

Community Development and Substance Abuse Programs

Summary Statement

MIT has developed a comprehensive prevention program consistent with the Institute's priorities regarding alcohol and other drugs, which includes reducing the rates of dangerous drinking and related harms to the individual. This strategy applies a multilayered, integrated, and collaborative approach to address the complex contributors to alcohol and other substance abuse by involving all essential constituencies at MIT—students; alumni; faculty; staff; the MIT Medical Department; the Department of Athletics, Physical Education, and Recreation (DAPER); and the MIT Police. These initiatives are implemented, evaluated, and validated or revised according to research in order to understand the student experience and campus climate, develop programs specific to MIT students, and evaluate program impact.

Highlights of the Year

MIT developed alcohol and other drug abuse prevention initiatives that

- Meet the critical needs of students, as determined by them, current national research, and MIT-specific research
- Involve students in every stage of planning, development, and implementation
- Address the developmental and environmental contributors to the abuse of alcohol and other drugs
- Rely upon sound policy and consistent enforcement

This approach consisted of six components: brief screening and intervention; campus/community coalitions (including state-wide); policy review, revision and enforcement; first-year student experience; social marketing; and alcohol-free activities.

CDSA facilitated broad collaboration among the MIT community to improve substance abuse prevention and education, improve early intervention, and develop a comprehensive health and wellness model. This effort included expanding current programs and training to groups that serve as critical points of contact for students, including the MIT Police, DAPER, residence-based staff, Counseling and Support Services (CSS), and MIT Medical, as outlined below.

CDSA increased training for residence-based staff, focusing on four areas: (1) detection, intervention, and referral for alcohol and other drug-related concerns, (2) community expectations, policies, and laws associated with alcohol and other drugs, (3) staff roles associated with alcohol events in the dormitories, and (4) drugs on campus. In addition, informational guides and posters on alcohol overdose were placed in each living community. This information is distributed once per semester to all housemasters, graduate resident tutors (GRTs), and resident assistants in the fraternity, sorority, and independent living group (FSILG) communities.

We assisted CSS by providing in-service trainings for professional staff on topics associated with clinical diagnosis and treatment of substance abuse among college student populations, clinical case consultation, and the review of MIT policies and procedures associated with alcohol and other drugs. This year, we have initiated ongoing consultation and service coordination among CDSA, CSS, and the Office of Student Discipline. These offices have met to enhance MIT's response for students who may have issues with alcohol or other drugs.

We continued ongoing collaboration with various MIT Medical departments, including Health Education, Urgent Care, and Mental Health. These efforts have involved training and programs for students, as well as key alcohol initiatives, such as the student social marketing effort and the screening and brief intervention program. We have also continued to provide training for medical staff (clinical nurse practitioner accreditation program) and the Medlinks peer education program.

Policy and Intervention: Review, Clarification, and Communication

Through the Campus Alcohol Advisory Board, we have recruited and trained the Alcohol and Other Drug Policy Workgroup in preparation for their alcohol and other drug policy review and revision in 2004. This workgroup consists of 12 undergraduate and graduate students representing multiple constituencies.

In collaboration with the MIT Police, the Office of Student Discipline, and MIT Medical, we have provided training and developed protocols to establish and formalize processes and procedures ensuring the proper and consistent response to policy violations. This response is founded upon the educational and developmental focus valued by the Institute. These offices met during the summer of 2003 to discuss values, functions, and planning to provide a unified and consistent approach to alcohol and other drug-related issues on campus.

We worked with staff in Residential Life Programs (GRTs and resident advisors [RAs]) to review MIT policies and state laws associated with alcohol and other drugs, and to distribute these policies and laws to residents. We also created and coordinated a workgroup to review, revise, and summarize policies and procedures associated with the MIT Student Emergency Medical Services Group (student emergency medical technicians) and alcohol- and drug-related incidents. This group involved MIT Medical, the Office of Student Discipline, the MIT Police, and CDSA. It met on a regular basis throughout the year and also developed the Policies and Procedures Regarding Medical Transport FAQ for the community (distributed in spring 2004).

Development and Training

CDSA's education, training, and consultation efforts included providing more than 250 programs, trainings, and consultations per year for MIT faculty, alumni, staff, and students.

This year, CDSA also focused on the revision and implementation of a formal training and consultation system, including annual and ongoing training on specific topics associated with substance abuse and community building. This training was administered to a wide range of groups, including departmental advisors, Resident Life staff, DAPER staff, and student groups. We worked with residence-based staff regarding their roles and responsibilities regarding alcohol and substance abuse intervention and education through skills training and improvement of resources. We have actively contributed to and participated in staff development and training opportunities within the Division of Student Life.

MIT Screening and Brief Intervention Model

The primary objective of the MIT Screening and Brief Intervention (SBI) model is to improve the identification of risk and the administration of early intervention for college student subpopulations that may be at greater risk for abusing alcohol and experiencing the consequences associated with abuse. This objective has been defined by the performance measures that are linked to the program's outcomes.

By the fall term of 2003, all of the pre-screening procedures for the first-year student SBI component of the SBI model had been placed online. The program recorded a 69 percent increase in student participation in the intervention over the previous year (again exceeding the 50 percent growth target). Nine percent of those who participated in the SBI program sought counseling within weeks of completing it. Tracking judicial, campus police, and medical data from 2001 to 2004 (spanning three of the four undergraduate classes), no student who participated in the first-year component of the SBI has been cited or arrested for an alcohol- or other drug-related policy or legal violation, nor have any SBI participants presented at MIT Medical with an alcohol-related injury or for alcohol overdose.

Since spring 2001, MIT began to incorporate SBI as a primary judicial sanction for student violations of the alcohol policy. MIT followed these students to examine recidivism rates associated with each type of sanction imposed. Zero percent of those who received SBI as a sanction had another alcohol or other drug violation, while 15 percent of those who received another form of sanction (e.g., community service, fines) had a second alcohol or other drug violation.

Since 2002, no student who has participated in the SBI program after an alcohol-related incident has experienced a second incident of alcohol-related injury or overdose.

Communication

The facilitation of communication regarding relevant issues within the MIT community was a major initiative this year. CDSA sought to employ a variety of media and contact opportunities to inform and improve relationships with students, to disseminate health and policy information, and to elicit input from the student communities. Dean Trujillo attended several meetings of the Living Group Council, InterFraternity Council, Panhellenic Council, Undergraduate Association, and Dormitory Council to provide

updates on relevant issues associated with alcohol and other drugs, to seek feedback, and to discuss future planning.

The MIT Social Experience

A significant means to enhance a sense of affiliation with the community and prevent alcohol abuse involves the frequent availability of social opportunities on campus that are alcohol free. The Office of Student Life Programs, the Office of the Dean for Student Life, and CDSA have provided, and will continue to provide, support for these types of social activities. During 2003, CDSA worked to develop, implement, and sponsor more than 30 events on and off campus, including three events over Labor Day weekend in fall 2003 (Friday, Saturday, and Sunday nights). This year, CDSA formed a partnership with several student organizations (Club Z, SaveTFP, the Undergraduate Association) and the Campus Activities Complex to develop a weekly program in the Rainbow Coffeehouse on the third floor of the Student Center.

Assessment and Program Evaluation

CDSA continued to formally assess initiatives to maintain programs that (1) are consistent with the mission and values of the Institute, (2) substantiate efforts, (3) build support, and (4) acquire funding.

This environmental and individual assessment approach is intended to enhance understanding of the social and personal contributors in students' decision-making associated with substance use and high-risk behavior. This approach involves the following:

- Assessment of the campus social and living environments to identify those environmental factors and times during the academic term that may promote substance abuse/misuse, as well as factors that may protect individuals from the abuse and harms associated with substance abuse and other health behaviors
- Collection of student self-reported data through the administration of the Health Survey and the compilation of information from existing data sources (e.g., Office of Institutional Research, Consortium on Financing Higher Education enrolled-student survey, first-year student residential exploration survey)
- Evaluation and enhancement of current tactics to identify their efficacy on specific environmental features, student behaviors, or at-risk groups within the student population

National Leadership in the Field of Prevention

Associate dean Danny Trujillo serves as a center associate for the US Department of Education's Higher Education Center for Alcohol and Other Drug Prevention. Performing as trainers, consultants, and evaluators, the center associates represent an elite group of experts from around the country that work to strengthen efforts to prevent the abuse of alcohol and other drugs, and violence on US college campuses.

Project coordinator Kimberly Stepan was appointed as a member of the Cambridge Licensee Advisory Board and was elected as executive secretary. The board has several purposes: (1) to reduce underage drinking, (2) to promote programs designed to educate and support license holders in their efforts to prohibit sales to minors, and (3) to undertake any activities that will promote respect for Massachusetts liquor license laws. The board is incorporated as a 501(c)(3) not-for-profit corporation in the Commonwealth of Massachusetts.

Associate dean Danny Trujillo was appointed to the Committee to Develop a Strategy to Prevent and Reduce Underage Drinking, with the National Academy of Sciences and Institute of Medicine (NAS/IOM). This committee was charged to review existing federal, state, and nongovernmental programs, including media-based programs designed to change the attitudes and health behaviors of youth. The review included programs that focus directly on behavior change as well as those designed to change underage drinking by reducing youth access to alcohol. Dean Trujillo served as an author of the consensus panel report. The review and recommendations of the NAS/IOM were reported to the Committees on Appropriations of the congress, the secretary of health and human services, the secretary of education, and the US attorney general in November 2003.

New Initiatives

We worked with DAPER administrators to review team and department policies associated with alcohol and other drugs. We initiated program development with staff and students to create training regarding alcohol and other drug issues, including detection and referral skills for substance-related concerns. These initiatives have become formalized through the formation of the Health Safety and Welfare Advisory Group. This effort has begun to evaluate alcohol and other drug programming provided to student athletes, per National Collegiate Athletic Association regulations.

We also worked with the Community Policing Initiative within the MIT Police Department to coordinate project work with student leadership and the living communities, particularly in improving communication of expectations, legal obligations, and the reduction of risk. These efforts also have involved collaborating with the MIT Police on departmental policy development and implementation (e.g., policies regarding contact with external agencies).

Through collaboration with the Student Life Programs Office, we developed and implemented a community standards program for GRTs to present to their residents as a component of the Alcohol Education Orientation Program (Tech Theater). This program involved discussion and distribution of Massachusetts state and city laws, as well as MIT and dormitory policies associated with alcohol and other drugs. Residential staff also discussed their role regarding supporting students in crisis (e.g., incidents involving alcohol overdose), students who abuse substances, and enforcement/intervention for observed violations of the policy. All GRTs attended.

We enhanced legal liability educational efforts to increase the student audience and formally integrate risk management and liability concerns into the FSILG communities. These efforts include working with students to develop and implement the Liability and Risk Management Assessment seminar presented within the student living communities.

CDSA will continue to seek out and apply for federal and private funding opportunities. Previous grant applications addressed priorities of the US Department of Education, the Robert Wood Johnson Foundation, the Alcoholic Beverage Medical Research Foundation, and the NCAA. CDSA was recently named a finalist for the US Department of Education's Model Program in Alcohol and Other Drug Prevention grant competition.

The collection of data to substantiate needs or program impact is critical to generating external funding for program development, implementation, and evaluation.

Summary of Staffing Changes

Kimberly Stepan's position has been converted from administrative assistant to administrative staff level I, project coordinator for CDSA. This reclassification allows for the sharing of programmatic support between the Office of Student Discipline and CDSA.

Student Enrollment/Participation Trends

Approximately 800 first-year students participated in the Tech Theater Orientation program; 500 students participated in the Undergraduate Health Survey; 851 first-year students completed the alcohol screening for the SBI program; more than 2,000 students, faculty, and staff have participated in training and education; and consultants provided more than 100 formal and informal consultations.

Responsible Hosting and Beverage Service Training and Risk Management Policy conducted seminars, reaching two-thirds of the membership from Fraternities and Independent Living Groups that host events with alcohol. We supported 30 social events on and off campus for more than 2,400 undergraduates, graduate students, alumni, faculty, and staff. Social marketing included weekly dissemination of media and information related to alcohol and other drugs through multiple channels.

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More information about the Office of Community Development and Substance Abuse Programs can be found on the web at <http://web.mit.edu/cdsa/>.