

HOW DID WE GET HERE?

- 1997 Harvard College Alcohol Survey
- Robert Woods Johnson Matter of Degree Grant
- NU Directions
- Nebraska Collegiate Consortium to Reduce High-Risk Drinking formed in March 2006 by 13 institutions of higher education.
- Funding from the Nebraska Office of Highway Safety has allowed the NCC to continue to operate.

NEBRASKA COLLEGIATE CONSORTIUM

- Focus on high-risk drinking, defined as:
 - Legal consequences
 - Academic consequences

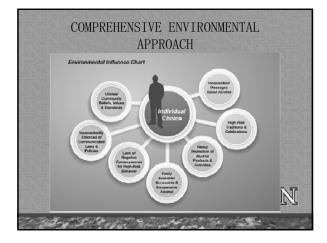
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- Social consequences
- Health consequences
- View high-risk drinking as a shared responsibility.

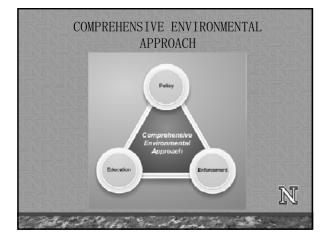
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• Primary and Secondary Harms

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NCC GOALS:

- Assist member colleges to develop and implement comprehensive environmental strategic plans to reduce high-risk drinking among students.
- Coordinate skill-building opportunities.
- Facilitate a dialogue among Nebraska colleges.
- Maintain contact with national organizations and resources.
- Coordinate the development of state-specific tools and techniques to reduce high-risk drinking.
- Provide technical assistance to NCC members.

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NCC ACTIVITIES:

- College Alcohol Profile (CAP) web based brief intervention program designed to address students with alcohol violations.
- Year One College Alcohol Profile (YICAP) web-based brief intervention program designed to target first year students misperceptions of alcohol use prior to coming to campus.

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- Power of Parenting websites
- Social Norms Campaigns
- Continuing Education/Training
- Mini-Grants for NCC Members
- Policy
- Good Samaritan Legislation
- Nebraska Young Adult Alcohol Opinion Survey
 Nearly 90% reported being enrolled at an IHE at some point after high

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• www.nebraskaconsortium.org

NCC PARTNERSHIPS
We have encouraged NCC members that serve the same community or are in close proximity to each other to work more closely together to achieve their goals.
Lincoln College Partnership (4 institutions) was formed in all HEs in the Lincoln community.
Omaha Collegiate Consortium (8 institutions) was formed in an effort to better utilize resources and address

- 2013 in an effort to better utilize resources and address issues facing the Omaha community.Both partnerships have received independent funding for
- Both partnerships have received independent funding for their efforts through the Partnership for Success Grant from SAMHSA.

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• Members are also encouraged to work with community coalitions/partners.

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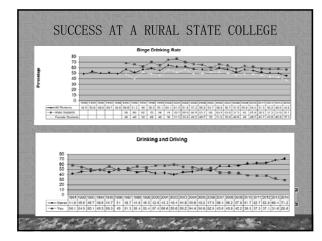




Table 1 Drinking	1	2011			-	-	Table 2 Drinking	Categories	2012				
	All		Wom		Men		-	Al		Worr	en	Men	
	Frequency							Frequency	Percent	Frequency	Percent	Frequency	Perc
Abstain	155	50.8	77	54.6	78	47.6	Abstain	184	52.9	91	51.7	93	5
Drink no Binge	91	29.8	40	28.4	51	31.1	Drink no Binge	124	35.6	66	37.5	58	3
Infrequent Binge			8	5.7	16		Infrequent Binge	17	4.9	9	5.1	8	
Frequent Binge	35	11.5	16	11.3		11.6	Frequent Binge	23	6.6	10	5.7	13	
										176		172	
Total	305	100.0	141	100.0	164	100.0	Total	348	100.0	176	100.0	172	10
Total				100.0	164	100.0					100.0	172	10
		t 30 Days			164	S	Total	and Drive Pa			14	Men	10
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	nd Drive Pas	t 30 Days	2011 Erequency	Percent 79.7	Men Frequency 60	Percent 69.8		and Drive Pa	ist 30 Day	s 2014 Wo It Frequenc	men	Men Erequency	Perc
Table 6 Drink an	nd Drive Pas	t 30 Days	2011 War Frequency 51	nen Percent 79.7 20.3	Men Frequency 60 26	Percent 69.8 30.2	Table 9 Drink	and Drive Pa	All SV Percent 50 92	s 2014 Wo tf Frequenc 6 7 4	men v Percent 8 96. 3 3.	Men t Frequency 3 72 7 9	Perc



CHALLENGES

- Lack of training and support for personnel
- Turnover
- Lack of funding
- Lack of data
- UNL pushback
- Bureaucracy involved with working with IHEs.
- Distrust among stakeholders (IHEs vs Community
- Coalitions)
- Difficult to keep people motivated and moving in the same direction.

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- Not allowing other societal problems to distract from your efforts (marijuana, RX drugs, mental health).The work is NEVER done.

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