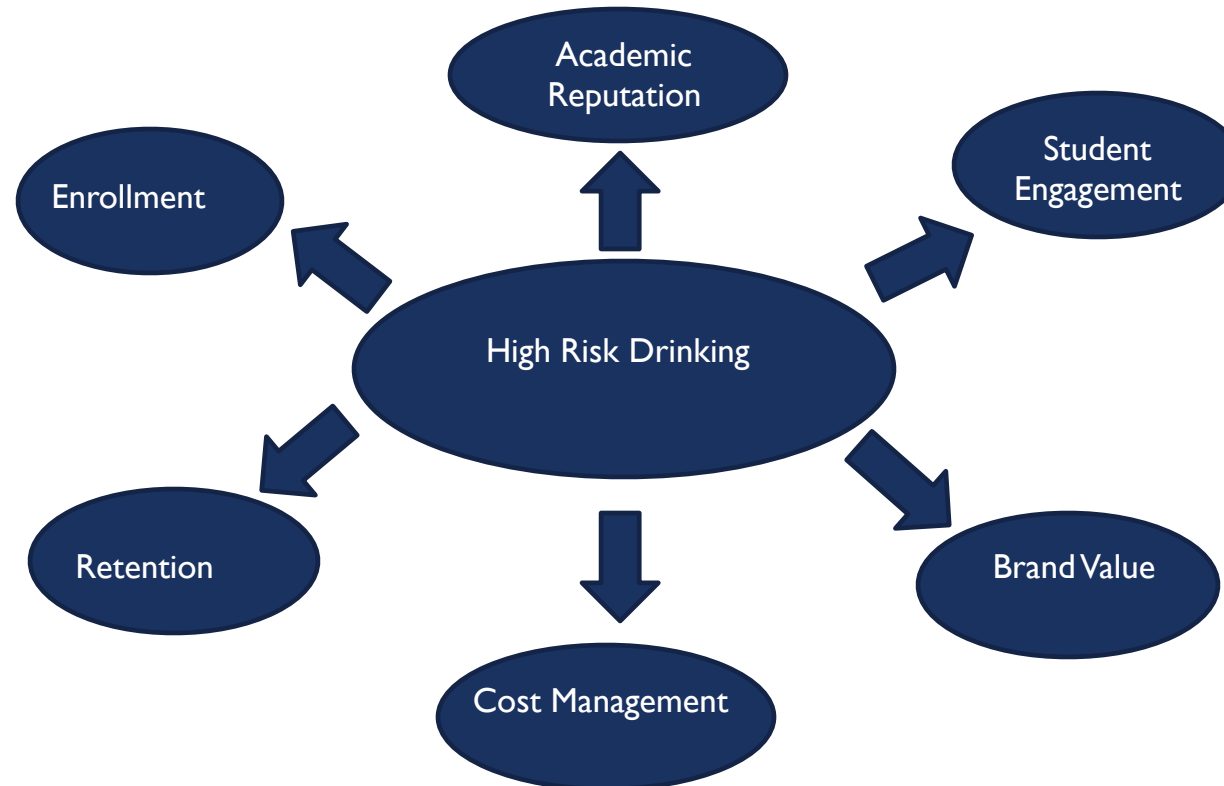


Question: What have you learned from your prevention staff?



Question: What differences
do you see in your work vs the work of
prevention staff?

HIGH-RISK DRINKING IMPACTS



WHAT IS “PREVENTION”?

SPECTRUM OF PREVENTION & RESPONSE

Goal

Prevention

Stop problems from occurring by reducing risk factors and promoting protective factors

Early Intervention

Intervene early in problem behavior

Response & Treatment

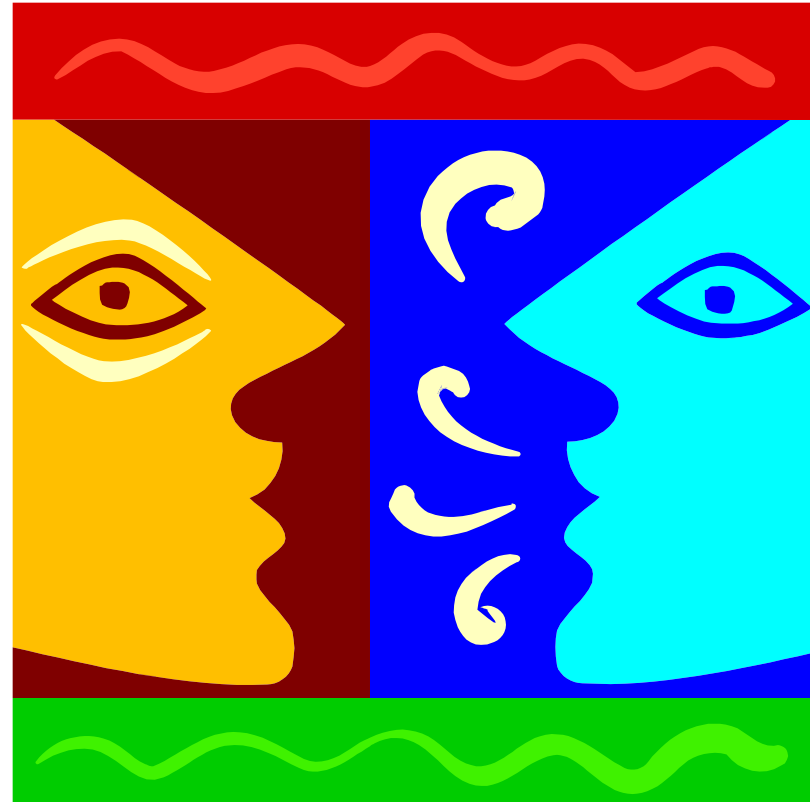
Assist victim
Sanction/treat offender

Key: Change the underlying conditions (in a population) that lead to AOD & V



These have a role in supporting prevention. Also known as secondary and tertiary prevention

- What **characteristics of Greek Life culture** may contribute to the problematic behavior you're interested in addressing? (Risk factors)
- What **strengths in the Greek Life community** may be harnessed for prevention? (Protective factors)
- Turn to the person next to you, introduce self, and share.



COMMON BARRIERS TO EFFECTIVE PREVENTION

- Driven by individual/group, with no institutional mandate
- Limited in scope
- No needs assessment/problem identification process or evaluation
- Based on “what others have done” rather than prior research on effectiveness
- Activity based rather than strategy based
- Not tailored to group

COLLEGE AIM PREVENTION PLANNING PROCESS

- **Assess** the problem on your campus and set priorities,
- **Select** strategies by exploring evidence-based interventions,
- **Plan** how you'll carry out the chosen strategies and how you'll measure results, and
- **Take action**--implement the chosen strategies, evaluate them, and refine your program

How can CollegeAIM help?

Based on a challenge you face on your campus (such as a high rate of alcohol-related injuries or sexual violence), CollegeAIM provides the evidence-based strategies and other information you need to assess your campus and select a strategy that is most likely to work.

CollegeAIM provides the evidence-based information you need to assess your campus and select a strategy that is most likely to work. CollegeAIM will help you:

- Identify strategies most likely to reduce drinking and related consequences.
- Use your own campus strategies compared with other options.
- Use new, research-based strategies to consider, and
- Select a combination of approaches that meets the needs of your campus and campus.

Where does CollegeAIM fit into an overall prevention planning process?

CollegeAIM, with its evidence-based tool, guides, website, and related resources, is meant to be used in conjunction with your overall prevention planning process. For information on the needs of your campus, your campus assessment, and other related information, see the website already apply a number of strategies for college prevention programs.

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- **Plan** how you'll carry out the chosen strategies and how you'll measure results, and
- **Take action**--implement the chosen strategies, evaluate them, and refine your program.

CollegeAIM provides the evidence-based strategies and other information you need to assess your campus and select a strategy that is most likely to work. CollegeAIM will help you:

What's in this guide?

In this guide, you'll find information on how to assess your campus and select a strategy that is most likely to work. CollegeAIM provides the evidence-based strategies and other information you need to assess your campus and select a strategy that is most likely to work. CollegeAIM will help you:

The guide also contains two additional topics: further information on assessing the problem on your campus, and a copy of the evidence-based strategies and other information on the CollegeAIM website for your campus, and a list of additional resources.



TWO TYPES OF STRATEGIES

- Individual
- Environmental

ENVIRONMENTAL INFLUENCE

Unclear community
beliefs, values,
and standards

Inconsistent messages
about alcohol

INDIVIDUAL CHOICE

Inconsistently
enforced or
communicated laws
and policies

Lack of negative
consequences for
high-risk behavior

High-risk traditions
and celebrations

Heavy promotion of
alcohol products and
activities

Inexpensive alcohol is
easily available and
accessible

INDIVIDUAL

- Designed to change your students' knowledge, attitudes, and beliefs related to alcohol so that students drink less, take fewer risks, and experience fewer harmful consequences.
- Includes:
 - Education and Awareness Programs
 - Cognitive-behavioral skills-based approaches
 - Motivation and feedback related approaches
 - Behavioral intervention by health professionals

INDIVIDUAL-LEVEL STRATEGIES:
Extended Relative Feedback, Truth, and Feedback; Public Health Goals; Awareness, and Primary Identity¹

COLLEGEAIM

	Low-risk (0)	Mid-range (1-3)	High-risk (4-6)
Super effectiveness (4-6)	<p>SD-4 Identify and deliver "personalized" personalized messages (e.g., "text messages") SD-5 Use training, social, and community-based approaches (e.g., "peer support") SD-6 Use training, social, and community-based approaches (e.g., "peer support")</p>	<p>SD-7 Use training, social, and community-based approaches (e.g., "peer support") SD-8 Use training, social, and community-based approaches (e.g., "peer support") SD-9 Use training, social, and community-based approaches (e.g., "peer support")</p>	<p>SD-10 Use training, social, and community-based approaches (e.g., "peer support") SD-11 Use training, social, and community-based approaches (e.g., "peer support") SD-12 Use training, social, and community-based approaches (e.g., "peer support")</p>
Effective (3-4)		<p>SD-13 Use training, social, and community-based approaches (e.g., "peer support") SD-14 Use training, social, and community-based approaches (e.g., "peer support") SD-15 Use training, social, and community-based approaches (e.g., "peer support")</p>	<p>SD-16 Use training, social, and community-based approaches (e.g., "peer support") SD-17 Use training, social, and community-based approaches (e.g., "peer support") SD-18 Use training, social, and community-based approaches (e.g., "peer support")</p>
Lower effectiveness (2-3)	<p>SD-19 Use training, social, and community-based approaches (e.g., "peer support") SD-20 Use training, social, and community-based approaches (e.g., "peer support")</p>	<p>SD-21 Use training, social, and community-based approaches (e.g., "peer support") SD-22 Use training, social, and community-based approaches (e.g., "peer support")</p>	<p>SD-23 Use training, social, and community-based approaches (e.g., "peer support") SD-24 Use training, social, and community-based approaches (e.g., "peer support")</p>
Not effective (1-2)	<p>SD-25 Use training, social, and community-based approaches (e.g., "peer support") SD-26 Use training, social, and community-based approaches (e.g., "peer support")</p>	<p>SD-27 Use training, social, and community-based approaches (e.g., "peer support") SD-28 Use training, social, and community-based approaches (e.g., "peer support")</p>	<p>SD-29 Use training, social, and community-based approaches (e.g., "peer support") SD-30 Use training, social, and community-based approaches (e.g., "peer support")</p>

Legend:

- SD: Standard Deviation
- CI: Confidence Interval
- OR: Odds Ratio
- RR: Relative Risk
- HR: Hazard Ratio
- OR (95% CI)
- RR (95% CI)
- HR (95% CI)

¹ The total effectiveness of all listed strategies for each individual-level strategy is the necessary total effectiveness for page 17.

² Effectiveness strategies used as benchmarks of relative effectiveness are based on studies that used a control group. Strategies with no control group are not included in this table. The strategies listed in this table are based on the best available evidence. The strategies listed in this table are based on the best available evidence. The strategies listed in this table are based on the best available evidence. The strategies listed in this table are based on the best available evidence.

³ Strategies are listed based on the number of studies included in the meta-analysis. The strategies listed in this table are based on the best available evidence. The strategies listed in this table are based on the best available evidence. The strategies listed in this table are based on the best available evidence.

⁴ Although the approach is a component strategy, it is not listed in this table as it is not a standalone strategy.

AS WE MOVE FORWARD REMEMBER...

*“Prevention research suggests that multiple efforts that are **coordinated and synergistic** is the single most important way in which practitioners can improve the effectiveness of their initiatives”*

~Linda Langford