Using a Bystander Model to Address High Risk Drinking:
Highlights, Process and Outcomes

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Presented by Lara Hunter, LCSW

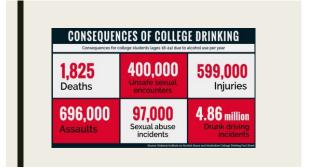
Using the Bystander to reduce high risk drinking

- · Bystander Intervention initially used by the
- military in sexual violence prevention.
 How do we use the bystander model to reduce high risk drinking?
- · Using a bystander intervention model to prevent death and other harms associated with high risk alcohol use.

Mission

Provide campus community members with the knowledge, awareness and skills to prevent toxic drinking deaths and to promote a student culture of kindness, responsibility, compassion and respect.

ı	Introductions	
	That is your role on campus? limate of high risk alcohol use on campus.	



Emotional Dysregulation Physical harms Sleep Disruption Financial Implications

·About 25 percent of college students report academic consequences of their drinkin
•Heavy drinking associated with lower GPA
 Frequency of binge drinking associated with lower grades in college setting.



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- Peer Education
- Social Norm Campaigns
- Parent Notification
- Campus and community coalitions Screenings and brief intervention programs Providing Sober Activities/limiting access
- Policy and Enforcement

Bringing in the Bystander

Missing link in interventions

Tackling the practical implications for when students have already made the decision to engage in high risk behavior

Harm reduction model minimizing harms of a dangerous situation

Ensures that all students are provided with accurate information about the dangers of alcohol use and know when, where and how to get help

Goa						

Short-term goal

Decreasing Reluctance of peers to do necessary intervention (Call

Long-term goal
Changing Drinking culture

Rational

To prevent deaths and other harm caused by alcohol overdose. In order to do that, participants will gain the knowledge and skills needed to understand:

- How alcohol affects our physiology and behavior
- How to recognize an alcohol-related medical emergency
- How to respond appropriately and in accordance with university policies/procedures



Knowledge and Skills Building

- Helps students to overcome obstacles to intervention
 Practice making calls to 911
 In depth exploration of their own barriers to intervention
 Problem Solving

Bystander Model		
Notice the Event	Yes	No
Interpret it as a Problem	Yes	No
Assume Personal Responsibility	Yes	No
Know How to Help	Yes	No
Attempt to Help		



Use of CPR

CPR teaches students how to respond to a medical emergency.

Survey results indicate that the number one reason students do not intervene in cases of ETOH overdose is that they do not perceive it as a medical emergency

Understanding alcohol overdose as a medical emergency is a protective factor from the bystander effect.



Knowledge Measures

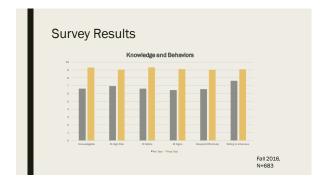
Self-reported knowledge

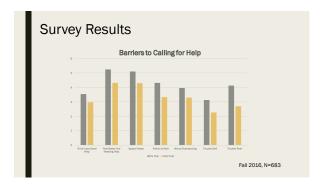
Knowledge, myths, and facts surrounding alcohol overdose

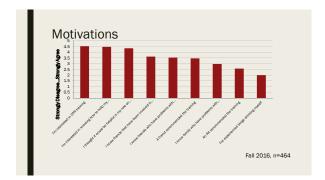
- I feel knowledgeable about toxic drinking and alcohol overdose
- I feel that I can ID high risk environments and behaviors
- I feel that I can identify myths about sobering up

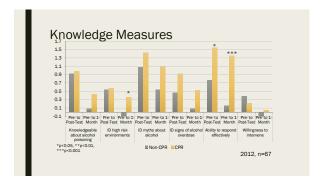
Assessment

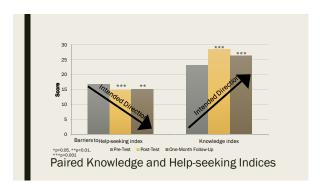
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Behavior Measures	
Willingness to intervene	
Alcohol overdose response and action	
·	
 I am confident in my ability to respond effectively as a by I am willing to intervene as a bystander 	stander
1 am wining to intervene as a bystander	
Assessment	

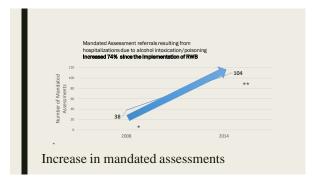












Outcomes Program Participant Evaluations More than 50% of participants referred by a friend Over 90% want to learn how to help a friend Over 70% know friends who binge drink Pre vs. Post RWB Training Tests Show Positive Gains in: Knowledge Acquisition Recognizing Signs of a Life Threatening Overdose Reduction of Barriers to Help Seeking Behaviors



"I feel very knowledgeable"	"It was a fantastic experience. I am glad I have the
"Go Seawolves"	knowledge to act in overdose situations. Hopefully I will never have to use it."
"I'm better equipped to help my friends now"	"After this training, I am proud to say I will not
"Very interactive very informative"	stand by and just watch if the situation arrives. It was very informational and interesting."
"I feel very aware"	"This was one of the most worthwhile and relevant
"We need to make this program bigger!"	things I've ever done."
"I love this program and wish it were everywhere including high school!"	"I will refer it to my residents."
	"Motivated me to save a life!"
"RWB was great and I'm so glad I mustered the courage to come to the session. I look forward to helping others out."	"Possibly integrate RWB into 101 intro to SBU classes"
"Learned something new every minute of the	"Great way to educate peers to help other"
training. Would definitely recommend to others. Great overall."	"I'm definitely going to recommend RWB to my suitemates & other friends"
"Thank you! I feel more secure knowing what to do and how to act when in a bad situation."	always worried but not knowing when to act
"I liked the friendly, welcoming atmosphere during training. Definitely recomm structent others!"	and this class has cleared everything for me Voices am very confident on what to do"

Creating Social Change

SATURATION

Researchers at Rensselaer Polytechnic Institute used mathematical models to find 10 percent as the theoretical tipping point of social change

When 10 percent of the population holds "an unshakable belief," it will soon spread to the majority of the population

Saturation

Development of Care Team Saturation

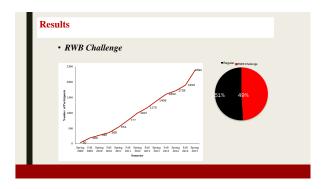


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Initial program	Program 2.0						
Bystander Intervention	Bystander Intervention and Prevention/Outreach						
Focus on Individual Behavior Change	Focus on Individual and Group Behavior Change						
Limited Professional Staff as Trainers	Increase Number of Trainers to Increase Number of Training Sessions						
One Graduate Assistant	Academic Internships and Practicum Experiences in Multiple Disciplines for Undergraduates and Graduates						
	CARE Team of Peer Leaders that Conduct Prevention, Outreach and Assessment						
	Focus on Changing the Social Norm and Campus Culture						



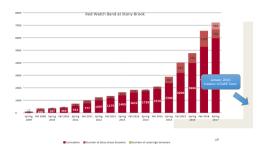








SEEING A CHANGE



Training Overview

- Introductions
- · Discuss barriers to intervention.
- Knowledge and skills training. Ask questions and then clarify /correct.
 Review high risk environments.
- · Review myths vs. facts
- Calling for help-alcohol overdose as a medical emergency
- Role Plays

Training

Barriers to Intervention Why don't students intervene?

Don't believe it is life threatening
Don't want to get friends in trouble
Don't want to get themselves in trouble
Adhering to a code of silence
Desensitized to patterns of acute intoxication

Training

Identifying High Risk Drinking Environments

39% of College Students report high risk drinking Approx. 13% have a significant problem with alcohol use

How do Students Drink Where? What? How Much?



Training

Alcohol knowledge (Physiology)

The liver can only filter ONE UNIT of alcohol per hour.; the excess is soaked up through the stomach lining into your blood stream and transported to the rest of your organs, acting as a depressant to the BRAIN , the HEART and all other organs.

There is NOTHING that can be done to speed up the metabolism of alcohol once it's in your system.

"once you have too much alcohol in your body, you're just along for the ride – you're gonna live or die, there's nothing you can do about it"

*Aaron White, Duke University, Dept of Psychiatry

Training

Drink equivaler	nts		
What cons One 12 ov Str. atcohol	One 8.5 or malt liquor	ass of	
Training			

Myth Busting

- 1. Drinking coffee
- 2. Take a cold shower
- 3. Walking it off
- 4. Sleeping it off
- 5. Vomiting

Training

Role Plays

- Helps students to overcome obstacles to intervention
- Practice making calls to 911
- In depth exploration of their own barriers to intervention
- Problem Solving

Training







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- Fischer, Peter, Tobias Greitemeyer, Fabian Pollozek, and Dieter Frey. 'The Unresponsive Bystanders Mare Responsive in Dangerous Emergencies?' European Journal of Social Psychology Eur. J. Soc. Psychol: 267-78. Print.
- Larimer, PhD,M. et al (North Dakota) Alcohol Poisoning Among College Students Turing 21: Do they recognize the symptoms and How Do They Help? *Journals of Alcohol and Drug Studies*, No. 16 2009
- Chekroun, P., & Brauer, M. (n.d.). The bystander effect and social control behavior: The effect of the presence of others on people's reactions to norm violations. European Journal of Social Psychology Eur. J. Soc. Psychol.
- Kelly, J. (n.d.). Popular opinion leaders and HIV prevention peer education: Resolving discrepant findings, and implications for the development of effective community programs. AIDS Care, 139-150.
- Platz, E., Scheatzle, M., Pepe, P., & Dearwater, S. (n.d.). Attitudes towards CPR training and performance in family members of patients with heart disease. Resuscitation, 273-280. Arria, M.Amelia.et. al. The Academic Costs of Substance use During College, CYAHD Univ. of Maryland School of Public Health May 2013
- National Institute on Alcohol Abuse and Alcoholism (NIAAA). Alcohol involvement over the life course, In: *Tenth*Spacial Report to the U.S. Congress on Alcohol and Health: Highlights From Current Research. Bethesda,
 MD: Dept. of Health and Human Services, NIAAA, 2000. pp. 28–53. Available online

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