

# Stanford University

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**TO:** Sue Nelson, Santa Clara County Department of Alcohol & Drug Services  
**FROM:** Ralph J. Castro, Stanford University Office of Alcohol Policy & Education  
**DATE:** July 16, 2013  
**RE:** Yearly Progress Report, Academic Year, 2012 - 2013

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Pursuant to the stipulations outlined in the formal exemption that Stanford University received from the County Board of Supervisors regarding the Social Host Ordinance, this report fulfills the yearly reporting requirement to update the Department of Alcohol and Drug Services on the University's alcohol prevention efforts.

The following report contains updates on Stanford University's alcohol and drug prevention, early intervention and policy development efforts for the academic year 2012-2013. It includes a report on Stanford's National College Health Improvement Project on high risk drinking activities, updates on the number of underage students' alcohol cases, a report on campus parties, and findings from our evaluation of our online alcohol education course, AlcoholEdu.

If you have any questions or concerns, please feel free to contact Ralph J. Castro, Associate Dean of Student Affairs and Director, Office of Alcohol Policy & Education at 650-723-3429 or via email at [rjcastro@stanford.edu](mailto:rjcastro@stanford.edu).

## Alcohol at Stanford Snapshot 2012 - 2013

### *Framing the issue:*

- Stanford is addressing the issue of high-risk drinking in a proactive and expansive manner.
- The university is most concerned with reducing high-risk drinking and its related consequences such as blackouts, hangovers, regretted actions and sexual assaults.
- Stanford data shows that we are on par with national averages in regard to frequency of drinking and binge drinking, but we are above national averages for high-risk activities such as pregaming and taking shots of hard liquor (both of which are implicated in the vast majority of emergency room transports). However, after an increase in these behaviors over the past four years, we saw a plateau in these numbers among our students this past year.
- Emergency room student transports decreased for the first time in four years. After a steady increase of 17% over the past four years, this past year we saw a 14% decrease from the four year transport average.

### *Progress and New Initiatives:*

- The [Office of Alcohol Policy & Education](#), which is staffed at 3.5 FTE, is doing increased targeted education, alcohol-free programming and policy oversight/review. The office completed its second full year of operation.
- Stanford's [clarified Student Alcohol Policy](#) continued to be promoted and integrated into all of our educational and training efforts. The policy is housed on a centralized alcohol education website (<http://alcohol.stanford.edu>).
- Our nationally recognized [Cardinal Nights alcohol-free programming](#) initiative continues to provide premium social programming on weekend nights. Over the past two years, the Cardinal Nights program has had 134 events with 42,343 non-unique student contacts.
- Stanford will continue to offer a [substance-free living option](#) for upperclass students. Feedback from students in the program rated it highly.
- The [Parent Alcohol Advisory Group](#), co-chaired by a university staff member and a parent, continued for a second year. The group is charged with interacting with the Stanford Office of Alcohol Policy & Education at regular intervals and serving as the conduit between the university administration and the parent community on alcohol issues at Stanford.
- Stanford completed a two-year term in the [National College Health Improvement Project to Address High-Risk Drinking](#) run out of Dartmouth College. It is an active learning collaborative in which 32 schools have committed to sharing ideas/data and to pilot new initiatives in order to discover promising practices.
- Stanford continued to collect alcohol and drug use and attitudinal data from a sample of the undergraduate population. We also collected program evaluation data, needs assessment data and tracked cases and incidents with fidelity.
- Stanford completed its first year of a pilot project in the Wilbur housing complex. We worked with live-in faculty Resident Fellows (RF) in an all-frosh concentrated living environment to develop consistency in staff response, alcohol management, oversight and programing. Dialogue among this group of RF's reduced variability in normative messages and enforcement strategies. Promising results were seen in year one with students living in Wilbur consuming less alcohol per week, having fewer negative consequences and having engaging in more protective behaviors compared to a matched control condition.

## **Stanford University National College Health Improvement Project to Address High Risk Drinking Project Two-Year Results**

### **Brief Motivational Intervention (BMI) Administrative Letter Process (Individual)**

- Stanford standardized outreach to students who experience a serious alcohol incident and developed a standardized letter that is sent out within days of the incident. The letter is co-signed by the Associate Dean/Director of OAPE and a Residence Dean. We have been at full implementation for 16 months and have had 364 cases.
- Previous to this practice, only about 40% of students were following through with a passive referral for a BMI (2010 baseline).
- Since implementation of the administrative letter process, 100% of students who receive the letter complete a BMI within one-week of their incident. Thus, efficacy and efficiency was increased by 60%.

### **Cardinal Nights Alcohol-Free Social Alternatives Program (Environment)**

From Fall 2011 to June 2013, Cardinal Nights hosted 134 events and had 42,343 non-unique student attendees.

Notable Findings:

- “Had you not attended this event, what is the likelihood you would have been drinking alcohol?” (five-point scale): 18.8% very likely/likely
- “How did you feel overall about the event?” (five-point scale - 5=LOVED IT! 1=Hated it) average: 4.44
- “Would you recommend this event to a friend?": 95.3% YES
- “How likely are you to come to another Cardinal Nights event?” (five-point scale) average: 4.38
- “I feel like I can have fun without alcohol” (five-point scale): 94.3% strongly agree/agree

### **Wilbur Frosh Housing Complex Policy Standardization, Messaging and Increased Programming (System)**

- Resident Fellows (RFs) in the Wilbur Frosh cluster housing complex came together to standardize alcohol policies for the complex. Training was given to the RFs and common language and approaches were shared and adopted. Also, increased social options were offered at a local level in Wilbur.
- Initial findings show promising results in alcohol usage, attitudinal shifts and increases in protective behaviors.

## Stanford University Underage Alcohol Cases 2012 - 2013

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### Medical Alcohol ER Transport Cases (38 Total Cases)

**- By Class:**

- 26 Frosh
- 9 Sophomores
- 3 Juniors

*- There were 15 documented calls to 911 that did not necessitate transport to the ER:*

- 12 *Frosh*
- 13 *Sophomore*

### Drunk in Public (DIP) Cases (7 Total Cases)

**- By Class:**

- 6 Frosh
- 1 Juniors

### Minor in Possession (MIP) Cases (60 Total Cases)

**- By Class:**

- 28 Frosh
- 21 Sophomores
- 11 Juniors

### Driving Under the Influence (DUI - Car) On-Campus Cases (1 Total Case)

**- By Class:**

- 1 Sophomore

### Public Nuisance (urinating in public under the influence) Cases (3 Total Cases)

- 0 Fall
- 3 Winter
- 0 Spring

## Stanford University Parties 2012 – 2013

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○ <i>Members Only Parties</i>	452
○ <i>Invite Only Parties</i>	224
○ <i>All Campus Parties</i>	112
○ <i>Off Campus parties</i>	31
○ <i>Stanford &amp; Other College Parties</i>	6

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- For Fall Quarter 2011 the following are the number of parties we had:

- 344 TOTAL PARTIES

- *In comparison to last year (Fall Quarter 2010):*

- 330 TOTAL PARTIES
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- For Winter Quarter 2012 the following are the number of parties we had:

- 238 TOTAL PARTIES

- *In comparison to last year (Winter Quarter 2010):*

- 240 TOTAL PARTIES
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- For Spring Quarter 2012 the following are the number of parties we had:

- 243 TOTAL PARTIES

- *In comparison to last year (Spring Quarter 2010):*

- 245 TOTAL PARTIES
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**\*TOTAL: 2011 – 2012 PARTIES = 825**

*(TOTAL: 2010 -2011 PARTIES = 815)*

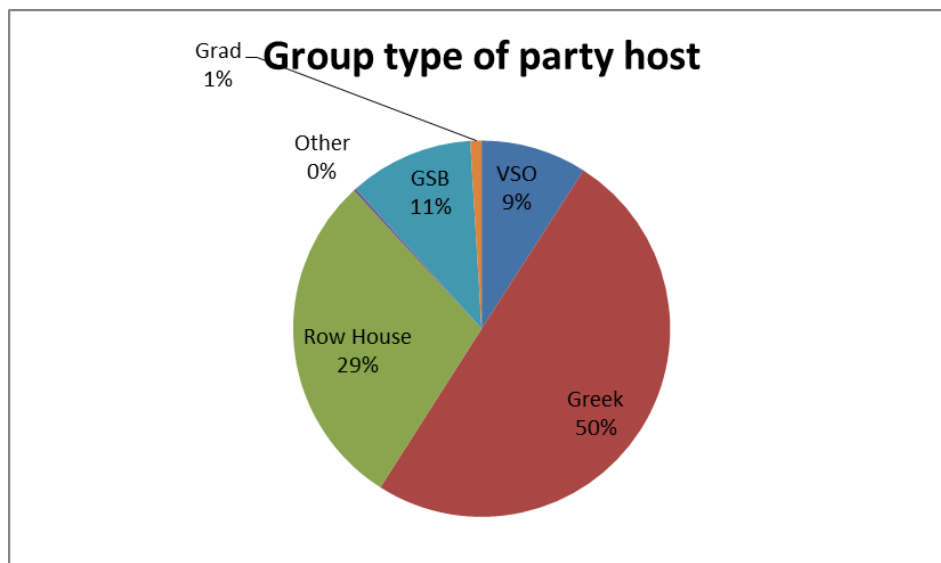
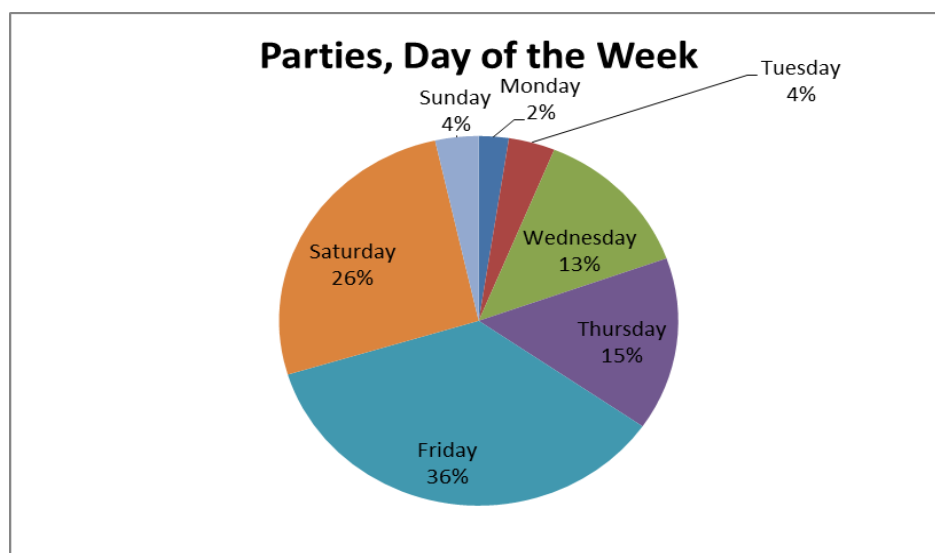
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\* We saw a slight increase in the number of parties registered with the University this academic year. All of these parties were held accountable to uphold the longstanding Stanford-specific social host policy via our extensive Party Planning Policies and Guidelines (click link for complete guide).

<http://studentaffairs.stanford.edu/alcohol/party/partyguide>

### Stanford Party Numbers 2012 - 2013

- 825 Parties approved by the University
- 79 Parties rejected for approval by the University
- 112,826 Total maximum attendance at all approved parties
- 137 Average approved party size
- 760 Approved parties: alcohol was served
- 65 Approved parties: alcohol was not served





### **Stanford University Office of Alcohol Policy & Education (OAPE)**

In the summer of 2011, the University established the [Office of Alcohol Policy & Education](http://studentaffairs.stanford.edu/alcohol/policy). The office will oversee the Student Alcohol Policy (<http://studentaffairs.stanford.edu/alcohol/policy>), manage and implement all outreach education and early intervention efforts, oversee the planning and execution of alcohol-free social events on weekend nights and oversee university party planning policies, approvals and advising.

#### **Vision:**

A Stanford community that fosters inclusion by promoting a safe, fun and responsible social living and learning environment, taking into account the diverse population of students and varying levels of student development.

#### **Mission:**

To reduce high-risk drinking and its related negative consequences among Stanford students and increase social outlets that support non-drinkers and light drinkers by providing collaborative, cutting-edge, empirically-proven educational strategies and programs.

#### **Goals:**

1. Enhance alcohol educational outreach efforts across campus
2. Provide clarity and consistency in the application of the Student Alcohol Policy
3. Create ongoing social outlets for students that deemphasize alcohol
4. Shift campus culture away from hard liquor consumption in the form of shots
5. Collect data to assess trends and evaluate needs on an ongoing basis

## Stanford-Specific AlcoholEdu Evaluation Data

### 2006 – 2013

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- 2692 students completed the survey over a four year evaluation period.

- 52% of respondents said the material better prepared them to deal with alcohol at Stanford.
- 47% acknowledged thinking about information gleaned from AlcoholEdu before a night of drinking.
- 66% would recommend the program for use with other incoming freshmen.
- 43% said information from AlcoholEdu led them to behave more responsibly with alcohol.
- 73% of respondents rated the program somewhat to very effective.
- 33% reported that the program help change their behavior regarding alcohol in a healthier manner
- 85% reported that the program content was somewhat to very relevant to their college experience
- 79% acknowledged they learned something.
  - 70% learned information on blood alcohol concentration
  - 28% learned alcohol's impact on the brain
  - 27% learned what the college alcohol scene might look like
  - 37% learned information on health and alcohol
  - 35% learned information on legal issues.



*Additional Information:*

**Stanford Alcohol Efforts in the News:** <http://studentaffairs.stanford.edu/alcohol/oapenews>

**NCHIP Press Release – June 25, 2013**

**Dartmouth-Led High-Risk Drinking Collaborative Notes Progress**

*More than 30 colleges and universities meet in Boston  
this week to assess and renew NCHIP efforts.*

Two years after Dartmouth led a collaborative effort of 32 colleges and universities to reduce the harms associated with high-risk drinking, the number of its students treated for extreme alcohol intoxication has been reduced by more than half.

This week, the first group of schools participating in the collaborative—known as the National College Health Improvement Program (NCHIP)—will meet in Boston for a two-day summit. NCHIP's success to date has generated interest from other colleges and universities that want to join the next phase of the collaborative alongside a core group of the original schools, including Acadia, Bucknell, Cornell, Dartmouth, DePauw, Southern Methodist, Stony Brook, University of Vermont, and Yale.

Discussions are also taking place about forming similar collaboratives throughout the state schools of Maryland and among a number of Canadian institutions.

Dartmouth President Philip J. Hanlon '77 says the Boston summit is a time to assess the efforts so far and determine how to continue the work already under way.

"As we gather in Boston with our peers from across the country, we remain committed to making significant, measurable inroads into the widespread and persistent problem of high-risk drinking on college campuses." Hanlon says. "This is a dangerous practice among college students and I am pleased that Dartmouth will continue to lead the effort to keep students safe."

"We will also broaden the data-driven, action-oriented strategy we committed to when we established the program two years ago with the goal of closing the gap between research and practice. The strength of NCHIP is that it enables rapid sharing of the knowledge we gain and quick adaptation of evidence-based strategies to suit the unique circumstances at each institution," Hanlon says.

Dartmouth's NCHIP team had as its ambitious goal the eradication of cases of medical interventions in which students registered a blood alcohol count (BAC) greater than .25, which is more than three times the legal limit in the state of New Hampshire.

In the school year that just concluded (2012-13), 31 Dartmouth students with a BAC greater than .25 needed medical attention at the campus infirmary or at nearby Dartmouth-Hitchcock Medical Center. That number is down from 63 the previous year and down from 80 two years ago, the year NCHIP was started by then-President Jim Yong Kim, a public health physician who is now president of the World Bank.

Before the NCHIP initiative, Dartmouth had instituted a "Good Samaritan" policy, which stipulates that students can call campus Safety and Security without the concern of College disciplinary action when an intoxicated student—often with high BAC levels—is in need of medical attention.

College data shows that as incidents of medical intervention for a BAC greater than .25 decreased, the number of Good Sam calls remained consistent at 43-44 percent of all incidents with intoxicated students.

Dartmouth's Dean of the College Charlotte Johnson says the NCHIP data generated so far is encouraging.

"While the information collected over these two years provides reason to be cautiously optimistic, additional time, study, and evaluation are needed before firm conclusions can be drawn about the efficacy of our efforts. We have more work to do," she says.

Timothy Marchell, director of Mental Health Initiatives at Cornell, says NCHIP has made a significant difference in prevention efforts, particularly at the level of collaboration between administrators and student leaders.

"We take a comprehensive approach to reducing alcohol problems among our students," he says. "NCHIP has enabled us take those efforts to the next level. Since the beginning of the project, we've seen a 7 percent reduction in high-risk drinking overall."

Jon Porter, a primary-care physician who directs the Center for Health and Wellness at the University of Vermont, says the collaborative has had a significant impact on UVM's work.

"While we have taken the issue of high-risk alcohol use seriously for many years, our work over the last two years with NCHIP has moved us forward in very important ways," he says. "We have built a system which allows us to collect real-time, credible information about the prevalence of high-risk behavior and the impact it has on individuals and on the community."

"This information in turn allows us to target our resources strategically in ways that will provide the best outcomes," says Porter. "And this commitment to collecting high quality data allows us to confidently identify important issues and trends and to understand when our interventions are effective and when they are not."

At the heart of the NCHIP effort is a methodology called "Plan-Do-Study-Act," which allows local NCHIP teams to devise a way to address a problem, put it into immediate use on a small scale, study the results, and then make rapid changes based on the results. The collaborative enables and encourages individual institutions to tailor their approaches to high-risk drinking to best suit their campuses.

This week's NCHIP Summative Congress will include colleges and universities not in the first round of the collaborative that are interested in joining a second wave of NCHIP. A core group of original schools, including Dartmouth, will form a Leadership Network, which will continue its evidence-based work to find successful strategies and share lessons learned with the next round of schools. Over the last two years, NCHIP schools developed and adapted an array of intervention tools, including:

- A program called BASICS, for Brief Alcohol Screening and Intervention for College Students, which is based on principles of motivational interviewing delivered in an empathetic, nonconfrontational, and nonjudgmental manner. BASICS is aimed at revealing the discrepancy between the student's risky drinking behavior and his or her goals and values.
- Brief motivational interviewing, or BMI, during interactions with students in situations such as health care visits and residence hall meetings, to help students understand how alcohol can affect their lives.
- Consistent enforcement for violations, such as serving alcoholic punch and "pre-gaming" — which often takes the form of dorm-room drinking before going to an event.
- Training of hosts and managers of social events that are often the scene of high-risk drinking, such as Homecoming.
- Social norms campaigns, which help new students realize that most of their peers are not engaged in high-risk drinking.

- Bystander intervention programs that encourage peers to help their friends.

NCHIP Co-Directors Lisa Johnson and Tricia L. Lanter say a significant task of this week's meetings will be sharing and dissemination of NCHIP data. While the scientific causality is not possible to prove, the institutions have closely tracked actions and outcomes, very often with positive results, the two say.

"When we began this initiative two years ago, we pledged to disseminate our findings so that others could learn from our approach. We will take some time at the Congress to discuss next steps for sharing our work more broadly," Johnson says.

### **Member Colleges and Universities talk about NCHIP**

#### **Acadia University, Wolfville, Nova Scotia, Canada**

"Through our work with NCHIP, Acadia has learned that peer-to-peer influence is one of the most effective ways to change behavior and to effect a change in campus culture. We have worked closely with our student leadership to build successful programming and messaging about responsible behaviour; these interventions have proven to be very influential and effective. Acadia University has invited our sister universities and colleges as well as Provincial Ministries of Health to consider a Canadian consortium that builds on the work of the NCHIP Learning Collaborative."

Ray Ivany  
President  
Acadia University  
[sara.lochhead@acadiau.ca](mailto:sara.lochhead@acadiau.ca)

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#### **Brown University, Providence, R.I.**

"Brown's participation in NCHIP has meant that we have focused more targeted time and attention on formulating different approaches to alcohol use on our campus. We are very pleased that we decided as one of our projects to update our survey data. We now have a very rich database of current information about patterns of use which will inform our on-going prevention and education efforts."

Francie Mantak,  
Director of Health Education (Health Services),  
Brown University  
[frances\\_mantak@brown.edu](mailto:frances_mantak@brown.edu)

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#### **Cornell University, Ithaca, N.Y.**

"NCHIP has made a significant difference in our prevention efforts, especially in the level of collaboration between our administrators and student leaders. We're encouraged that our data suggests we're making progress towards changing the culture of high-risk drinking at Cornell. Students are more likely to agree that there are enough late-night social activities without alcohol, report not drinking at all, engage in less high-risk drinking, and are less likely to experience alcohol-related harm."

"We take a comprehensive approach to reducing alcohol problems among our students, and the NCHIP has enabled us take those efforts to the next level. Since the beginning of the project we've seen a 7% reduction in high-risk drinking overall. The harm caused by heavy drinking undermines the learning mission of the university, so prevention is critical. There's no single solution, but the combination of strategies aimed at individual drinkers and the environment on and off campus is making a difference."

Timothy C. Marchell, Ph.D., M.P.H.  
Director of Mental Health Initiatives  
Gannett Health Services

Cornell University  
[tcm9@cornell.edu](mailto:tcm9@cornell.edu)

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**Dartmouth College, Hanover, N.H.**

"Two years ago, as we launched DCHIP I quickly learned that a lot of people could agree on principles about reducing harms from high risk drinking, but there was little consensus about what to DO. NCHIP's PDSA method—small, measurable tests of change — quickly became a powerful tool for making changes even when people did not agree. The tests of change could quickly show us what worked and didn't work about the change.

The first day we screened for high-risk drinking in primary care, for example, we discovered we needed to make some modifications to the screening question before trying again. We made changes and tried again a few days later. Small positive results of the changes, or experience with the change being 'not as bad as they thought' could convince those initially resistant to try it again, a little bigger, a little better."

Aurora Matzkin, PhD  
Dartmouth College Health Improvement Project Team Leader  
[Aurora.L.Matzkin@Dartmouth.edu](mailto:Aurora.L.Matzkin@Dartmouth.edu)

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**Frostburg State University, Frostburg, Md.**

"Frostburg State University has capitalized through our participation in the NCHIP Learning Collaborative by focusing on the concept of intentional rapid cycling. This concept has allowed us to develop and implement research-informed strategies to reduce high-risk drinking without a long-term financial or time commitment to evaluate efficacy. We have been much more intentional about committing to strategies that are assessed as effective within the unique environmental framework of our institution. Our efforts are well-planned, aggressive, and designed for outcomes. Our pinnacle initiatives include BASICS Screening Intervention for high-risk alcohol policy violators, joint jurisdiction patrols in the university neighborhood, and a coordinated community coalition."

Jeff Graham  
Associate Dean of Students  
Frostburg State University  
[jlgraham@frostburg.edu](mailto:jlgraham@frostburg.edu)

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**Lehigh University, Bethlehem, Pa.**

"Our two pronged interventions were designed to reduce harm among our most vulnerable population: first year students. After launching Lehigh After Dark – which provided social, cultural, intellectual, and community development activities that do not focus on alcohol during peak drinking hours (10 p.m.- 2 a.m. Thursday-Saturday) — and increasing the sanctions for hard alcohol violations, the number of first-year students who experienced an alcohol-related hospitalization dropped by 46.4 percent over the course of the past academic year. "

John Smeaton, PhD  
Vice Provost for Student Affairs  
Lehigh University  
[jws2@lehigh.edu](mailto:jws2@lehigh.edu)

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**Sewanee, The University of the South, Sewanee, Tenn.**

At Sewanee: The University of the South, we have been working very intentionally to promote a "think first" attitude among our students with the goal of decreasing the harms--physical, social, and academic--that can result from high-risk drinking. Thanks to our involvement with NCHIP, we've begun a host of educational interventions designed to prompt students to reflect upon their responsibility for their own safety--as well as that of their peers--before they go out. Progress comes slowly, but we have seen a 14% overall decrease in the number of alcohol-related incidents over the past two years, as well as a 5% decrease in the number of students who report drinking to the point of "regret."

Alexander M. Bruce,  
Associate Dean of Students for Campus Life,

Sewanee  
[ambruce@sewanee.edu](mailto:ambruce@sewanee.edu)

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**Stanford University, Stanford, Calif.**

Offering attractive social alternatives to drinking is important on a college campus. Students tell us they want choices on weekend nights. At Stanford, we developed a comprehensive program (Cardinal Nights) that consistently offers enticing alcohol-free social programming such as movies, live music, and outings on weekend nights. Our survey data shows that over 40% of attendees to these events report that they potentially would have been drinking alcohol had they not attended, thus reducing potential alcohol-related problems for these students on those nights.

Ralph J. Castro,  
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Office of Alcohol Policy and Education,  
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**State University of New York at Stony Brook, Stony Brook, N.Y.**

The Red Watch Band is a peer support program developed at Stony Brook:

Over the Spring 2012 and Fall 2012 semesters, 464 students signed up for Red Watch Band training. Students who wanted CPR training, to help their friends, or to become more effective in their role on campus outnumbered those who reported that they enrolled in training because a friend recommended it, they had family members with alcohol problems, or they had experienced binge drinking themselves. This finding could imply that Red Watch Band is a place for students who see themselves as helpers, as students who can respond when they're called upon because of their position on campus.

The knowledge students retained a month after training was still greater than the knowledge they reported before training. Even more promising, students reported help-seeking barriers such as not wanting to appear weaker than one's peers or worrying about overreacting to an alcohol intoxication event were less important immediately after training and stayed low even one month later.

Ahmed Belazi,  
Center for Prevention and Outreach,  
Counseling and Psychological Services, Stony Brook University  
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"Stony Brook University has a lower than national average rate of high risk drinking, and we have seen a continued moderate decrease in overall high risk drinking rate as a result of our work with NCHIP. Thanks to a more focused measurement strategy, we've seen a marked reduction in the impact of high risk events such as Homecoming and Opening. We've also seen an aggregate reduction in the medical and law enforcement encounter rates, and the most marked reduction in reported drinking-related harms such as suicidal ideation and physical injury. Lastly, there's also been evidence to indicate a significant decline in positive social norms around high risk drinking, in turn, leading our team to suspect that a positive cultural impact of our work is taking hold as well."

Jenny A. Hwang, Ph.D.  
Director of University Counseling  
Stony Brook University  
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**University of Vermont, Burlington, Vt.**

"While we have taken the issue of high risk alcohol use seriously for many years, our work over the last two years with NCHIP has moved us forward in very important ways.

We have built a system which allows us to collect real-time, credible information about the prevalence of high risk behavior and the impact it has on individuals and on the community. This information in turn allows us to target our resources strategically in ways that will provide the best outcomes.

Our work with the data tells us what times of the academic year we see the highest rates of risky alcohol use and to respond with educational interventions, programming, and enforcement efforts. Our engagement with the parents of first year students to encourage them to have critical conversations about this issue during that year has taught us that parents are very willing to have these conversations and communicate their expectations to their student. Our mapping initiative allows us to identify neighborhoods and individual houses where alcohol-related issues are adversely impacting the quality of life for students and neighbors, and this allows us to work with University and city law enforcement on proactive ways to minimize alcohol-related problems. Our commitment to evidence-based initiatives has led us to review our sanctions for alcohol violations and move toward a motivational-based interviewing approach in working with students. Our commitment to acquiring data that is of high quality allows us to confidently identify important issues and trends and to understand when our interventions are effective and when they are not."

Jon Porter, MD  
Director  
University of Vermont Center for Health and Wellness  
[Jon.Porter@uvm.edu](mailto:Jon.Porter@uvm.edu)

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### **Yale University, New Haven, Conn.**

Last fall, Yale College introduced a policy that required students to register off-campus events with the dean's office and the Yale Police Department. Over 200 hosts registered their events and helped usher in a new model of community policing and a new level of engagement among students, administrators, and the YPD. A second new policy, introduced jointly by the dean's office and the Department of Athletics, created new tailgate rules that prohibited vehicles and kegs from student tailgate areas, designated a special zone where students of legal drinking age could drink beer, and ended all tailgate parties by kickoff. A third new policy delayed until the spring term all rush activities for first-year students who wished to join sororities and fraternities, giving them more time to adjust to the rigors of college life and academics, establish their own routines and independent friendships, and explore the full range of activities available on campus.

In addition to these initiatives, two groups, working to create broader strategies to address drinking culture on campus, met through the 2012-2013 academic year.

The first was the Yale College Dean's Office Task Force on Alcohol and Other Drugs, chaired by Yale College Dean of Student Affairs Marichal Gentry. The 15 members of this task force, made up of students, faculty members, the Chief of Yale Police, representatives from the Departments of Athletics and Yale HEALTH, and deans, were charged by Yale College Dean Mary Miller to make the undergraduate experience safer. The Yale College Dean's Office will publish the task force's report later this summer.

The second was the University Council Committee on Alcohol in Yale College, which President Levin convened in January 2013. This committee, comprised of Yale alumni and parents on the University Council; an advisory group to the President and senior administrators; and experts on contemporary college life, with assistance from the Office of the Secretary and Vice President of Student Life, is writing its report and recommendations and will submit them to President Salovey and Dean Miller this summer.

W. Marichal Gentry,  
Senior Associate Dean of Yale College, Dean of Student Affairs, and Dean of Freshman Affairs  
Yale University

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