

ALCOHOL: WHAT YOU NEED TO KNOW

A Guide to Alcohol Use at Wesleyan

Brought to you by WesWell, Office of Health Education

WHAT IS THIS BOOKLET?

Drinking at college has become a ritual that students often view as an essential part of their higher-education experience. As part of Wesleyan University's commitment to maintain a healthy and safe environment for the community, this informational booklet is distributed annually to students and is also available online at www.wesleyan.edu/weswell.

This booklet addresses answers to students' frequently asked questions regarding Wesleyan's alcohol policy, such as "What happens if someone is medically transported?" and "What happens if I am caught drinking underage on campus?"

WHY IS THIS IMPORTANT?

It is the obligation of all community members to seek immediate help on behalf of a severely intoxicated person and because the University wants to encourage students to fulfill this obligation, the University may offer leniency with respect to alcohol or other violations that come to light as a result of a call for help, depending on the circumstances.

The University community has an expectation that students will speak up and help a fellow student before medical help is required and, if medical help is required, to call Public Safety. **Don't wait—if you think there may be an issue, there likely is an issue.** Call (860) 685-3333.

QUESTIONS THIS BOOKLET CAN HELP ANSWER:

- What is Wesleyan's Alcohol Policy?
- What happens if I break the University Alcohol Policy?
- What if I don't drink?
- What does alcohol do to me?
- What can I do if I am concerned about my own or a friend's alcohol use?



WHAT IS WESLEYAN UNIVERSITY'S POLICY ON ALCOHOL?

The University alcohol policy prohibits the underage and unlawful possession, use, or distribution of alcohol on University property or while participating in any University-sponsored activity. The policy affirms the need for mutual respect and personal responsibility within a diverse community, and it looks to protect students as well as the community. Students at Wesleyan are responsible for knowing and abiding by both state and University regulations regarding the consumption of alcohol.

Wesleyan University is particularly concerned with student engagement in high-risk drinking. The behavioral definition of high-risk drinking refers to drinking in a way that compromises the health, well-being, or safety of the individual or others, defies law and University policies, or disrespects the Wesleyan University community. For more alcohol information and resources, please visit www.wesleyan.edu/weswell and to review the University's full alcohol policy, visit www.wesleyan.edu/studentaffairs/studenthandbook/index.html.

WHAT HAPPENS IF I AM CAUGHT UNDERAGE DRINKING ON CAMPUS?

In this scenario, cases are handled through the judicial process, either through a Judicial Conference with an Area Coordinator (AC) or a hearing with the Community Standards Board (CSB).

A Judicial Conference is a conversation surrounding the behaviors and choices involved in the incident and will result in an agreed upon sanction. If there isn't an agreement in the Judicial Conference or the incident involves more worrisome behavior, the case will be heard by the CSB. The CSB is composed of students who look to determine the effects that behaviors have, both on the students involved and on the larger community. CSB's main goal is to protect fellow students and the community from behaviors that could be dangerous or damaging. After hearing the case, the CSB will determine whether or not the individual is responsible, and will then apply sanctions aimed at helping the student give back to the community as well as grow and learn from their choices.

WHAT ARE SANCTIONS?

Sanctions educate a student about their behavior as well as how it affects the larger community. In cases related to alcohol, the sanction applied will be in an effort to get a student discussing and reflecting on the potential negative consequences of their high-risk or underage drinking; these sanctions can range from a Brief Motivational Intervention (BMI) session, to a referral to an online resource such as AlcoholEDU or eCheckUp to Go, to writing essays outlining your experience and what you have learned and will change.

More information about BMI Sessions and online education are explained further below. More information about judicial sanctioning, including the point system can be found in the Judicial Procedures section of the Student Handbook.



WHAT IS A BRIEF MOTIVATIONAL INTERVENTION?

Brief Motivational Intervention (BMI) is an individualized approach to screening students who have experienced negative consequences regarding their substance use and give feedback to assist in making healthy choices, and refer them for further assistance, if needed. During or prior to your session, you will assess your current levels of drug and alcohol use, via an online assessment. In conjunction with your facilitator, you will identify the impact of substance abuse/use, get feedback to assist in making healthy choices, and learn about educational resources regarding all drugs of use/abuse. You may be referred to a BMI session if you have been found in violation of the alcohol policies set forth by the University, but can also self-refer for a session if you have concerns regarding your use/abuse.

WHAT IS E-CHECK UP TO GO?

eCHECKUP TO GO is a personalized, evidence-based online prevention intervention developed by counselors and psychologists. The program is designed to motivate individuals to reduce their consumption using personalized information about their own use and risk factors. eCHECKUP TO GO is often assigned to students as part of an educational sanction.



WHAT IS ALCOHOLEDU?

AlcoholEdu® is an online, science-based course taken by many of students each year across the nation. Whether you drink or not, AlcoholEdu will empower you to make well-informed decisions about alcohol and help you better cope with the drinking behavior of your peers. All first year students are required to take the course before coming to campus.



CAN I GET IN TROUBLE IF I CALL FOR HELP FOR AN INTOXICATED FRIEND?

The University will be lenient with you and your friend, you will not get in trouble for violations that come about during your call for help. Never decide to not call for help because you're afraid of getting in trouble.

WILL I GET IN TROUBLE FOR BEING MEDICALLY TRANSPORTED DUE TO ALCOHOL?

If it is the first time a student has been transported to the Emergency Department due to severe intoxication, the student will typically be referred to meet with the Alcohol and Drug Specialist at WesWell for a Brief Motivational Intervention. This conversation will focus on equipping students with strategies they can use to reduce their risk for alcohol-related harm.

If it is the second time a student has been transported to the Emergency Department due to severe intoxication, the incident would be referred to the Community Standards Board. While this is a violation of the Code of Non-Academic Conduct (CNAC), the members of the CSB understand that these issues are better handled through Health Services. Often students that have been transported once before will be asked to seek an evaluation, either with WesWell or a community resource.

If there are other CNAC violations that occur while a student is severely intoxicated, the CSB may pursue charges against that student. The Board analyzes these situations on a case-by-case basis in order to determine whether additional charges are appropriate. Alcohol does not excuse a student's behavior, but the CSB understands that a student may be better served by Health Services.



UNDER WHAT CIRCUMSTANCES WILL I BE TRANSPORTED TO THE HOSPITAL DUE TO ALCOHOL INTOXICATION?

If a student calls Public Safety for medical help, Public Safety will evaluate the information given by the student to assess whether to send an officer or an ambulance based on some of the following factors:

- How long they have been in this condition
- What and how much alcohol was consumed and whether any other substances were ingested
- If the individual is known to be taking any prescription or over-the-counter medications or has any allergies (especially to medications)

A transport to the Emergency Department will be deemed appropriate if:

- The individual is incapacitated or unconscious
- They cannot walk on their own
- There are other medical concerns, including allergy, injury or illness
- They are actively vomiting, have vomit on them, or vomiting appears to be imminent
- There is a head, neck or back injury suspected
- At the discretion of the EMT



In some cases, EMTs may decide a hospital transport is not necessary. Someone should stay with the person to ensure their safety and monitor them for any changes in their condition.

When a student is transported to the Middlesex Hospital Emergency Department for severe intoxication, the medical staff will assess the situation and treat the individual as they deem medically necessary. In some cases, the individual will simply be monitored until their BAC drops to a safer level and they are no longer showing signs of distress. In more severe cases, additional treatment may be deemed necessary, such as intravenous (IV) fluids to reduce dehydration, or a respirator to assist with breathing. A student will be released once they are no longer in any medical danger.

I'VE HEARD THAT STUDENTS ARE UNNECESSARILY TRANSPORTED TO THE HOSPITAL DUE TO ALCOHOL INTOXICATION. IS THIS TRUE?

No, this is not true. Public Safety officers and Emergency Medical Technicians are trained to assess whether a student needs to be transported to the Emergency Department.

During the 2019-20 academic year, the range of blood alcohol contents for students who were transported to the hospital for alcohol intoxication was from .03 to .372. This range illustrates that students are only transported to the Emergency Department at levels of severe intoxication or an injury risk.

HOW MUCH DOES IT COST TO BE MEDICALLY TRANSPORTED DUE TO ALCOHOL?

The fees for alcohol transports depend on the student's insurance. For students with University insurance, the cost of the Emergency Room treatment is covered at 100% of the negotiated charge after a \$175 copay.

For students with private insurance, Emergency Room visits are dependent on your private insurance plan. Call the customer service number associated with your insurance to find out more information. The cost of transportation by ambulance is covered by Wesleyan insurance as follows: the lesser of— (1) billed charges, or (2) the rate established by the Connecticut Dept. of Public Health.

Most ambulance providers do not participate with insurance carriers and rates will vary depending on the treatment received during the ambulance ride.

Financial assistance may be reviewed by Middlesex Hospital for students without funds to cover fees.

REMEMBER:

What is most important is that you call for help as soon as it is needed. The health and safety of yourself, your friends and your classmates should always be the top priority.

WHAT DOES ALCOHOL DO TO ME?

Alcohol consumption beyond safe levels can impair judgment and perception, cause severe physical distress, and increase risk of serious injury. Alcohol is immediately absorbed through the stomach lining and small intestine directly into the bloodstream. The liver can process about one ounce of alcohol per hour. Excess alcohol remains in the bloodstream, resulting in an increased blood alcohol content.

Alcohol can affect everyone differently and you may drink a certain amount one time but at another time drink the same amount and feel very different. You and your friends may have different drinking limits and that's okay.

BLOOD ALCOHOL CONTENT (BAC) Table for Male (M) / Female (F)										
Number of Drinks		Body Weight in Pounds								Driving Condition
		100	120	140	160	180	200	220	240	
0	M	.00	.00	.00	.00	.00	.00	.00	.00	Only Safe Driving Limit
	F	.00	.00	.00	.00	.00	.00	.00	.00	
1	M	.06	.05	.04	.04	.03	.03	.03	.02	Driving Skills Impaired
	F	.07	.06	.05	.04	.04	.03	.03	.03	
2	M	.12	.10	.09	.07	.07	.06	.05	.05	
	F	.13	.11	.09	.08	.07	.07	.06	.06	
3	M	.18	.15	.13	.11	.10	.09	.08	.07	
	F	.20	.17	.14	.12	.11	.10	.09	.08	
4	M	.24	.20	.17	.15	.13	.12	.11	.10	Legally Intoxicated
	F	.26	.22	.19	.17	.15	.13	.12	.11	
5	M	.30	.25	.21	.19	.17	.15	.14	.12	
	F	.33	.28	.24	.21	.18	.17	.15	.14	

Subtract .01% for each 40 minutes of drinking.
1 drink = 1.5 oz. 80 proof liquor, 12 oz. 5% beer, or 5 oz. 12% wine.

Fewer than 5 persons out of 100 will exceed these values.

WHAT ARE THE EFFECTS AT SPECIFIC BAC LEVELS?

The effects of alcohol intoxication vary greatly among users. Some users may reach dangerous BAC levels without realizing it in time to taper and protect their health. Factors such as biological sex and weight can drastically affect an individual's BAC level, leading certain individuals to experience the effects of intoxication more or less quickly. Ideally, if you choose to drink you will want to stay in BAC level range highlighted in yellow below.

For more information about calculating your own individual BAC level, please see the chart below or pick up a BAC card in the WesWell Resource room.

B.A.C.	What people often experience at different BAC levels.
0.02 – 0.03	No loss of coordination, slight euphoria, and loss of shyness.
0.04 – 0.06	Some minor impairment of reasoning and memory, lowering of caution. Feeling of well-being, relaxation, lower inhibitions, sensation of warmth. Euphoria. Behavior may become exaggerated and emotions intensified.
0.07 – 0.09	Judgment and self-control are reduced and caution, reason, and memory are impaired; .08 is legally impaired, and it is illegal to drive at this level. Slight impairment of balance, speech, vision, reaction time, and hearing. Euphoria.
0.10 – 0.125	Significant impairment of motor coordination and loss of good judgment. Speech may be slurred; balance, vision, reaction time, and hearing impaired. Euphoria.
0.13 – 0.15	Judgment and perception severely impaired. Gross motor impairment and lack of physical control. Blurred vision and major loss of balance.
0.16 – 0.19	Anxiety and restlessness predominate, nausea may appear. The drinker has the appearance of a "sloppy drunk."
0.20	Nausea and vomiting; gag reflex is impaired and choking on vomit is possible. Blackout is likely. May need help to stand or walk. If injured, may not feel pain. Dysphoria.
0.25	ALL mental, physical, and sensory functions severely impaired. Increased risk of asphyxiation from choking on vomit, and serious injury with falls or other accidents.
0.30	STUPOR. You may pass out suddenly and be difficult to awaken. Little comprehension of where you are.
0.35	Coma is possible. This level is surgical anesthesia.
0.40 and up	Onset of coma and possible death due to respiratory arrest.

CAN I DRINK MORE IF I HAVE A HIGHER TOLERANCE?

While tolerance does not affect the value of your individual BAC, those with higher tolerances need to have higher BAC levels in order to feel the same effects from alcohol experienced by individuals with lower BACs.

Although you may "feel" less intoxicated if you have a higher tolerance, your body is not better equipped to handle the higher BAC. Therefore, drinking more in order to experience the effects of alcohol can lead to a higher chance of experiencing the dangerous symptoms of severe alcohol intoxication.

HOW DOES DRINKING MULTIPLE SHOTS IN A SHORT AMOUNT OF TIME AFFECT BAC?

The total effect of drinking a large quantity of alcohol in a short period of time will not be felt until all of the alcohol is absorbed. That can take an hour or more. This is why when students pre-game and initially begin to feel pretty good (outer brain stimulation) and then continue to drink, they may later be slammed by the full effect of the alcohol (impacting deeper levels of brain function, such as balance, coordination, and breathing), which can be life threatening.

SHOULD I BE CONCERNED ABOUT HAVING SEX WITH SOMEONE WHO HAS HAD TOO MUCH TO DRINK?

Alcohol impairs the ability for someone to give consent. Having sex with someone who cannot give consent is sexual assault. Wesleyan defines sexual assault as "having or attempting to have sexual intercourse or sexual contact with another individual without consent. This includes sexual intercourse or sexual contact achieved by the use or threat of force or coercion, where an individual does not consent to the sexual act, or where an individual is incapacitated." If you or the person who you are with is intoxicated, just wait. There's always another night, but you can't undo something that's already been done.

WHAT IS PRE-GAMING & WHY IS IT UNSAFE?

Pre-gaming is the practice of consuming alcohol before a social function. When alcohol is consumed quickly, the body, and specifically the liver, is unable to metabolize the alcohol between drinks or shots, which rapidly raises the blood alcohol content (BAC) in the bloodstream. Since the body can only process about one shot of alcohol per hour, consuming several drinks in an hour will increase BAC much more than having multiple drinks over several hours.

The physical effect of the alcohol is not experienced immediately after the initial drinks because the total effect of drinking a large quantity of alcohol in a short period of time will not be felt until all of the alcohol is absorbed. This delay, which can take an hour or more, can give a false sense of sobriety, leading to the consumption of more and often dangerous amounts of alcohol in a short amount of time. Pre-gaming with hard alcohol can carry a higher risk, since liquor has a much greater alcohol content than beer or wine per ounce of liquid.

IS IT OK TO DRINK WHILE ON MEDICATION?

When mixed with alcohol, some medications can produce toxic effects on your body. Taking medications like aspirin, ibuprofen, anti-depressants, mood stabilizers, amphetamines, and stimulants while or before drinking will have dangerous interactions with the alcohol or will amplify the effects of alcohol on your body. Birth control pills may have decreased efficacy if you vomit shortly after taking your pill or forget to take it.

WHAT ARE THE RISKS TO DRINKING?

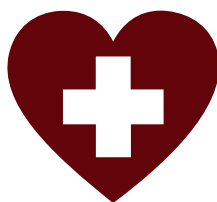
We know drinking alcohol has some benefits, such as making it easier to socialize and sometimes making things funnier than they normally are. With high-risk drinking, any potential benefits are outweighed by greater risks, including:

Injuries.



Drinking too much increases your chances of being injured or even killed. Alcohol is a factor, for example, in about 60% of fatal burn injuries, drowning, and homicides; 50% of severe trauma injuries and sexual assaults; and 40% of fatal motor vehicle crashes, suicides, and fatal falls. (Source: NIAA)

Health Problems.



Heavy drinkers have a greater risk of liver disease, heart disease, sleep disorders, depression, stroke, bleeding from the stomach, sexually transmitted infections from unsafe sex, and several types of cancer. They may have problems managing diabetes, high blood pressure, and other conditions.

Legal and Judicial Consequences.



Whether drinking in low or high risk ways, there is still the possibility of legal and judicial consequences. Breaking underage drinking laws and open container policy and laws both come with consequences.

HOW CAN YOU REDUCE YOUR RISKS?

If you choose to drink, utilize a harm reduction approach to stay within low-risk limits and to avoid putting yourself or others at risk for harm. While taking a harm reduction approach may reduce the physical harms of alcohol, remember that legal and judicial consequences can only be avoided by abstaining from alcohol use.

WHAT IS HARM REDUCTION?

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with alcohol and drug use

The next page will go over harm reduction strategies you can use if you choose to drink.

KEEP TRACK.

Keep track of how much you drink.

COUNT AND MEASURE.

Know the standard drink sizes so you can count your drinks accurately.

PACE AND SPACE.

When you do drink, pace yourself. Sip slowly. Have no more than one standard drink per hour. Make every other drink a non-alcoholic one, such as water. Note that it takes about 2 hours for the adult body to completely break down a single drink.

HARM REDUCTION STRATEGIES

SET GOALS.

Decide how many days a week you want to drink and how many drinks you'll have on those days. Drinkers with the lowest rates of alcohol use disorders stay within the low-risk limits.

INCLUDE FOOD.

Don't drink on an empty stomach. Eat some food so the alcohol will be absorbed into your system more slowly.

TAKE PRECAUTIONS.

Have a designated driver or be sure to have a fully charged phone with rideshare app downloaded. Use protection for sex. Don't use machinery or drive during or after drinking.

WHERE CAN I GO IF I AM CONCERNED ABOUT MINE OR A FRIEND'S ALCOHOL USE?

Wesleyan has many resources to help you navigate what can be a hard and difficult conversation. Please always feel free to utilize these resources.

Davison Health Center: 860-685-2470

WesWell: 860-685-2466

Public Safety (non-emergency): 860-685-2345

Public Safety (emergency): 860-685-3333

Dean's Office: 860-685-2775

Confidential Resources

Counseling and Psychological Services (CAPS):
860-685-2910

Office of Religious and Spiritual Life:
860-685-2278

For recovery resources, including networking with students in recovery, email: recovery@wesleyan.edu

Local listing of Alcohol Anonymous meetings can be found at www.ct-aa.org

Local listing of Narcotics Anonymous meetings can be found at www.ctna.org



DOES EVERYONE AT WESLEYAN DRINK?

No, not everyone on campus drinks. According to a 2019 survey of Wesleyan University undergraduates, 27% of students surveyed reported abstaining from alcohol use in the past year, and 31% reported themselves as nondrinkers, having consumed no alcohol in the past two weeks but may have consumed in the past year. Many perceive, though, that their peers are drinking more than they are, and may feel alienated by that perception. There is clearly a discrepancy between perception and reality. If you choose not drink you will not be alone.

THE NORM IS MAKING HEALTHY CHOICES!

Many students overestimate how many of their peers drink, how often they do and how much they do, by a lot. Drinking is a choice and we should support those who choose not to drink.

Never feel pressured to drink if you don't want to.

HOW DO I SUPPORT MY PEERS WHO CHOOSE NOT TO DRINK?

There are many ways to support your peers who choose not to drink. You can set aside time on the weekend or evenings to spend with them doing an activity you are both excited about without involving any alcohol. Another way is to help them find things on campus that don't involve alcohol. You can also support them in an environment where people are drinking by choosing not to drink as well.

WHAT IS AVAILABLE ON CAMPUS FOR STUDENTS WHO CHOOSE NOT TO DRINK?

There are weekly substance-free activities hosted by UCAB on Friday and Saturday nights for those who choose not to drink. These events range from movies to massages to trivia night. The best way to find out about these events are through Facebook (UCAB Usdan); they are also open to event suggestions. More information about how to contact UCAB about event ideas can be found at www.wesleyan.edu/sald/UCAB/index.html. Additionally, there is a sub-free listserv for students who choose to be intentionally substance free. To be added to that listserv and get connected, email weswell@wesleyan.edu. There are also substance free housing options available for students, including a floor in Nicholson.

RECOVERY@

Recovery@ is a network of students who gather for mutual support as they navigate the particular challenges of recovery at Wesleyan University.

Wesleyan has a supportive community for students in recovery. A great way to meet these folks is through Recovery@. Recovery@ members get together once a month for networking and support. The rest of the month, support is given over email, text, AA meetings, and social engagements.

The only requirement for membership is that you be a student of the University in recovery from alcohol and/or drugs. Recovery@ is not formal therapy of any kind. Our primary purpose is to stay clean and sober, help other members of the University do the same, and support one another in making recovery at Wesleyan as enjoyable as possible.

We come together once a month during the academic year for fellowship and discussion. We support each other the rest of the month by texts, emails, social engagements and AA and NA meetings in the Middletown community.



TO OBTAIN MORE INFORMATION OR JOIN THE
NETWORK PLEASE EMAIL:

RECOVERY@WESLEYAN.EDU

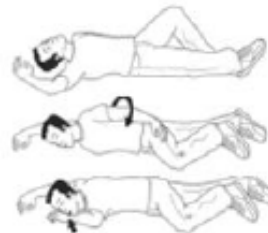
HOW DO I KNOW WHEN TO CALL FOR HELP FOR A SEVERELY INTOXICATED PERSON?

Recognize the signs and symptoms of severe intoxication by remembering this acronym:

Difficulties breathing
Unusual pulse
Changes in skin
Keeps vomiting
Seizures/loss of consciousness

If you see **DUCKS**, it's a sign of a
**MEDICAL
EMERGENCY**

**TURN INTOXICATED PERSON
ON THEIR SIDE TO PREVENT CHOKING.**



Tilt head to maintain airway & tuck nearest hand under cheek to hold the head tilt.

IMMEDIATELY
call Public Safety
for help
860-685-3333

**STAY UNTIL HELP ARRIVES &
provide the response team with details.**

HOW DO I HELP A FRIEND WHO IS PASSED OUT?

Do not leave your friend alone. If you don't have a phone, get someone else's attention to help you. Then, call for help: either call PSafe (860) 685-3333 or 911.

Calling for someone to help is the best thing you can do for your friend.

It is always better to err on the side of caution. Continue to stay with your friend until help arrives. Then stay to talk to those who are there to help: if you know anything about how, what, or when your friend was drinking, this information will be very helpful.

HOW CAN I HELP A FRIEND WHO...

I think has a problem with alcohol?

Wait until the person is sober to have a conversation with them. Express your concern about their use in a non-accusatory manner. Remind them that you dislike this behavior, not them as a person. Address how their substance use is affecting your relationship with them, without bribing, lecturing, or blaming. Be sure to also have resources available, like CAPS or a local support group. Plan activities that don't include alcohol. Try to be as supportive as possible and acknowledge their small steps to change their behavior.

Can't remember what happened while they were drinking?

Not remembering what has happened while drinking is usually referred to as a blackout. Blackouts happen during high-risk drinking with high BACs. They can be a warning of a more serious drinking problem. Have a calm, sober conversation with your friend, sharing your concern for their drinking habits. You can also ask a staff member at WesWell or CAPS to help you navigate this interaction.

COMMUNICATION STRATEGIES FOR HELPING A FRIEND IN NEED

Change is the responsibility of the other person and enhancing the motivation to change is where you can help.

You can elicit self-motivational statements by asking open-ended questions, affirming what your friend says, reflectively listening, and summarizing what you hear them say. Below are some examples:

- **Open-ended Questions:** What do you think about your drinking? How would things be different for you if you drank less? If there ever became a time where alcohol use was concerning to you, what would that look like or how would you know? What would be a first step for you?
- **Affirmations:** Use affirming body language. Make verbal recognition of positive behavior.
- **Reflective Listening:** "What I hear you saying is...." "It sounds like _____ is bothering you." "It seems like you are contemplating _____." "You seem happy with _____."
- **Summary:** It sounds like you are happy with the decisions you've made around alcohol use and you have support to continue on that path. You are motivated to reduce the number of drinks you have so that you don't have hangovers and are a better friend when you're out.

WHAT IS BYSTANDER INTERVENTION?

Bystander Intervention is a term used to describe a person's willingness and ability to help in a situation.

"WE Speak, WE Stand" is Wesleyan's Bystander Intervention program which aims to create a community that is actively engaged in the prevention of high-risk drinking and advocates for the responsible use of alcohol. The goal of the program is to empower bystanders to intervene in high risk situations.

Empowered bystanders make the campus community safer by standing up and speaking out when they witness situations that could potentially harm the health and safety of others. Intervening with peers can be challenging for a number of reasons and We Speak We Stand training provides students with the skills to move from inaction to action and intervene safely and effectively. The alcohol track of the training equips students with the tools needed to intervene in situations involving alcohol and empowers students to use those tools.

For more information about Wesleyan's Bystander Intervention program, visit <http://wesleyan.edu/weswell/programs/BystanderIntervention.html>



WHAT ARE SOME APPROACHES TO INTERVENING?

There are many strategies for intervening in any situation.

The most important thing to remember is to intervene in the way that you feel most comfortable.

Some different approaches are **DIRECT**, **DISTRACT**, and **DELEGATE**.

- The **DIRECT** approach means you are directly interacting with the person. It may be a comment "Hey – what are you doing?" or it may just be checking in with a friend, "Are you OK?"
- The **DISTRACT** approach focuses on creating a diversion. If you see a situation and can think of a way to divert the attention of the people in the situation, distract is a perfect option. Distractions can interrupt concerning elements and de-escalate a situation.
- The **DELEGATE** approach is a good option if you are uncomfortable intervening directly or if you feel like someone else might be better suited to handle the situation (friend, police, bartender). When you delegate, you are asking someone else to help in the situation. It also has the additional benefit of making someone else aware of what is going on and normalizing intervening.

WHAT ARE SOME STRATEGIES FOR INTERVENING?

Here are some non-violent strategies for intervening:

- **"I" STATEMENTS:** Three parts: 1) state your feelings, 2) name the behavior, 3) state how you want the person to respond. Focuses on your feelings rather than criticizing the other person.
 - **EXAMPLE:** "I feel _____ when you _____. I would rather you _____."
- **SILENT STARE:** Remember, you don't have to speak to communicate. Sometimes a disapproving look can be far more powerful than words.
- **HUMOR:** Reduces the tension of an intervention and makes it easier for the person to hear you. Do not undermine what you say with too much humor. Funny doesn't mean unimportant.
 - **EXAMPLE:** "Better slow down on those drinks, I'm not taking care of you all night!"
- **"BRING IT HOME":** Prevents someone from distancing themselves from the impact of their actions. **EXAMPLE:** "I hope no one ever talks about you like that."
 - **EXAMPLE:** "What if someone said you were a drunk not worth helping?"
- **"WE'RE FRIENDS, RIGHT...":** Reframes the intervention as caring and non-critical.
 - **EXAMPLE:** "Hey, Andrew. As your friend, I've gotta tell you that encouraging people to chug drinks is making you look ridiculous. I know you just want everyone to have a good time so let's find another way to make that happen."

STAGES OF INTERVENTION

1. Express concern and caring

Show interest in the person and how they are doing, either in general or in relation to your area of concern. This establishes a helpful tone. Pick an appropriate time and place to create optimal conditions for the discussion.

2. Share the basis of your concern with specifics

Let the person know what you have noticed and describe it in detail. For example, rather than saying, "I think you have a drinking problem," you could say, "I've noticed that you've been out partying a few nights this week and slept through your morning classes."

3. Share how it makes you and others feel

State your concern in the form of an "I" statement. For example, "I know that it is important to you to do well in classes this semester, and I was concerned that you might be getting behind in your work." It is very important to tell the person how their actions/behaviors make you feel.

4. Ask the other person if they understand your point of view

This is a chance to listen and hear how the person is responding to your feedback.

5. Brainstorm what can be done

Consider alternatives to the behavior and go over them together, including possible consequences for the behavior. Make sure to solicit ideas from the person you are confronting.

6. Offer support of change

Let the person know that you are willing to help, and give examples of how you might do this. Suggest or impose consequences if necessary.

7. Have a plan for follow-up

Let the person know that you plan to follow up with them and that you should both plan to discuss and evaluate if the behavior has changed.

SHIFTING ATTITUDES

Helping someone understand their motivation for engaging in behavior and understand why it is problematic so they will be less likely to engage in the future.

First, take care of yourself

- If you are upset, get support for yourself first. Otherwise, you won't be able to listen openly to the other person.
- This will prepare you for a more respectful, productive dialogue with the person you are intervening with.

Always give respect to the other person

- Listening is the most effective tool we have to resolve conflict.
- Listening does not mean you agree or condone the behavior or that you are compromising what you believe.
- Listening does mean offering another person basic respect in hope that dialogue can occur.

Listen for the upset that is underneath

- Problematic behavior is often a sign that a person is frustrated about something. The behavior may be a sign that the person is "lashing out" because they feel disrespected.
- Trying to understand the underlying cause of the behavior will help you help them with the problem.

Notice what increases or decreases defensiveness

- The purpose of "shifting attitudes" is to help the person gain understanding and in-sight, not to put them in a defensive position or make them feel attacked.
- Don't argue with or convince the person they are wrong.
- Rather, listen openly and show interest in their point of view.

Engage in "open talk"

- The beginning of any change starts with listening and feeling listened to. Doing so means making a conscious choice to stay in a relationship with someone and make the situation better, even if you find their behavior objectionable.

MORE QUESTIONS?

Visit

<http://www.wesleyan.edu/weswell/resources/Alcohol%20and%20Other%20Drugs.html>

to learn more about Alcohol and Other Drug prevention and education at Wesleyan or contact WesWell, Office of Health Education