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WWU Lifestyles Project: Patterns of Alcohol and Drug
Consumption and Consequences Among
Western Washington University Students

(Report 1993-06)

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Executive Summary

This report, besides presenting the Lifestyles Project findings, summaries and discussion, contains two important Appendices. Appendix A consists of Western's Comprehensive Plan to Combat Student Alcohol Abuse, Including Underage Drinking, as submitted to the Higher Education Coordinating Board. Appendix B consists of preliminary findings on the effectiveness of the Wellness Hall. The executive summary includes summaries of all three of these sections.

Lifestyles Project Findings

The WWU Lifestyles Project surveyed a randomly selected, stratified sample of 2500 students enrolled at Western during spring quarter, 1992, regarding their use of alcohol and drugs, the consequences of using, and motivation to change patterns of use. Completed questionnaires were received from 1217 students for a nearly 50% return rate

Overall, the results of the survey suggested that a large proportion of the student population (76.6 %), including those under the legal age, drink alcohol at least once a month. While factors such as class standing and age affected level of alcohol consumption, differences by gender were the most dramatic. Generally speaking, while males and females keep pace in their frequency and quantity of alcohol consumption up to a point, at higher levels of consumption men tend to drink more often and in larger quantities than females. Moreover, males tend to report the highest rates of "at risk" drinking; that is, drinking at a binge level (5+ drinks at one setting) and higher.

At Western, as nationwide, alcohol is the drug of choice for college students, with survey respondents reporting relatively scant use of drugs like cocaine and LSD, and low use of marijuana. Patterns of alcohol use at Western appear threefold: 1) nearly a quarter of survey respondents reported no drinking at all in the previous month; 2) of respondents indicating *any frequency of drinking whatsoever* (about three-quarters of the survey population), 31.3% reported drinking 1-2 drinks and 22.7% reported drinking 3-4 drinks on *typical* occasions, which places them in a low to moderate drinking norm; and 3) of respondents indicating *any frequency of drinking whatsoever*, 29.8% reported binge drinking on *typical* occasions and 57.2% reported binge drinking on *peak* occasions.

This last drinking pattern suggests that an alcohol environment may exist at Western that contributes to substantial social and academic risks for Western students. Issues of concern include that a substantial percentage (67.4%) of those who report *any frequency of drinking whatsoever* were under the legal drinking age, and that well over half of the respondents *overall* (64.0%) reported at least one alcohol-related problem in the last six months.

Of particular relevance to the academic mission of university life are the discrepancies found between students' *perception* for risk of negative academic consequences due to alcohol-related effects and the actual *occurrence* of those outcomes.

Actual occurrences were nearly double and sometimes treble that of perceived risk. These findings suggest that perception of vulnerability to negative alcohol effects may differ enough from actual occurrences of negative alcohol effects to pose a threat to students' academic success and persistence.

Although the university has raised awareness of campus alcohol and drug policies and programs--nearly two-thirds of respondents reported they knew of such efforts--most respondents stated that official university policies and programs do not effect their own personal levels of use.

Comprehensive Plan to Combat Student Alcohol Abuse

In response to the alcohol predicament on campus, WWU has developed a comprehensive plan for combating student alcohol abuse and its consequent negative academic, health, and social outcomes. WWU's plan anticipates improvement in reducing the incidence of student alcohol abuse both on and around campus because it is based on the public health model, which views both *individual students who drink* and the *environments in which they drink* as the targets for major interventions.

Based on the systems approach inherent within the public health model, WWU will utilize four major strategies to decrease both individual problem use of alcohol and the drinking norms on campus: 1) **primary prevention** seeks to reduce risk for alcohol problems or prevent the occurrence of alcohol abuse and/or underage drinking *before* those problems occur; 2) **secondary prevention** programs seek to halt, reverse, or retard alcohol abuse problems *after* they have occurred, but *before* they lead to life-altering or life-threatening consequences; 3) **tertiary prevention** efforts seek to reduce the risks of severe alcohol abuse, and 4) **health promotion** efforts seek to develop positive environments and community policies, rules, and norms that support and encourage students who are already making choices not to abuse alcohol or to drink illegally thereby leading to the creation of a new "critical mass" who do not view alcohol abuse as a typical and expected feature of college life. (See Appendix A.)

Wellness Hall: Preliminary Findings

University Residences and the Primary Prevention and Wellness Center collaborated to open the wellness residence hall at WWU in Fall Quarter, 1993. The creating of four floors of Nash Hall as an alcohol and drug free zone was made possible by a FIPSE grant. Participating students signed substance-free living agreements, thereby voluntarily committing to abstain from the use of alcohol, tobacco or drugs while residing on campus. During its first quarter of existence, there were no violations of this voluntary code. Furthermore, some preliminary information--reduced vandalism and fewer alcohol-related incidents--suggests that students in the wellness community are consuming less alcohol than their counterparts in a correspondent freshmen residence hall. An initial administration of the CORE alcohol and drug survey also suggests that students residing in the wellness community are choosing to consume less alcohol. (See Appendix B.)

Introduction

College presidents nationwide cite substance abuse, and in particular alcohol, as the most frequent problem on their campuses.¹ Yet despite the public focus on drinking in the college population, the Drug Free Schools and Campuses Act mandating required compliance efforts from colleges, and the establishment of the Fund for Improvement of Post-secondary Education grants to develop, improve, and coordinate prevention efforts, there has been no noticeable reduction in the level of heavy alcohol consumption or negative consequences among college students in decades.²

Problems associated with college student drinking have been widely publicized.³ Surveys suggest that most (70-95%) students drink. Estimates of problem drinking among college students range from 10-45%, with most studies reporting that about 25% of college students experience some negative consequences associated with their use of alcohol.⁴

At Western Washington University (WWU), there is no local immunity. Internal studies have suggested that heavy alcohol consumption and its consequences constitute a potential hazard to student success at WWU. In one of the Institutional Series of Student Surveys examining the experiences of students who left Western between 1986 and 1990, findings indicated that among students who did not persist to graduation, 40.8% reported that they had experienced the problem of "drinking and using drugs more than they wanted to."⁵ The corresponding percentage of students endorsing this item who *did* graduate was 13.6%. These findings from a large institutional survey--although neither conclusive nor causal--suggest that at WWU non-persisters are three times more likely than persisters to have unresolved issues regarding alcohol and drug use.

That finding and others influenced the development of two subsequent research projects: the Survey of Student Health Behaviors and Attitudes conducted by Dr. Evelyn Ames, Department of Physical Education, Health, and Recreation, which contained an alcohol and drug impact component; and this report on the WWU Lifestyles Project

¹Carnegie Foundation for the Advancement of Teaching (1990). Campus Life: In Search of Community. NJ: Princeton University Press.

²Straus, J.E. & Bacon, S.D. (1953). Drinking in College. New Haven, CN: Yale University Press.
Meilman, P.W., Stone, J.E., Gaylor, M.S., and Turco, J.H. (1990). "Alcohol Consumption by College Undergraduates: Current Use and 10-year Trends." Journal of Consulting and Clinical Psychology. 50: 455-457.

³Berkowitz, A.D. & Perkins, H.W. (1986). "Problem Drinking Among College Students: A Review of Recent Research." Journal of American College Health.

Saltz, R. & Elandt, D. (1986). "College Student Drinking Studies 1976-1985." Contemporary Drug Problems, Spring, 117-159.

Walfish, S., Wentz, D., Benzing, P., Brennan, R., & Champ, S. (1981). "Alcohol Abuse on a College Campus: A Needs Assessment." Evaluation and Program Planning. 4: 163-168.

⁴Ibid, footnote #3, Berkowitz & Perkins. 35: 21-28.

⁵Simpson, C., and Trimble, J. E. (1992). Institutional series of student surveys. Bellingham WA: Office of Institutional Assessment and Testing, Western Washington University. Unpublished manuscript.

Survey, a detailed investigation into the impact of alcohol and drug consumption on the learning and growth process of WWU students.⁶ The Lifestyles Project was developed as part of the University's on-going effort (a) to investigate students' experience both *in and out* of the classroom; (b) to enhance those experiences which lead to personal and academic success; and (c) to reduce risk factors jeopardizing student success.

WWU Lifestyles Project Survey Procedures and Findings

During Fall Quarter, 1992, a stratified sample of 2500 students was randomly selected from all those enrolled at WWU. The sample was stratified to represent the population at WWU by class standing, gender, and admit status. Students belonging to specific ethnic groups were over sampled because they are underrepresented in WWU's student body.

Students were sent the WWU Lifestyles Project packet consisting of the questionnaire with a cover letter from the survey authors, a self-addressed stamped return envelope, active consent forms, and a raffle ticket to enter a drawing for prizes. The packet had been reviewed and approved by WWU's Human Subjects Committee. Completed questionnaires were returned by 1217 students for a return rate of nearly 50%.

This survey yielded the most comprehensive and detailed profile to date of student alcohol and drug consumption patterns and consequences at WWU. The survey consisted of eight subscales chosen for their widespread use in psychological assessment and for their reliability and validity in assessing the presence and intensity of alcohol- and drug-related problems among adolescents and young adults. A battery of instruments was utilized in the WWU Lifestyles Project Survey (See References) and included the following:

1. Brief Drinker Profile (Miller and Marlatt, 1987). Assesses quantity and frequency of typical drinking as well as episodic heavy drinking;
2. Comprehensive Effects of Alcohol (Fromme and Strout, 1992). Measures positive and negative outcome expectancies of alcohol use;
3. Brief Symptom Inventory (Derogatis, 1975). Assesses psychological symptom status;
4. Rutgers Alcohol Problem Inventory (White and Labouvie, 1989). Measures number and severity of alcohol-related problem behaviors;
5. Assessment of Perceived Risks of Alcohol (Duthie, et al, 1991). Yields measure of respondents' personal perception of the likelihood of risks related to alcohol use while in college;

⁶A collaboration between the Office of Institutional Assessment and Testing, the Primary Prevention/Wellness Center, and Dr. G. Alan Marlatt, Director of the Addictive Behaviors Research Center at the University of Washington.

6. Motivation Questionnaire (Baer, et al, 1991). Assesses the degree to which alcohol is perceived as a problem, degree of desire to change drinking patterns, and the degree of expectancy that change can occur;
7. Sexual Experiences Survey (Koss and Iris, 1982). Measures the frequency of high-risk sexual behaviors and the extent to which alcohol and drug use co-occur with these behaviors;
8. Knowledge and Use of Campus Resources. Assesses respondents' knowledge of campus policies, educational, and treatment programs, and extent and effect of use.

Demographics

By gender, survey respondents were 64.4% female. In order that the data analyses reflect the actual gender ratio found in the Fall of 1992, which was 55.8% female, survey responses were weighted. Each male response, in other words, was given fractionally higher importance than female responses in order that reporting by gender would more accurately represent the actual WWU population. Reporting by ethnicity, however, did not require weighting. The survey sample reflected fairly well the actual ethnic ratio at WWU during the Fall, 1992. Yet comparisons between ethnicities were not appropriate because of the disproportionate number of white, non-Hispanic students at WWU. An ethnicity report utilizing descriptive statistics only and making no attempt to perceive patterns nor draw conclusions can be found in Appendix C.

To reflect Washington State drinking laws, two age categories were utilized for analysis, those under the age of 21, and those 21 years old and over. As well, analysis was performed by year in school. (See Table 1.)

TABLE 1: Demographics*

Item	WWU: Fall, 1992	Survey Sample
Gender		
Female	55.8	64.4
Male	44.2	35.6
Ethnicity		
African-American	1.3	1.5
Asian-American/Pacific Islander	5.0	9.2
White, non-Hispanic	83.3	84.1
Hispanic-American	1.9	2.1
American Indian/Alaska Native	1.5	1.6
Age		
18-20	38.9	44.2
21+	60.2	55.8

*weighted figures were used in analysis

Alcohol Use: Frequency of Consumption

Frequency: General Findings

Overall, 76.6% of survey respondents indicated drinking at least once in the last month. Comparative data from a prominent national study indicated that among 1992 college students, 71.4% reported drinking at least once in the last month.⁷ Well over half (59.8%) of survey respondents reported drinking two or three times a month or more. Yet these figures may not tell the complete story of the possible negative effect of alcohol to academic success since both surveys polled current students only. As Simpson and Trimble found, students with the most serious alcohol problems leave school before ever getting to the junior or even sophomore year.⁸

Frequency: Year in School

While nearly a quarter of survey respondents reported that they had "not drunk at all" during the previous month, first-year respondents were by far the largest group (41.1%) to report non-drinking. Of those respondents reporting *any* frequency of consumption, figures suggest that year in school made little difference in frequency of consumption; that is, there was no percentage spread more than ten percent. (See Table 2.)

TABLE 2: Year in School and Frequency of Alcohol Consumption

Item	Overall	1st Year	2nd Year	3rd Year	4th Year
How often in the past month did you drink alcohol?					
Not at all	23.4	41.1	25.7	24.0	15.7
Once a month	16.8	15.5	17.6	17.8	15.4
Two-three times a month	29.0	24.6	28.0	27.3	33.7
Once-twice a week	22.3	15.2	22.0	21.8	22.3
Three-four times a week	6.3	2.6	5.5	6.9	7.8
Nearly everyday or more	2.2	1.0	1.2	2.2	5.1

Frequency: Gender

Over three-quarters of both male and female survey respondents reported drinking at least once a month. Women, however, were more likely than men to report drinking "two to three times a month or less" while men were more likely to report drinking "once a week or more". This finding is similar to national data on the Core Survey showing that more college women drink at the lower-use frequencies--two to three times a month or

⁷Johnston, L.D., O'Malley, P.M., Bachman, J.G. (1993). National Survey Results on Drug Use from The Monitoring the Future Study, 1975-1992. Rockville, Maryland: National Institute on Drug Abuse, U.S. Department of Health and Human Services.

⁸Ibid, footnote #5.

less--and more college men tend to drink at the higher-use frequencies--one time a week or more.⁹ (See Table 3.)

TABLE 3: Gender and Frequency of Alcohol Consumption

Item	Overall	Male	Female
How often in the last month did you drink alcohol?"			
Not at all	23.4	22.7	24.0
Once a month	16.8	11.6	20.9
2-3 x month	29.0	26.4	31.2
1-2 x week	22.3	24.3	20.6
3-4 x week	6.3	11.1	2.6
More often	2.2	3.9	0.8

Findings of alcohol use by gender were also part of the national survey cited earlier and are of potential interest¹⁰. The study indicated that, nationally, the thirty-day prevalence of alcohol use (any drink within the past thirty days) by full-time college females was 72.4%, while for non-college females was 58.6%. Among similar cohorts of *males* no such disparity was found. Full-time college females were also slightly more likely than non-college females to report thirty-day prevalence of *daily* use of alcohol, with 2.5% of college females and 1.9% of non-college females reporting daily use over the past thirty days. Although neither figure implies that females in college are more at risk for alcohol problems than females who are *not* in college, it does stand to reason that where more drinking is taking place, there is at least the *potential* for more alcohol-related problems.

Frequency: Legal and Illegal Drinking Ages

Underage drinkers were more likely than legal-aged drinkers to report not drinking at all, but about *as* likely as legal-aged drinkers to report drinking "once a month" or "2-3 times a month". Legal-aged drinkers were somewhat more likely than underage drinkers to report drinking once a week or more. What appears to be true from these data is that a large portion (67.4%) of the underage survey respondents engage in drinking practices that, according to Washington State law, are illegal. Furthermore, it appears from this large percentage of underage drinkers that state, local, and university restrictions on underage drinking ultimately pose no serious barrier to any student--regardless of age--desiring to drink. (See Table 4.)

⁹The Core is an alcohol and drug survey developed for specific use in institutions of higher education under a federal grant from the Department of Education's Fund for the Improvement of Post-Secondary Education. Between 1989 and 1991, the Core was administered to representative samples of students from 78 colleges and universities for a total of 58,625 students. Whenever Core data is discussed in this report, it refers to the analysis published on this 1989-1991 sample: Alcohol and Drugs on the American College Campus: Uses, Consequences, and Perceptions of the Campus Environment (1993) by Cheryl Presley, Philip Meilman, and Rob Lyerla, Core Institute Center for Alcohol and Drug Studies, Carbondale, Illinois.

¹⁰Ibid footnote #7, Johnston, O'Malley & Bachman

TABLE 4: By Age, Frequency of Alcohol Consumption

Item	Overall	18-20	21+
How often in the last month did you drink alcohol?"			
Not at all	23.4	32.6	17.0
Once a month	16.8	16.8	16.9
2-3 x month	29.0	27.2	29.8
1-2 x week	22.3	17.7	25.4
3-4 x week	6.3	5.2	7.3
More often	2.2	0.5	3.6

Alcohol Use: Quantities of Consumption

Four measures of quantity of consumption of alcohol will be discussed: typical drinking, peak drinking, binge drinking, and drinking to the point of alcohol poisoning.¹¹ A **typical** quantity of alcohol is defined as the amount a student would drink on any given Friday or Saturday night during the month. This measure has been used in a number of research studies and is considered a valid indication of the amount of alcohol students *generally* drink. Similarly, a **peak** quantity of alcohol is defined as the "most" a student has consumed in the past month. This measure yields an indication of the *high range* amounts of alcohol students consume. Together, the two measures of quantity of consumption--typical and peak--produce a comprehensive profile of the amount of alcohol students drink.

A third measure of consumption frequently cited in the literature is **binge drinking**. Binge drinking is operationally defined as the consumption of *five or more drinks in one sitting*.¹² Binge drinking is of particular concern to colleges and universities because it is frequently associated with residence hall damage, sexual assault, poor academic performance, and missed classes.¹³ Although drinking to the point of life-threatening alcohol poisoning differs among individuals based on height, weight, speed of consumption, drinking history, gender, etc., for the purpose of this study the threshold for **alcohol poisoning** will be considered drinking *7-8 drinks at one sitting*. Taking into account all the individual variables, drinking 7-8 drinks at one sitting generally will produce an average blood alcohol level of 0.15%-0.20%. Blood alcohol levels in that range begin to put the individual at risk for alcohol poisoning.

¹¹ Interpretation of findings that report the number of drinks consumed should be tempered by the fact that survey respondents were self-reporting; there was, in other words, no quantitative control over variables such as what individuals considered a "drink", nor any way of knowing if the reportees were keeping any kind of accurate count of the number of drinks they consumed.

¹² Presley, C.H. & Meilman, P.W. (1992). *Alcohol and Drugs on American College Campuses: A Report to College Presidents*. Carbondale, Illinois: Southern Illinois University. pg. 6.

¹³ *Ibid*, footnote #12, Presley & Meilman: p. 5.

Typical Quantity: General Findings

Over a third of the respondents (35.6%) reported typically consuming no alcohol at all during the previous month. This finding parallels a national trend demonstrated on the Core Survey where over one-third of all students sampled reported a preference for alcohol-free environments.¹⁴

For the remaining analyses of **typical quantity** drinking, only those survey respondents who reported *some* frequency of drinking were considered. In other words, approximately one-quarter of the sample, those who reported that they did not drink at all, were removed from the analysis. This was done so that the trends of *drinkers* could be assessed, since drinkers are the population that put themselves at potential risk of alcohol-related problems.

When survey respondents who indicated they did not drink at all were removed from analysis in order to have a better picture of the trends of respondents who chose to drink, it was found that nearly a third of respondents who chose to drink (31.3%) typically had reported having only 1-2 drinks. On the other hand, only a few less reported typically binge drinking (29.8%). This figure may be of some concern because binge drinking *is* so frequently associated with the abuses and excesses listed previously.

Typical Quantity: Year in School

By year in school, first-year and fourth-year survey respondents were the least likely to report typical binge drinking, while second- and third-year survey respondents were the most likely to report binge drinking. Typically drinking to the point of potential alcohol poisoning was reported by 15.1% of all survey respondents who reported any frequency of drinking. Again, second and third-year survey respondents were the most likely to report typically drinking to this self-endangering level of consumption. (See Table 5.)

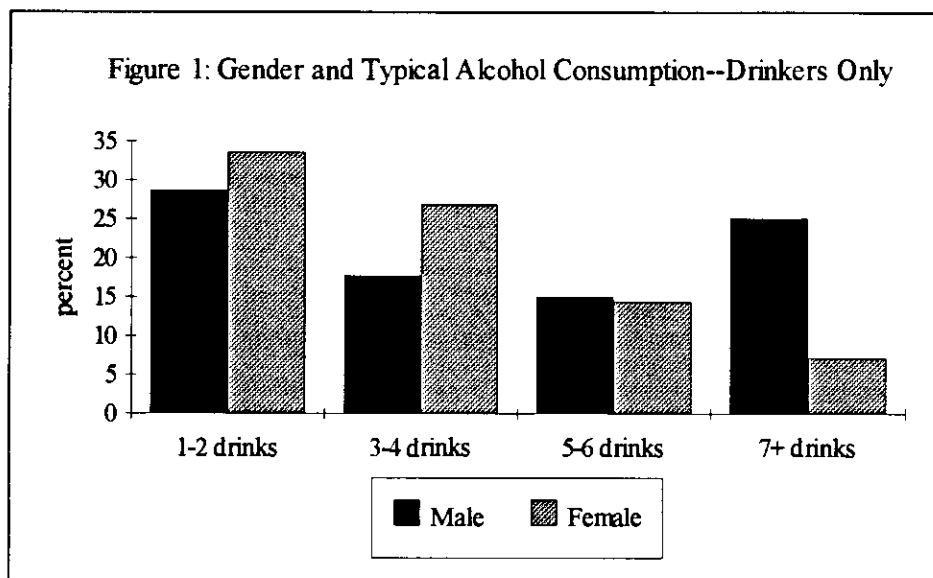
TABLE 5: Year in School and Typical Quantity of Alcohol Consumption--Drinkers Only

Item	Overall	1st Year	2nd Year	3rd Year	4th Year
On a given Friday or Saturday night, how much alcohol do you typically consume?"					
1-2 drinks	31.3	30.3	28.5	29.4	33.2
3-4 drinks	22.7	27.9	23.8	21.6	23.8
5+ drinks (binge drinking)	29.8	29.5	35.8	33.9	23.9
7+ drinks (potential alcohol poisoning)	15.1	14.7	21.2	17.8	11.1

¹⁴Ibid footnote #9, Presley, Meilman, & Lyerla: p. 8.

Typical Quantity: Gender

Although both men and women reported binge drinking on a given weekend evening, as quantities of consumption increased, males reported in higher percentages than females.¹⁵ This finding parallels data reported in the Core Survey where binge drinking is more common among men than women, especially at the highest levels of consumption.¹⁶ Among Western survey respondents, women keep pace with men at the "5-6 drink" level, but precipitously decline at the "7+ drinks". That a quarter (25.1%) of male survey respondents reported typical drinking at the level of potential alcohol poisoning is disturbingly high and consistent. (See Figure 1.)



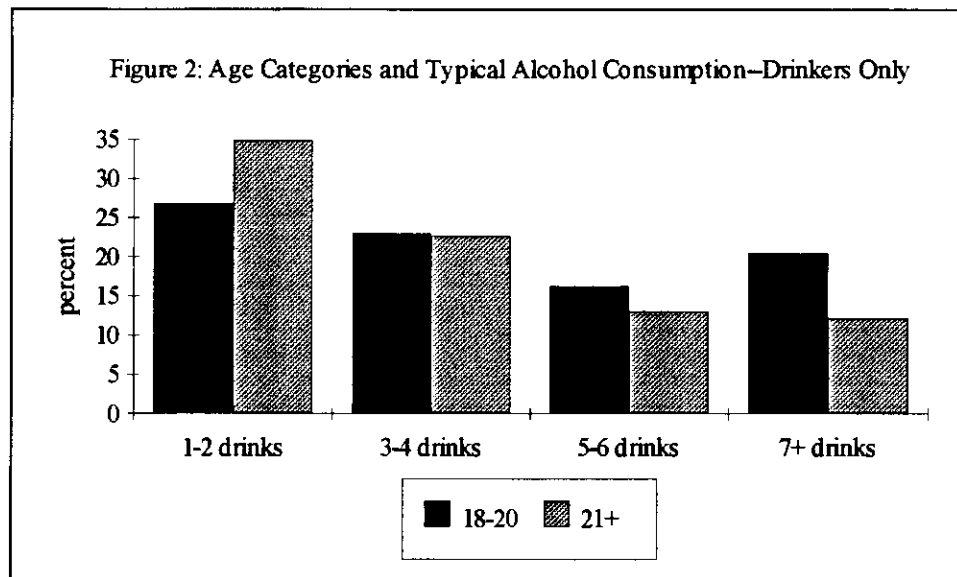
Typical Quantity: Legal and Illegal Drinking Ages

Typical quantity of alcohol consumption analyzed by age category indicated that under-age survey respondents were slightly more likely than legal-age respondents to report binge drinking, and quite a bit more likely to report drinking to the point of potential alcohol poisoning. This finding parallels Core Survey data where research showed that nationwide "substantially greater percentages of those under the legal drinking age are reporting binge drinking than older students."¹⁷ (See Figure 2.)

¹⁵Despite this finding, due to biological differences the relative risk to females students may be equal if not greater. The natural differences in fat distribution and hormonal levels, as well as the effects of birth control pills, contribute to the potential for females to reach higher blood alcohol levels than men—all other factors being equal (weight, number of drinks, rate of consumption). This finding paints an especially risky situation for females if they try to match the drinking rates of their male companions.

¹⁶Ibid, footnote #9, Presley, Meilman, & Lyerla: p. 14-15.

¹⁷Ibid, footnote #9, Presley, Meilman, & Lyerla: p. 68.



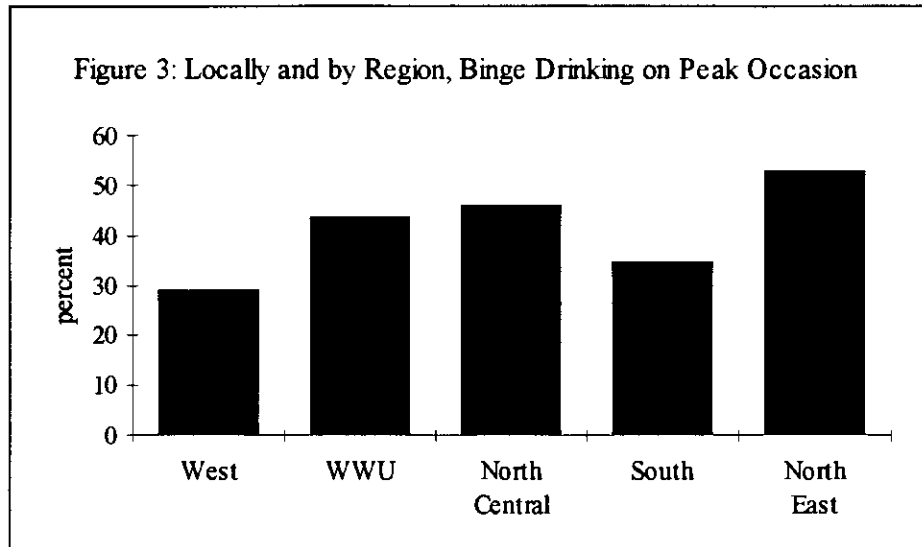
Alcohol Use: Peak Quantities of Consumption

Peak Quantity: General Findings

More problematic findings emerge in the *peak* quantities of alcohol consumption reported by survey respondents. Peak quantity alcohol use indicating a "binge" level of consumption were reported by 43.9% of the entire survey population, a figure essentially equal to national averages, yet startlingly higher than findings from a similar report at the University of Washington, where 29.5% of undergraduate respondents reported peak quantity alcohol use indicating a "binge" level of consumption.¹⁸ While University of Washington findings very nearly equal Core analysis of percent of peak occasion binge drinking in the western region of the United States, WWU data far exceeds these figures.¹⁹ Amplifying concerns was the finding that nearly a third (31.1%) of respondents at WWU reported binge drinking episodes that reached the level of potential alcohol poisoning. (See Figure 3.)

¹⁸Lowel, N. (1991). University Life and Substance Use Survey (91-4). Seattle, Washington: Office of Educational Assessment, University of Washington.

¹⁹See Appendix D for map of Core regional breakdowns.



Peak Quantity: Year in School

For the remaining analyses of peak quantity drinking, only those survey respondents who reported *some* frequency of drinking were considered. In other words, approximately one-quarter of the sample, those who reported that they did not drink at all, were removed from the analysis. This was done so that the trends of *drinkers* could be assessed, since drinkers are the population that put themselves at potential risk of alcohol-related problems.

For survey respondents reporting any frequency of drinking at all, fourth-year survey respondents reported the highest percentage of low drinking (1-2 drinks) on peak occasions, just slightly more than first-year respondents. Second- and third-year survey respondents reported the highest percentage of binge drinking, as well as the highest percentage of drinking to the point of potential alcohol poisoning. Yet the most alarming figure may be that for overall percentages of both binge drinking (57.2%) and drinking to the point of potential alcohol poisoning (40.6%). (See Table 6.)

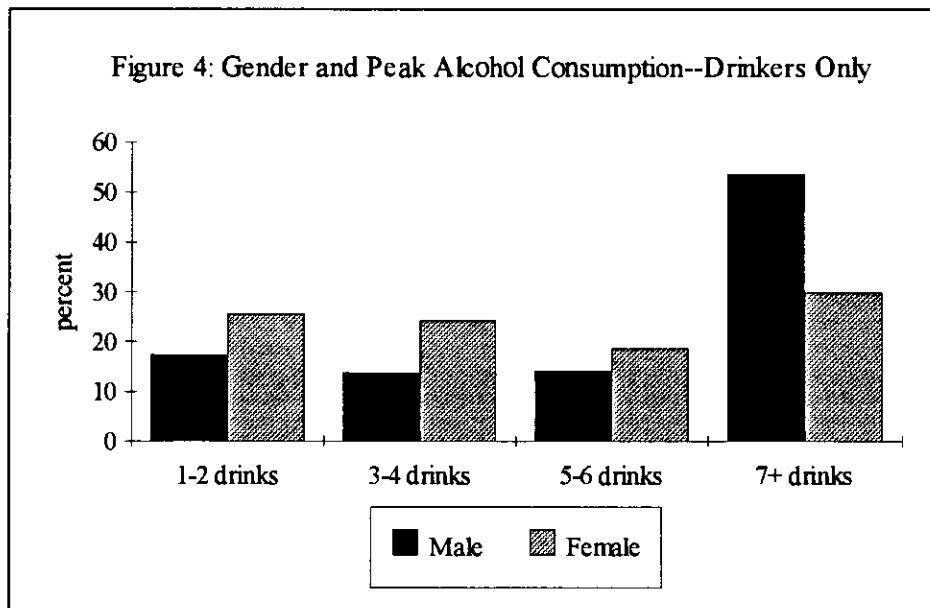
TABLE 6: Year in School and Peak Quantity Alcohol Consumption by Drinkers Only*

Item	Overall (n)	1st Year	2nd Year	3rd Year	4th Year
"Think of the occasion you drank the most this past month. How much did you drink?"					
1-2 drinks	21.9 (202)	22.8	19.8	19.0	25.0
3-4 drinks	19.6 (181)	19.6	18.5	18.7	19.3
5+ drinks (binge drinking)	57.2 (529)	57.6	61.6	60.7	54.3
7+ drinks (potential alcohol poisoning)	40.6 (375)	39.3	47.2	45.6	36.8

*total sample size (both drinkers and non-drinkers) = 1217

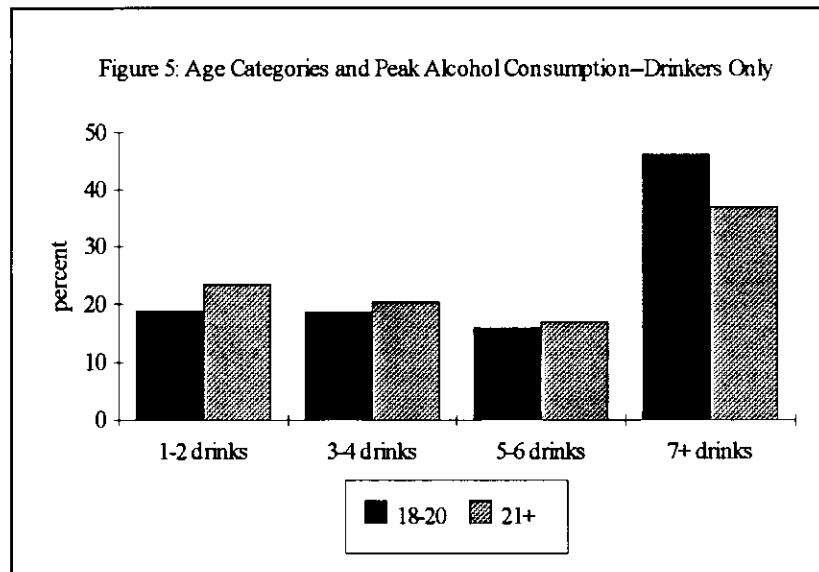
Peak Quantity: Gender

Peak quantity of alcohol consumption analyzed by gender indicated that females were more likely than males to report drinking at the "1-2 drink", "3-4 drink", and "5-6 drink" levels. Males, however, were much more likely than females to report drinking at the "7+ drinks" level (53.7% versus 29.9%). Yet even though in lower percentages than males, that nearly a third of females reported drinking at the alcohol poisoning level was of concern, primarily because of the biological factors mentioned earlier in this report. (See Figure 4.)



Peak Quantity: Legal and Illegal Drinking Ages

Analysis of peak quantity by age category indicated that while mostly age appears to have little impact on drinking trends, a slightly higher percentage of underage drinkers than legal aged drinkers reported drinking at the "7+ drinks" level. The theme of recurring importance would be that regardless of age, on peak occasions, survey respondents reporting any drinking at all drink at a very high level. (See Figure 5.)



Negative Effects Due to Alcohol Use

In order to quantify the occurrence of negative effects due to alcohol use, the WWU Lifestyles Survey utilized the Rutgers Alcohol Problem Inventory (RAPI). The RAPI contains twenty-five items measuring the negative effects of alcohol use, ranging from hangovers, missed work or school, arguments with family or friends, driving under the influence, etc. Survey respondents were asked to indicate whether in the last six months they had experienced each incident.

Negative Effects of Alcohol Use: Occurrence

With regard to whether or not respondents had experienced negative effects from alcohol, over half (63.9%) of the respondents had at least one alcohol-related negative consequence in the past six months and over a quarter (26.5%) had six or more negative effects. From the twenty-five prompts on the RAPI, ten prompts representing those with the highest percentage of respondents indicating one or more occurrences were chosen to present. The top three negative effects reported by the survey respondents included "drove shortly after having more than 2 drinks," "noticed a change in your personality," and "neglected your responsibilities." (See Table 7.)

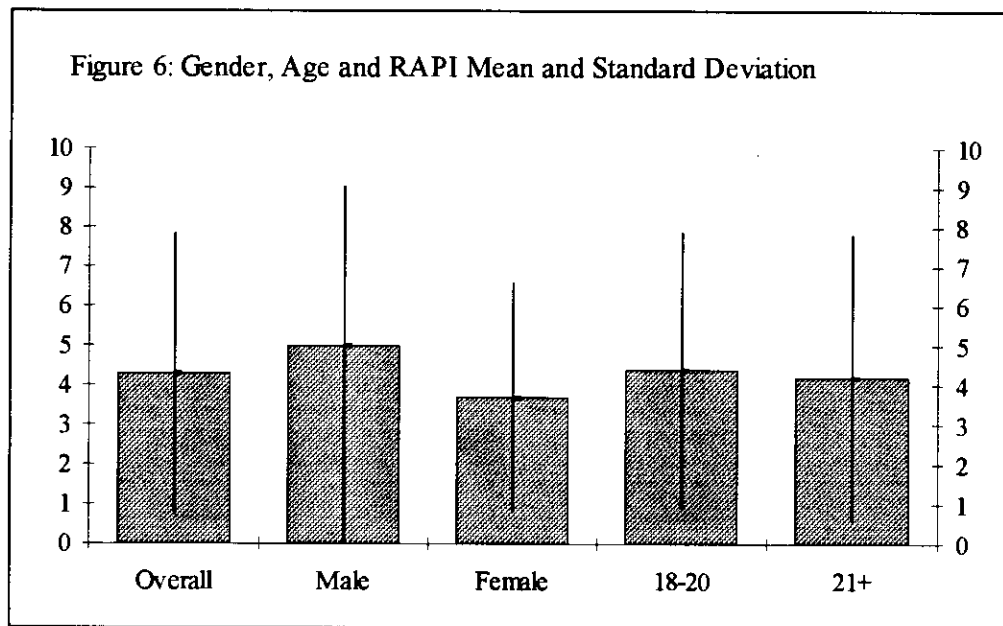
TABLE 7: Occurrence of Negative Alcohol Effects

Item	Never	1-2 times	3-5 times	5-10 times	10+ times
"How many times has each happened to you during the past six months?"					
Drove shortly after having more than 2 drinks	64.4	20.2	7.7	2.7	5.0
Noticed a change in your personality	73.0	20.4	4.2	0.9	1.5
Neglected your responsibilities	73.7	20.1	4.3	1.1	0.7
Drove shortly after having more than 4 drinks	79.2	12.6	3.5	1.8	2.9
Missed a day or part of a day of school or work	80.4	14.5	3.9	0.8	0.4
Had a fight, argument or bad feelings with a friend	80.9	15.6	2.7	0.8	0.1
Caused shame or embarrassment to someone	81.1	16.5	1.6	0.5	0.4
Tried to cut down or quit drinking	82.5	14.1	2.3	0.7	0.5
Not able to do your homework or study for a test	83.3	13.2	3.0	0.1	0.4
Passed or fainted suddenly	86.5	10.8	1.9	0.5	0.3

Negative Effects of Alcohol Use: Severity

In order to measure severity of negative effects of alcohol use, each RAPI item asked survey respondents to indicate how often each negative effect has occurred in the past six months using the following scale: never, 1-2 times, 3-5 times, 6-10 times, and over 10 times. This scale was then assigned values from 0 (never) to 4 (more than ten times). Scores were tallied and averaged, resulting in a mean score, called in this report the RAPI Mean. This RAPI Mean does not present an exact number of incidents. It is, rather, a synthesized figure to use for comparison of severity. One other measure, the standard deviation in RAPI Mean scores, was utilized to reflect the variability in experience (from 1 occurrence of an incident to more than 10) which was considerable in all categories.

The overall RAPI Mean arrived at was 4.3. For females the RAPI Mean was 3.7. For males the RAPI Mean was 5.0. These figures suggest that the severity of negative effects due to alcohol use may be more prevalent among males than females. These findings are particularly disturbing when looked at in the light of the correlations between RAPI Mean scores and alcohol-problem severity on other measures. For example, a RAPI Mean score of 5.0 or higher is usually indicative of more troublesome alcohol problems meeting criteria for alcohol abuse as outlined in the Diagnostic and Statistical Manual of Mental Disorders III R (American Psychiatric Association, 1987). (See Figure 6.)



Perceived Risks versus Actual Occurrences of Negative Alcohol Effects

In an attempt to understand students' perceptions of alcohol-based problems with actual occurrences of alcohol-based problems, findings from two sections of the survey were utilized. The first, the Rutgers Alcohol Problem Inventory (RAPI), measures the number and severity of alcohol-related problem behaviors. The second, the Assessment of Perceived Risks of Alcohol (APRA), measures the personal perception of the likelihood of risks related to alcohol use while in college. Questions from these independently-developed instruments were included on the WWU Lifestyles survey. Both produced useful information. However, as separate instruments, not all the prompts matched up exactly enough to draw direct comparisons. Yet a number of prompts did match up well enough that reporting them in a comparative fashion seemed beneficial to the inquiry of perceived risk versus actual occurrence.

Here is what the two instruments measure: 1) the APRA score is the percentage of survey respondents indicating *any* likelihood of experiencing a given negative effect during the ensuing four years at the time of responding to the survey; 2) the RAPI score is the percentage of respondents indicating even *one* occurrence of a given effect during the six months prior to taking the survey. As with the RAPI Mean, the percentages utilized offer a comparative tool, but not definitive findings as to the complexity or severity of each effect listed.

Notwithstanding the caveats, the findings suggest there may be a discrepancy between the perceived likelihood of the negative effects of alcohol use and the actual reported occurrences of them. In all but one of the seven prompts compared, the percentage of occurrence is higher than the percentage of perceived risk. Of particular relevance to the academic mission of university life are the discrepancies found for

negative academic consequences due to alcohol-related effects. Three prompts covered academic issues particularly (missing classes, attending classes on drugs or alcohol, and not being able to finish assignments/homework). In each, the percentage of actual occurrence was nearly double and sometimes nearly treble that of perceived risk. These findings suggest that perception of vulnerability to negative alcohol effects may differ enough from actual occurrences of negative alcohol effects to pose a threat to students' academic success and persistence. (See Table 8.)

TABLE 8: Perceived Risks versus Actual Occurrences of Negative Alcohol Effects

<i>APRA</i>	<i>RAPI</i>	<i>Percentage indicating any likelihood of experiencing this effect during the next four years (APRA)</i>	<i>Percentage indicating even one occurrence of effect during the past six months (RAPI)</i>
<i>Develop tolerance to alcohol (need more alcohol for the same effect).</i>	Felt that you needed more alcohol than you used to use in order to get same effect.	19.6	17.4
<i>Miss class due to hangover.</i>	Missed a day or part of a day of school or work.	12.0	19.6
<i>Attend class after drinking.</i>	Went to work or school high or drunk.	3.1	7.2
<i>Unable to complete assignments on time due to drinking.</i>	Not able to do your homework or study for test.	4.3	16.7
<i>Cause shame or embarrassment to someone due to drinking.</i>	Caused shame or embarrassment to someone.	10.3	18.9
<i>Develop a drinking problem.</i>	Felt that you had a problem with alcohol.	3.1	10.6
<i>Become an alcoholic.</i>	Felt physically or psychologically dependent on alcohol.	2.8	5.5

Motivation to Change Personal Drinking Habits

The majority of survey respondents (82.9%) did not feel that their drinking habits needed changing. Inversely, 12.8% of respondents thought they might want to change their drinking habits. Only very small numbers of respondents, however, indicated that they were doing anything to change their drinking habits: 3.0% indicated they were working hard to change, and 4.6% indicated they were actively trying to change. (See Table 9.)

TABLE 9: Assessment of Personal Drinking Habits

Item	Agree or strongly agree	Undecided	Disagree or strongly disagree
"Indicate the extent to which you tend to agree or disagree with each statement."			
As far as I'm concerned, my drinking does not need changing.	82.9	7.4	9.7
I've been thinking that I might want to change my drinking habits.	12.8	9.8	77.4
I am really working hard to change my drinking habits.	3.0	4.8	92.2
I have problems with alcohol and I really think I should work on it.	2.4	3.7	94.9
I wish I had more ideas on how to change my drinking habits.	3.2	6.7	90.1
I am actively working on changing my drinking habits.	4.6	4.2	91.1

Only 5.5% of respondents indicated that they had ever sought help for alcohol and drug-related problems while on campus. Nearly three-quarters (70.9%) reported that they are aware of campus policies and programs, but only 6.4% indicated that they had modified their substance use because of these programs or policies.

Drug Use

Although a quarter of survey respondents indicated some use of marijuana, very few indicated regular usage--less than five percent used marijuana once or twice a week or more. Use of cocaine was negligible, with only 2.2% of respondents reporting any use whatsoever, and most of that figure being less than once a month. Use of LSD was reported in slightly higher percentages than cocaine (7.8%); but again there was scant indication of any regular usage.

Drug use at Western parallels national collegiate rates as reported in the Core Survey. In the overall findings on the Core, 26.4% reported using marijuana, with only 5.5% indicating use once a week or more. Regarding cocaine, 5.2% of students nationwide report use with a scant 0.4% using at the rate of once a week or more. LSD and other hallucinogen use was reported by 4.9% of the Core sample with most of those indicating use once or twice a year. As at Western, nationwide, alcohol remains the drug of choice of college students. (See Table 10.)

TABLE 10: Drug Use

Item	Never	< once a month	Once a month	2-3 times a month	1-2 x week or >
"During the past six months, how often have you used:"					
Marijuana	74.6	13.7	3.2	4.0	4.5
Cocaine (crack)	97.7	2.0	-	-	0.2
LSD	92.2	6.1	0.6	0.9	0.2
Other	92.0	5.6	0.5	0.7	1.3

Alcohol/Drugs and Sex

"Sex under the influence" is a term designed to indicate the risks involved in the interaction between drinking and sexual activity. Studies on college students' sexual practices indicate that students who might commit to protecting themselves and their partners while sober often will engage in unsafe, unprotected sex when drinking.²⁰ Secondly, alcohol and drugs contribute to the human error involved in much condom failure. Lastly the intersection between alcohol and sex is often the territory of unwanted or regretted sex, not the least of which is acquaintance or date rape.²¹

The WWU Lifestyles Survey contained several categories of questions designed to investigate the connection between alcohol, other drugs, and sexual activity among respondents. The following data summarizes the key findings from those questions.

Level of Sexual Activity

Overall, 66.5% of all respondents reported that they had sexual intercourse in the past six months. If survey respondents indicated that they had had sexual intercourse in

²⁰Butcher, A.H., Manning, T. & O'Neal, E.C. (1991). "HIV-Related Sexual Behaviors of College Students." Journal of the American College Health Association. 40 (3): 115-118.

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²¹Koss, M.P., Gidycz, C.A. & Wisniewski, N. (1987). "The Scope of Rape: Incidence and Prevalence of Sexual Aggression and Victimization in a National Sample of Higher Education Students." Journal of Consulting and Clinical Psychology. 55 (2): 162-170.

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the past six months, they were asked with how many different people.²² For this cohort, 76.2% of females and 67.4% of males indicated they had had sexual intercourse with only one partner, 15.0% of females and 19.5% of males indicated two partners, and 8.8% of females and 13.1% of males indicated three or more partners.

Sex Under the Influence

When asked "If you have had sexual intercourse over the past six months, on what percentage of those occasions were you drinking alcohol?", the highest percentage of respondents reported they did not drink at all (44.0% of males and 49.3% of females). Within the range "10-40% of occasions", 39.3% of male and 43.4% of female respondents reported that they drank. Within the range of "50% or more of occasions", 12.7% of male and 7.5% of female respondents reported that they drank. As would be expected because of the low response rate to question pertaining to drug use, very small percentages of respondents reported having sexual intercourse while under the influence of marijuana or other drugs.

Referring to the most *recent* occasion of sexual intercourse, respondents reported that 16.4% had been under the influence of alcohol; 3.3% had been under the influence of marijuana of some other drug.

Protected Sex/Perception of Risks

When asked about condom use during sexual intercourse over the past six months, 44.0% of survey respondents indicated that they never used condoms. And while 56.0% of survey respondents indicated that they had used condoms at least occasionally, only 24.7% reported that condoms had been used regularly and consistently. When asked about the most *recent* occasion of sexual intercourse, 62.2% of respondents reported that they had *not* used a condom.

When asked to what extent they saw themselves at risk of HIV infection, 89.5% indicated they were "not at risk at all", or "at low risk". Percentages measuring perception of risk of HIV infection were about the same for male and female respondents. When asked to what extent they saw themselves or their partners at risk of pregnancy, 87.2% indicated they were "not at risk at all", or "at low risk". Again, percentages measuring perception of risk of pregnancy were about the same for male and female respondents.

Unwanted Sex

When asked, "In the past year have you had sexual intercourse with someone when you didn't really want to?", 14.7% of male and 21.5% of female respondents reported unwanted sexual intercourse. When asked if they'd been consuming alcohol when the

²²Although survey respondents were asked *not* to respond to the question about partners if they had already indicated they had not had sexual intercourse in the past six months, approximately fifty, or about 6% of the total number of respondents answering the question, did so anyway.

unwanted sexual intercourse occurred, 11.1% of males and 14.1% of females reported they had been drinking.

When asked, "In the past year, have you had sexual intercourse with someone when the other person didn't really want to?", 7.7% of female and 10.0% of male respondents reported having sexual intercourse with someone who had been unwilling. When asked if *they* had been consuming alcohol on such an occasion(s), 2.2% of female and 3.5% of male respondents reported that they had been drinking. When asked if the *other person* had been drinking on such an occasion(s), 2.7% of female and 3.3% of males respondents reported that the other person had been drinking, too.

Summary of Major Findings

In order to make readily available to readers of this report information that may be of particular interest to them, the following bulleted list of major findings has been included. Many of the findings presented below will also be found in narrative form in the Summary and Discussion of Implications section immediately following.

- *Non-Drinking Minority:* A sizable minority of students--nearly a quarter or 23.4%--reported not drinking at all during the previous month.
- *Frequency and Class Standing:* First-year students are the most likely to report "not drinking at all" (40.5%). Fourth-year students were the least likely to report "not drinking at all" (15.7%).
- *Frequency and Gender:* Although nearly equal percentages of male students and female students report that they drank during the previous month, males were more likely to report drinking at the higher-use frequencies of "once a week or more" and females at the lower-use frequencies of "two to three times a month or less."
- *Regarding Under-age Drinkers:* A substantial percentage (69.4%) of underage drinkers reported drinking at least once in the previous month, and in all categories measuring binge drinking, underage students reported in equal to greater percentages than legal-aged respondents.
- *Typical Binge Drinking:* Regarding binge drinking as a *typical* drinking style, 29.8% of respondents reporting any frequency of drinking whatsoever reported typically binge drinking on a given weekend evening. Both males and females typically binge drink, but the frequency and the quantity of binge drinking was higher for males.
- *Peak Binge Drinking:* Regarding binge drinking as a peak occasion during the previous month, 57.2% of respondents reporting any drinking at all reported binge

drinking on a peak occasion. When utilizing the entire population of survey respondents (even those who report no frequency of drinking at all), the percentage of students reporting binge drinking was 42.7%, which slightly exceeds the national peak occasion binge drinking percentage as reported on the Core (41.8%) and far exceeds the Core regional analysis of peak occasion binge drinking for the western region of the United States (29.2%).

- *Binge Drinking and Class Standing:* Of respondents reporting any frequency of drinking whatsoever, over half of first- and fourth-year students reported binge drinking during a peak occasion in the previous month, while slightly more--nearly two-thirds--of second- and third-year students reporting binge drinking on a peak occasion in the past month.
- *Binge Drinking and Gender:* Of respondents reporting any frequency of drinking whatsoever, males reported drinking at the "highest risk" quantities, with 53.7% reporting drinking to point of potential alcohol poisoning on their peak occasion.
- *Occurrence of Negative Alcohol Consequences:* Nearly two-thirds of survey respondents reported at least one alcohol-related problem in their lives in the last six months; a quarter reported the presence of five or more negative consequences of alcohol use.
- *Frequency of Negative Alcohol Consequences:* Among the most frequently occurring negative alcohol effects reported by students were: (a) driving shortly after having two or more drinks; (b) noticed a change in personality; (c) neglected responsibilities; and (d) drove shortly after having four or more drinks.
- *Perception of Vulnerability to Negative Alcohol Consequences:* Students' perception of vulnerability to the negative effects of alcohol may differ enough from the actual occurrence of academically-related negative effects as to pose a threat to academic success and persistence. The percentage of actual occurrence of (a) missing classes due to a hangover, (b) attending classes while on drugs and alcohol, and (c) unable to finish homework and assignments due to drinking was nearly double or treble that of the respondents perceived personal risk of those effects.
- *Severity of Negative Alcohol Consequences:* The severity of alcohol-related problems among all respondents received a RAPI Mean--a statistically symbolic score permitting comparison--of 4.2. The RAPI Mean for females was 3.7, and for males 5.0. A RAPI Mean of 5.0 or higher is usually indicative of alcohol abuse as described in the DSM III-R of the American Psychiatric Association.
- *Motivation to Change Drinking Behavior:* Motivation to change personal drinking habits among respondents was low, with 82.9% reporting that they do not feel their drinking patterns need changing. Only 5.5% indicated that they had ever sought help for a drinking problem.

- *Drug Use:* Although a quarter (25.4%) of respondents reported some use of marijuana, there is scant evidence of regular use of it or any other drug on campus.
- *Regretted Sexual Activity and Alcohol (as victim):* When asked, "In the past year have you had sexual intercourse with someone when you didn't really want to," 14.7% of male respondents and 21.5% of female respondents reported "yes." When asked if they'd been consuming alcohol when the unwanted sexual intercourse occurred, 14.1% of females and 11.1% of the males reported they had been drinking when the unwanted sex occurred.
- *Regretted Sexual Activity and Alcohol (as perpetrator):* When asked, "In the past year, have you had sexual intercourse with someone when the other person didn't really want to," 10.0% of male and 7.7% of the female respondents said "yes." When asked if *they* had been consuming alcohol on such an occasion(s), 2.2% of female and 3.5% of male respondents reported that they had been drinking. When asked if the *other person* had been drinking on such an occasion(s), 2.7% of female and 3.3% of males respondents reported that the other person had been drinking, too.

Summary and Discussion of Implications

Summary

This report compiles and analyzes the results of a survey of Western Washington University (WWU) students regarding their use of alcohol and drugs, the consequences of using, and motivation to change patterns of use. The survey was conducted as a collaborative project between the Office of Institutional Assessment and Testing, the Primary Prevention/Wellness Center of Counseling and Health Services, and Dr. G. Alan Marlatt, Director of the Addictive Behaviors Research Center at the University of Washington. Questionnaires were sent to a randomly selected, representative sample of 2500 students enrolled at WWU during spring quarter, 1992. Completed questionnaires were received from 1217 students for a return rate of nearly fifty percent. The survey responses were weighted for analyses to give male responses fractionally higher importance than female responses because females were over-represented in the sample. Additionally, to reflect Washington State drinking laws, two age categories were utilized: students under the age of 21 and students 21 years old and over. It should be noted, however, that because only currently enrolled students completed the survey, findings may not reveal all the important nuances of drinking behaviors at WWU. As Simpson and Trimble found, students with the most serious alcohol problems at WWU often leave school before ever getting to the junior or even sophomore year.²³

²³Ibid, footnote #5.

Survey findings determined that over three-quarters of the students who responded to the survey reported that they drank alcohol during the previous month. Nearly half reported drinking two to three times a month or less. First-year students were the largest group to report non-drinking, but there was little difference in frequency of consumption by class standing.

Analysis by gender, however, indicated important differences in the way males and females drank. For instance, although over three-quarters of both male and female survey respondents reported drinking at least once a month, nearly five times more men than women reported drinking at the highest-use frequencies of "three or four times a week" or "more than three or four times a week."

It was found, as well, that over two-thirds of the underage survey respondents reported engaging in drinking practices that, according to Washington state law, are illegal. The data on underage drinking at WWU suggests that state, local, and university restrictions ultimately pose no serious barrier to students under the age of 21 desiring to drink.

The percentage of survey respondents reporting binge drinking--that is, five or more drinks at one sitting being the amount a student would *normally* or *typically* consume on any given weekend night--appeared to be of particular concern to WWU. When utilizing the entire survey population (i.e., even those respondents who reported *no* frequency of consumption), 21.6% of the survey respondents reported typically binge drinking. Even more problematic is the 42.7% of survey respondents who reported "peak quantity" binge drinking--that is, five or more drinks at one sitting as the *most* or *highest* amount consumed in the previous month. While the percentage of peak binge drinking reported by WWU students essentially equals the national average of peak binge drinking reported in the Core Survey (41.8%), it is much higher than findings at the University of Washington, where 29.5% of undergraduate respondents reported peak quantity alcohol used indicating a "binge" level of consumption, as well as higher than percentages reported in the western and southern regions of the United States.

Analysis of consumption patterns of WWU survey respondents by gender showed that females were more likely than males to report moderate drinking patterns on both typical and peak occasions. Yet females also reported typical binge level drinking (5-6 drinks) at nearly the identical percentage of that for males. At consumption levels leading to potential alcohol poisoning (the amount of alcohol needed to produce an average blood alcohol level of 0.15% to 0.20%, functionally defined as 7-8 drinks at one sitting), male respondents reported in much higher percentages than females on both typical and peak occasions. However, while males may be placing themselves at a considerable alcohol-induced health risk, females may still be at more risk. Due to the biological differences between males and females (fat distribution, hormonal levels, effects of birth control pills, etc.), females tend to reach higher blood alcohol levels than males. Thus, when other factors are equal (weight, speed of consumption, drinking history, etc.), even though the

percentage of female respondents who reported the heaviest amounts of consumption was lower than that for male respondents, the relative risk to females may be equal if not greater than to males.

Of respondents reporting any frequency of drinking whatsoever, both the *typical* and *peak* quantity alcohol consumption levels for underage and legal-aged survey respondents were similar. Legal-aged drinkers were slightly more likely to report drinking at the 1-2 drink level; percentages were nearly equal at the 3-4 and 5-6 drink level; while underage drinkers were somewhat more likely than legal-aged drinkers to report drinking to the point of potential alcohol poisoning. At WWU, as throughout the country, higher numbers of those *under* the legal drinking age are reporting consumption at the binge level and higher.

With regard to whether or not respondents had experienced negative effects from alcohol, nearly two-thirds of the respondents had at least one-alcohol-related negative consequence in the past six months and over a quarter had six or more negative effects. The most frequently reported negative outcomes of drinking alcohol included drinking and driving, personality changes, neglected responsibilities, missing classes or work, fighting with friends, causing shame or embarrassment, and inability to do homework or study for a test. With regard to the severity of alcohol-related problems, a RAPI Mean score of 4.2 was found among the overall population of respondents. The RAPI Mean for females was 3.7 and for males 5.0. A RAPI Mean of 5.0 or higher is usually indicative of alcohol abuse as described in the DSM III-R of the American Psychiatric Association.

Among respondents who had sexual intercourse in the past six months, over half of all respondents reported they had been drinking on at least some of those occasions. Of the 14.7% of males and 21.5% of females who reported that they had sexual intercourse *when they did not want to*, 14.1% of females and 11.1% of males reported that they were drinking when the unwanted sex occurred. Of the 10.0% of males and 7.7% of females who reported that they had sexual intercourse with someone *when the other person did not want to*, 3.3% of males and 2.7% of females reported that they were drinking when the unwanted sex occurred.

When comparing survey respondents' *perception* of personal risk for alcohol-based against *actual occurrences* of alcohol-based problems findings suggested there may be a discrepancy between perceived likelihood of negative effects of alcohol use and actual reported incidence of them. Of particular relevance to the academic mission of university life are the discrepancies found for negative academic consequences due to alcohol-related effects. The percentage of actual occurrence of "missing classes", "attending classes on drugs or alcohol", and "not being able to finish assignments/homework" was nearly double and sometimes treble that of perceived risk. These findings suggest that perception of vulnerability to negative alcohol effects may differ enough from actual occurrences of negative alcohol effects to pose a threat to students' academic success and persistence.

The majority of survey respondents (83.5%) did not feel that their drinking habits needed changing and very few indicated that they were doing anything to change their drinking habits: 2.9% indicated they were working hard to change and 4.5% indicated they were actively trying to change. Similarly, only 5.5% of respondents indicated that they had ever sought help for alcohol-related problems while on campus. Moreover, while nearly 70.9% of survey respondents reported that they were aware of campus alcohol and drug policies and programs, only 6.4% indicated that they had modified substance use because of these programs or policies.

At Western and nationwide, alcohol remains the drug of choice of college students. Although 25.4% of survey respondents indicated some use of marijuana, very few indicated regular usage. Likewise, very few respondents reported even occasional use of LSD (7.7%) or cocaine (2.2%), with even smaller percentages reporting any regular use.

Implications.

Three patterns of alcohol use emerge from the survey data. First, Western is an environment where a sizable number of respondents report no-to-low drinking norms. Nearly a quarter of the respondents (23.4%) reported not drinking at all during the previous month. Second, *among survey respondents reporting any frequency of drinking whatsoever* (76.6% of all survey respondents), about a third reported typical drinking patterns best described as moderate, drinking an average quantity of two to three drinks, generally on a weekend evening, about two to three times a month. Yet for drinkers a third pattern emerged, a pattern that included the following observations:

- nearly a third of drinkers (29.8%) indicated that on *typical* occasions they binge drank (5+ drinks), a figure only slightly lower than the percentage indicating that on typical occasions they drank only 1-2 drinks (31.3%);
- most drinkers (57.2%) indicated that on *peak* occasions they binge drank;
- many drinkers (15.1%) indicated that on *typical* occasions they drank to the point of potential alcohol poisoning (7+ drinks);
- a considerable percentage of drinkers (40.6%) indicated that on *peak* occasions they drank to the point of potential alcohol poisoning

Such findings, in spite of the presence of many respondents with low to moderate drinking norms, indicate the widespread use of alcohol at Western, use that may produce an environment of substantial social and academic risk for Western students. This risk may be especially critical to the substantial percentage of students under the legal drinking age who reported on the survey that they drank with some degree of frequency (67.4% of the *overall* population of underage students).

Besides underage drinkers, other students at high potential risk are (a) the substantial numbers reporting typical and peak incidence of binge drinking, (b) males who report drinking to the point of potential alcohol poisoning²⁴, (c) women who report keeping pace with their male drinking companions in spite of reaching higher blood alcohol levels quicker, and (d) the large percentage of respondents whose perceived level of personal risk for negative academic outcomes was two to three times lower than the actual occurrence of these negative academically-related consequences.

The results clearly show that while 70.9% of survey respondents reported awareness that Western has initiated an institutional response in the form of policies, residence system rules, educational programs, and individual help from trained personnel, the motivation to change was exceptionally low and the perceived influence of the institutional response was scant. Only 5.5% of respondents indicated they had ever sought help for alcohol-related problems while on campus.

The manner in which colleges and universities like Western respond to the alcohol predicament on campus imparts educational lessons to students and sends strong messages about institutional values. The data in this report raise issues about those values, as well as the direction and effectiveness of the educational lessons imparted to students. Moreover, the data have stimulated important institutional questions and conversations regarding Western's response to what college presidents, in a recent Carnegie foundation survey, classified as the campus life issue of their greatest concern. (See Appendix A.)

²⁴Of males reporting any frequency of drinking whatsoever, 53.7% reported drinking seven or more drinks at one sitting on their peak occasion in the last 30 days--a rather alarming figure.

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Appendix A:
A Comprehensive Plan to Combat
Student Alcohol Abuse, Including Underage Drinking,
for Western Washington University

**A Comprehensive Plan
To Combat Student Alcohol Abuse, Including Underage
Drinking,
for Western Washington University**

**submitted to the
Higher Education Coordinating Board
January 1, 1994**

**Copies to the
House of Representatives Committees on Commerce and Labor and Higher
Education
and
Senate Committees on Labor and Commerce and Higher Education**

Western Washington University's Comprehensive Plan was developed through the collaboration of a number of individuals and offices, and was reviewed by representatives of staff, students, faculty and the community. Those participating were:

Nathan Church, Director, Counseling, Health and Wellness Services
Pat Fabiano, Assistant Director, Primary Prevention and Wellness Services
Emily Gibson, Assistant Director, Health Services
Michael King, Assistant Director, Counseling Services
Don Giddings, Emergency Mental Health Professional
Elva Giddings, Alcohol and Other Drugs Assessment
Doug Gill, Chief, University Police
Mike Shea, Director, Human Resources
Connie Copeland, Conduct Officer
Michael Bartosch, Director, Residence Life
Ericka Carlson, Associated Students Drug Information Center
Evelyn Ames, Faculty
Jim DeGolier, Executive Director, STAR (Straight Talk About Responsibility)

C O N T E N T S

Introduction

Comprehensive Plan for Combating Student Alcohol Abuse and Underage Drinking

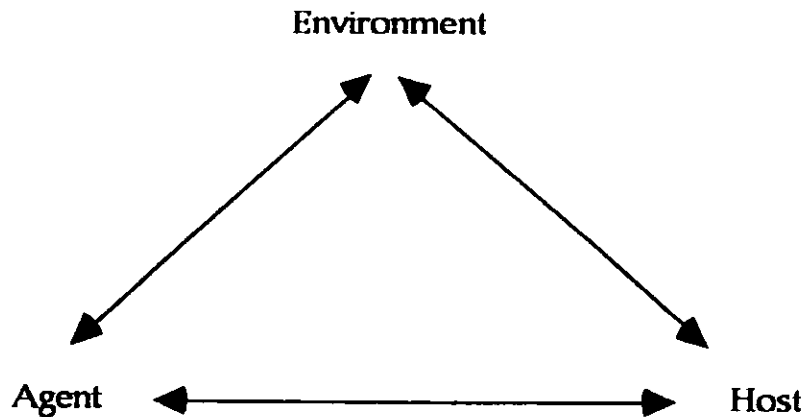
- In-Place Institutional Strategies for Combating Student Alcohol Abuse and Underage Drinking
- Institutional Strategies In Need of Development for Combating Student Alcohol Abuse and Underage Drinking

Appendices/Attachments

Introduction.

In compliance with the letter and spirit of Substitute House Bill 1082 and Substitute Senate Bill 1083, Western Washington University (WWU) will develop, implement, and evaluate the effectiveness of a comprehensive plan to combat student alcohol abuse, including underage drinking. WWU's plan anticipates improved success in reducing the incidence of student alcohol abuse both on and around campus because it is based on the *public health model* which sees both *individual students who drink* and the environments *in which they drink* as the targets for major interventions. (See Figure 1.)

Figure 1: The Public Health Model



Leaders in the alcohol abuse prevention field have found that the public health model presents an effective "systems approach" to combating student alcohol abuse, including underage drinking, because it addresses not only the problems of individual students who abuse alcohol but also the policies, rules, and normative behaviors of the environments in which in they drink. The public health model, when applied to student alcohol abuse and underage drinking, is concerned with the *interrelationships* among:

- **Host:** Individual students who are vulnerable to the harmful effects of the agent, or from a systems perspective, organizations, groups, communities, or cultures that are vulnerable to the harmful effects of the agent. These "host systems"

might include students living in university residences, athletes, student organizations, etc.

- Agent: Alcohol, or any substance, which is capable of causing physical, interpersonal, emotional, cognitive, spiritual, social, economic and educational harm to individual people (hosts).

- Environment: Settings in which individual students and alcohol are found. These might include student residences, sporting facilities, bars, restaurants, community gatherings, private residences.

WWU's comprehensive plan to combat student alcohol abuse, including underage drinking, will be based on the public health model and will utilize four major strategies of that model. Two strategies of the public health model (secondary prevention and tertiary prevention) focus on resolving the problems of individual students who abuse alcohol and/or who are underage drinkers. Two other strategies (primary prevention and health promotion) will address the issues of the environments in which students make the decision to use or abuse alcohol and the environments in which alcohol is served and consumed by students.

Prior to the initiation of Substitute House Bill 1082 and Substitute Senate Bill 1083, WWU has long been dedicated to measuring the occurrence and the impact of alcohol abuse on campus and to supporting institutional efforts to reduce and eliminate abuse. On April 12, 1991, WWU's Board of Trustees adopted policies and procedures concerning the institution's stance on alcohol and other drugs (see Appendices) which affirms Western's commitment to providing a "...substance abuse-free lifestyle for students, faculty and staff...(holding) this value in support of academic excellence, work performance and quality of life..."

Although WWU does not have a Greek system with fraternities and sororities, the university is committed to complying with both the letter and spirit of this legislation. Western has developed this comprehensive plan, not just in response to legislative action, but also because we believe the plan is an important step in preparing an environment which will foster learning. The absence of a Greek system does not imply that WWU is immune from the problems of student alcohol abuse and underage drinking. In fact, a recent survey of over 1,200 students showed that in spite of the presence of many respondents reporting no, low, and moderate drinking norms, widespread use of alcohol and its consequent negative outcomes--especially for those who are underage drinkers--produces an alcohol environment with substantial social and academic risk for WWU students (WWU Lifestyle Project Survey, 1992).

WWU understands that the manner in which Washington state colleges and universities respond to the alcohol dilemma on their campuses imparts educational lessons to students and sends strong messages about institutional values. Therefore, WWU commits to a comprehensive institutional plan to combat student alcohol abuse and to decrease underage drinking. Because WWU is a 1993 recipient of a Department of Education Fund for the Improvement of Post Secondary Education (FIPSE) institutional-wide grant for the reduction of alcohol abuse on campus, the University is optimally positioned to begin focused work on implementing and evaluating the plan currently being submitted to the legislature.

The Comprehensive Plan

A comprehensive institutional plan to combat student alcohol abuse and decrease and eliminate underage drinking follows. The plan is divided into four sections:

- Part I, public health promotion strategies,
- Part II, primary prevention strategies,
- Part III, secondary prevention strategies, and
- Part IV, tertiary prevention strategies.

Components of the comprehensive plan that are currently in place will appear first. Action strategies which need further institutional development follow with an expected target date of implementation.

PART I

Health Promotion

To develop positive environments where students making choices not to abuse alcohol or to drink illegally are supported in their choices.

Strategies Currently in Place

Achievement to Date

Wellness Residence Hall

300 students live in a University Residences with four alcohol and drug free floors. Environment supports first-year students in commitment to alcohol and drug free living space. Early assessment data indicates lower rule infringement, lower property damage, and higher student involvement in community service projects. (A copy of the Substance-Free Living Agreement is located in the appendices.)

Residential Programming

"Wellness" Educational Program Model is currently being implemented in all of the residential complexes.

Residential Student Activities

The residential program includes a wide range of activities for students which are alcohol free and a set of particular programs which are designed to be clear alternatives to drinking activities

Community Media Campaign

Through a close relationship with the local community's STAR (Straight Talk About Responsibility) Task Force, WWU is involved with a newspaper and radio campaign directed to support positive non-use norms/responsible-use norms.

Community Forum Series

Cooperation with STAR Task Force, to conduct community forums to discuss the existing negative conditions which support the misuse of alcohol and other drugs on the local level.

Strategies in Development

Goal of Strategy

Target Date of Initiation

Development of additional substance free living space within University Residences.

Expand options in on-campus living for students desiring alcohol and drug free environments

Fall, 1994

Community Responsible Hospitality Alliance

Create low - to no-risk drinking environments on and around the campus, thereby reducing the health, social, and academic risks to students by collaborating with key community and campus groups in the development of an alliance that promotes safe, healthy, and enjoyable commercial and non-commercial social environments.

Fall, 1994

PART II

Primary Prevention

To reduce risk for or prevent the occurrence of alcohol abuse or underage drinking.

<u>Strategies Currently in Place</u>	<u>Achievement to Date</u>
Peer Health Education Program	100 students are trained each year in a three-credit class to become advocates of healthier, lower risk lifestyles. Approximately 20 of these students, specializing in the area of alcohol and other drug prevention, present risk reduction workshops in University Residences and in local high schools. These 20 students work closely with the Alcohol and Other Drug Assessment professional to develop their knowledge and skill base.
Needs Assessment of Use Patterns	Regular, comprehensive research on the patterns of student alcohol consumption and its health, social and academic outcomes is conducted and the results used to plan targeted population-specific prevention programs.
Publication of Research that Challenges Perception of "Mythical" Peer	Regular publication of the results of research to demonstrate that, contrary to the "myth" that everyone drinks, over one-quarter of the campus does not drink and prefers an alcohol and other drug free campus. Research shows that students drink more because they think their peers are "drinking more than them." Publishing such data challenges that perception and makes the environment safer for those who want to make lower risk choices about alcohol.
Residential Policy and Ongoing Procedure Revisions	Changes to address the prevention of drinking activities in the residential system, such as the "no keg" policy that was implemented in the 92-93 academic year.

Policy inclusion in *Residential
Community Handbook*

The residential alcohol policy which all residential students receive is included in the appendices. In addition, the staff explain and discuss the policies with students in hall meetings.

Training of Residence Life Staff

The Alcohol and Other Drug Assessment professional and other professional staff are involved in the extensive training which the Resident Directors and Resident Advisors receive. A specific component of their training focuses on alcohol and other drug issues.

Ongoing University-wide
Policy Development

The University has developed a general alcohol policy and an advisory committee as part of the student services governance system.

Availability of Print Material

The Associated Students Drug Information Center, the Alcohol and Other Drug Assessment professional, and the Student Health Assessment and Information Center all provide extensive brochures and other print materials on alcohol and other drug issues. Each also has library resources for student, faculty and staff use.

Support of Alcohol Awareness
Activities and Events

The Associated Students Drug Information Center coordinates University participation in events such as Alcohol Awareness Week.

Oversight of Banquet Permits
Involving Alcohol

The Vice President for Student Affairs/Dean of Academic Support Services office issues Banquet Permits and permits to sell alcoholic beverages. This involves the assurance of compliance with applicable University regulations which go beyond State Law (see appendices). Additionally, a committee reviews all applications for the sale of alcoholic beverages.

Speakers' Bureau

This service for all classrooms in the Whatcom County community is coordinated by the STAR (Straight Talk About Responsibility) Task Force.

Parent Education Classes

These are coordinated by the STAR Task Force as a tool to alert parents to basic prevention strategies and early detection and potential responses.

Worksite Education and Support

These are offered by the STAR Task Force for faculty and staff at WWU.

Community Risk Assessment

This will be conducted by the STAR Task Force in the Spring of 1994.

Strategies in Development

Goal of Strategy

Target Date of Initiation

Responsible Beverage Server Training for Commercial and Non-Commercial Hosts

Work with local bars, restaurants, landlords of large student (non-university owned) housing to establish professional and businesslike approach to the education of employees and customers about the benefits of responsible consumption and the risks of underage drinkers and/or drunkenness in their establishments

Fall, 1994

Community Service-Learning Projects of Peer Health Educators

Trained university peer educators will implement community-based service projects with a special emphasis on the public schools. The goal is to link college students who have made choices not to abuse alcohol or drink illegally with middle and high school students for the dissemination of accurate prevention information and to role model safer, healthier lifestyles.

Fall, 1994

Faculty-Staff Survey of Knowledge of Student Use and Ability to Refer Students Who Need Help

To increase the awareness of faculty and staff about the impact of alcohol on the health, social, and academic success of Western students and to actively involve faculty and staff at infusing

Spring, 1994

alcohol and drug data into courses and to recognize students who might need help.

Education and Training for Staff and Faculty

To increase early detection skills and intervention options for use with co-workers. Fall, 1995

Required Host Training for All Banquet and Alcohol Sales Permits

To provide a base of knowledge and skills in the area of responsible hospitality for all seeking approval for the conduct of such activities on the campus. Fall, 1995

PART III

Secondary Prevention

To halt, reverse, or retard alcohol abuse or underage drinking after it has already occurred (become a problem).

Strategies Currently in Place

Achievement to Date

Residence Hall Enforcement

Residence Hall staff receive comprehensive training regarding alcohol abuse and enforcement of policies and procedures when infractions of the policy are detected. Documentation of violations is maintained as is a philosophy of consistent enforcement. There is an effort to provide clear sanctions for all alcohol policy violations, including "minimum" sanctions for common minor violations. Cooperative relationships are maintained with the Alcohol and Other Drug Counseling and Assessment professional, the Conduct Officer, and the University Police, who have an open invitation to assist with the enforcement of alcohol policies.

Conduct System Enforcement

A parallel system for alcohol violations which occur on campus or within the context of University-sanctioned activities, is maintained through the Vice President for

	Student Affairs/Dean of Academic Support Services.
Individual Alcohol Assessments	The Alcohol and Other Drug Counseling and Assessment professional provides a thorough program of assessment and feedback for students who are mandated to receive assessments as a component of their sanction for an alcohol policy violation. Students also receive assessment and feedback on a self-referral basis.
Alcohol Skills Training Program	Alcohol and Other Drug Counseling and Assessment professional provides this service for sanctioned students.
Psycho-educational Groups	Sanctioned students judged to be low-risk are offered this service through Alcohol Basics Information Groups lead by the Alcohol and Other Drug Counseling and Assessment professional.
Alcohol Emergency Response System	Response to alcohol and other drug incidents or overdose/physical emergencies, includes follow-up to ensure that post-incident events involve appropriate treatment referrals. This follow-up is conducted by the Emergency Mental Health Professional in collaboration with University Residences and University Police, as well as local emergency and alcohol specialists through interactions involving the emergency room of the local hospital. Considerable maintenance of contacts with the various agencies and professionals is involved.
Case Findings	Assessment activities and case management/referral for students determined to have an alcohol or other drug problem occur as they interact with the Counseling Center, Student Health Center, or University Conduct System. In addition, all physical exams done in the Student Health Center (well physicals, athletic physicals, and women's health care physicals) involve screening for alcohol and other drug problems. A physician in the Center has extensive training in all levels of alcohol treatment strategies.
Early Identification Training	Early Identification Training is provided by the Alcohol and Other Drug Assessment professional for groups or individuals who

have significant interaction with individual students (such as Residence Hall Advisors) in order to develop skills in the detection of the early signs of substance abuse or dependency.

Brief Counseling Referrals

Brief counseling is available at the Counseling Center or through off-campus counseling for those determined by the Alcohol and Other Drug Assessment professional to have limited problems putting them at risk (co-dependency, enabling, impact of another person's substance use).

Intervention Training

Provided by the Alcohol and Other Drug Assessment professional, this individual or group training enables students or staff to intervene with an individual to initiate a process of assessment and potential treatment or referral.

Counseling for Supervisors Managing Employees with Actual or Potential Alcohol Problems

The Human Resources office supports supervisors with access to professional guidance in dealing with actual or potential alcohol or drug problems through the development of early identification skills or in the management of an intervention with an employee.

Referral for Staff & Faculty

The Employee Assistance Program provides options for supervisor or self-referral for alcohol or other drug assessment, treatment or referral.

Strategies in Development

Goal of Strategy

Target Date of Initiation

Increase Referrals from the Conduct Systems to Educational Groups for Lowest Level Sanctions.

To provide appropriate educational groups designed to meet the needs of low-risk policy violators to further reduce the risk and to prevent the progression of the problem to a higher level of risk.

Fall, 1994

Implement Aggressive Case Finding and Referral

To provide data enabling all University offices to collaborate in a system of early detection, assessment, and referral.

Fall, 1994

Establish Support Groups for At-Risk Individuals

To prevent the progression of actual alcohol and drug problems for those known to be at high risk as a consequence of a background in a family characterized by substance abuse. Fall, 1994

Develop Education and Training of All Supervisors

To provide for the early detection and intervention with staff and faculty experiencing alcohol and other drug problems. Fall, 1995

Evaluate Effectiveness of University Residences Sanctions

To determine the impact of sanctions on the reduction of the number of policy violations and to explore alternatives to create higher levels of positive impact on students sanctioned. Fall, 1995

PART IV

Tertiary Prevention

To reduce the risks of academic problems, physical injury, disability, death, and the perpetration of acts resulting in harm to others through programs for students who are abusing alcohol or participating in underage drinking.

Strategies Currently in Place

Achievement to Date

Referral to Treatment Options

The Alcohol and Other Drug Assessment professional works with local and regional treatment facilities to maintain an effective system of referrals for students where there is a case finding of an alcohol or drug problem. The referral system is responsive to the special needs of a student population, and requires the maintenance of relationships with a wide variety of agencies and professionals.

Follow-up to Emergency Alcohol Response Incidents

This service is provided by the Alcohol and Other Drug Assessment professional, as requested on the student's behalf or the staff involved.

Coordination with Community
Post-Treatment Support Groups

The Associated Students Drug Information Center and the Alcohol and Other Drug Assessment professional work with aftercare and support groups such as Alcoholics Anonymous, Alanon, Narcotics Anonymous, or similar groups that sponsor activities and meetings on the campus.

Strategies in Development	Goal of Strategy	Target Date of Initiation
Automatic Follow-up for all Alcohol Emergencies and Incidents involving Significant Levels of Intoxication	To insure that potential alcohol dependency and addiction cases are evaluated and managed.	Fall, 1994
University-sponsored Recovery and Sobriety Support Groups	To assure that students either entering the University or returning after treatment are supported by a system which will lend assistance to their recovery or abstinence.	Fall, 1994

CONCLUSION

WWU is committed to the implementation of this comprehensive plan in order to improve the teaching, learning, and working environment for faculty, staff and students. However, in order to implement this plan fully, a consistent base of funding will need to be developed through cooperative efforts of the legislature, community groups, and the University.

Students, faculty and staff deserve our best endeavors to encourage a healthy lifestyle and to support a teaching, learning, and working environment which fosters academic and personal growth. Grappling with mature and intelligent perspectives on alcohol is an integral dimension of growing up in our society and assisting students in doing so is well within the scope of our educational mission and the intellectual capability of the University. Providing faculty and staff with the information and support necessary to sustain a substance abuse-free work environment is not only consistent with good management practices, but also fosters the well-being of all members of our community.

Faculty •

FAST

• Staff

SPECIAL EDITION

A Faculty/Staff Publication of Western Washington University

APRIL 2, 1992

Western Washington University Policy Concerning Alcohol and Other Drugs

The following policies and procedures were adopted by Western Washington University's Board of Trustees on April 12, 1991.

The Federal Drug-Free Workplace Act of 1988 and the Federal Drug-Free Schools and Communities Act amendments of 1989 require that universities promote a drug-free environment through adoption and implementation of a policy and program designed to educate the university community about the dangers of substance abuse and to prevent the unlawful possession, use or distribution of illicit drugs and alcohol by students and employees on university property or while involved in university business or activities.

Western Washington University values a substance abuse-free lifestyle for students, faculty and staff. It holds this value in support of academic excellence, work performance and quality of life as well as for the future well-being of all members of this community.

Ninety percent of adult Americans, including college students, use drugs (including alcohol)¹. A significant number (32-40%) of adults have drug (including alcohol) abuse or dependency problems². Improper use of drugs affects academic ability, work performance, health and personal safety. Additionally, the safety of others may be placed at risk by an individual under the influence of substances and both personal and professional relationships can suffer.

Differences of opinion and freedom of choice are concepts which are essential parts of the university educational tradition. This freedom requires the exercise of personal responsibility, including the obligation to make informed decisions regarding the use of drugs (including alcohol). It also requires personal responsibility for dealing with one's own abuse when it is identified.

Western Washington University acknowledges its responsibility to guarantee that appropriate information and support are easily accessible to all members of the university community. Western Washington University accepts its obligation to foster awareness about the use and misuse of these substances, to provide appropriate intervention when alcohol or other drugs are misused by members of the community and to support members of this community in managing the consequences of drug (including alcohol) misuse.

At the same time, the University will uphold those state and federal

laws which prohibit the unlawful manufacture, distribution, dispensing, possession, sale or use of controlled substances (which include but are not limited to marijuana, LSD, psilocybin mushrooms, cocaine, heroin and other opiates and steroids) and the misuse of alcohol and prescription drugs. It is required that all students and employees comply with these laws. Action will be taken on any violation of State and Federal law or University regulations which occurs in or on property controlled or owned by Western Washington University or while involved in University business or activities.

In meeting these responsibilities, Western Washington University has established this policy regarding the use of alcohol and other drugs and will annually distribute this information to all students, staff and faculty.

1. Data in this policy are from Lloyd D. Johnson, Patrick M. O'Malley and Jerald G. Bachman; *National Trends in Drug Use and Related Factors among American High School Students and Young Adults, 1975-1986*; Alcohol, Drug Abuse and Mental Health Administration; Public Health Service; United States Department of Health and Human Services (Rockville, Maryland; 1987).
2. Definitions in this policy are from Weldon Witters and Peter Venturelli; *Drugs and Society*; Jones and Bartlett (Boston; 1988).

Substances include alcohol, illegal drugs and misused prescription/over-the-counter drugs.

Misuse is the inappropriate use—intentionally or unintentionally—of any drug including alcohol and/or prescription/over-the-counter drugs.

Abuse is the use of any drug (including alcohol and/or prescription/over-the-counter drugs) in such a manner as to cause harm or potential harm to the individual and/or those around him or her.

Dependence is the use of any drug (including alcohol and/or prescription/over-the-counter drugs) in a manner which involves two or more of the following: creates physical craving or withdrawal symptoms, the belief of needing a substance to cope with situations, the development of significant life problems due to substance use or some loss of control over time or amount of substance use.

University Procedures Concerning Alcohol and Other Drugs

Responses to Violation of University Regulations and State or Federal Laws

In accordance with university policy, efforts will be made to provide support for individuals experiencing difficulties with substance abuse and to insure application of appropriate sanctions for policy violations.

Responses may include:

1. assistance actions such as referral to the Washington State Advisory Service, the Substance Abuse Prevention Center or to off-campus substance abuse programs, including drug and alcohol treatment or rehabilitation programs;
2. disciplinary actions such as establishment of performance standards or requirements as a condition of continuing employment or enrollment;
3. referral for legal prosecution;
4. probation, mandatory leave or termination of employment or student status may be imposed for:
 - a. failure to meet performance standards;
 - b. repeated occurrences of possession of unlawful alcohol or possession of other drugs on university property or while involved in university business or activities;
 - c. repeated occurrences of impaired functional ability due to alcohol or other drug use; or
 - d. a conviction of a drug-related crime committed on university property or while involved in university business or activities.

Determination of and sanctions for violation of policies will be established by the following University processes:

Students—WAC 516-22-035 Student Rights and Responsibilities Code in the Western Washington University *General Catalog* and the Housing Agreement in the *Residential Community Handbook* for residents, as well as penalties defined by local, state and federal laws.

Faculty—*Faculty Handbook*, XV E and F, appendices F and AAUP Policy Document, volume 54 #4 as well as penalties defined by local, state and federal laws.

Exempt Staff—*Administrators Handbook*, section 140 as well as penalties defined by local, state and federal laws.

Classified Staff—in accordance with HEP Board rules and appropriate collective bargaining agreements as well as penalties defined by local, state and federal laws.

Confidentiality

In the event that violations of University policy, state or federal laws occur these situations will be handled in a discrete and confidential manner. If referral to counseling or treatment services is made it will be with the understanding that these services offer complete confidentiality under state and federal law. No information regarding client contact will be released by these services without specific written permission of the client.

Federal and State Penalties for Violation of Laws Concerning Possession, Use and Distribution of Controlled Substances and Alcohol

Federal and state laws provide penalties of fines and prison terms for violations regarding possession, manufacture, distribution dispensing, sale and use of controlled substances and alcohol. Penalties vary depending on classification and amount of substance and number of prior offenses. For violations of federal law, fines range from \$1,000 to \$25,000 and prison terms range from one to 20 years. Penalties for violations of state laws vary greatly depending on type of offense. Fines range from under \$100 to \$100,000 plus and prison or jail sentences may range from 24 hours or a matter of days to 10 years.

For a complete and current listing of laws and penalties, refer to 21 United States Code 801-950 and the Revised code of Washington, Title 66: Alcohol beverage Control and Title 69: the Uniform Controlled Substances Act.

Requirements of Staff and Students Employed Under the Drug Free Workplace Act

As a recipient of federal funds, Western Washington University is re-

quired under the Drug Free Workplace Act to notify employees that as a condition of employment each employee is required to:

1. Abide by the federal and state laws regarding the possession, manufacture, distribution, dispensing, sale and use of controlled substances while on university property or while involved in university business or activities.
2. Notify Director of Human Resources (faculty or staff) or Student Employment Center (students) of any conviction for a violation of a criminal drug statute which occurred on University property or while involved in university business or activities within five (5) calendar days after such conviction.

Regulations on Consumption, Serving and Sale of Alcohol

It is the expectation of Western Washington University that all faculty, staff and students abide by the laws and regulations which outline legal and safe use of alcohol.

State Laws

1. *Drinking Age Laws:* It is unlawful for any person under the age of 21 years to acquire, possess or consume any alcoholic beverage. It is also unlawful for any person, other than a parent or guardian (and then only in specific situations), to provide alcoholic beverages to someone under 21. (RCW 66.44.270)
2. *Locations where alcoholic beverages may be consumed.* Alcoholic beverages may only be consumed on university property when authorization has been obtained from the Vice President for Student Affairs in accordance with appropriate State laws or in private dwelling spaces. (RCW 66.04.010 (23) and 66.44.100)
3. *Opening or consuming liquor in public places.* It is illegal to have an open container of alcohol or to consume alcohol in a public place except as noted in Section 2. All buildings and grounds used for university purposes, except private dwelling spaces, are legally designated as public places. This includes all academic, administrative and maintenance buildings, athletic fields, sidewalks, parking lots, as well as hallways and lounges of residential buildings. (RCW 66.04.010 (23) and 66.44.100)
4. *University functions which provide or allow alcoholic beverages without cost (Banquet Permits):* Except in private dwelling spaces, no functions which involve the service or consumption of alcoholic beverages may take place on University grounds, including outlying areas, without a State banquet permit (RCW 66.20.010 (3); WAC 314-18-030). Events for which a banquet permit is required may not be open to the general public, advertised to the general public nor may the event be open to the general public by ticket sales (WAC 314-18-040). Alcoholic beverages may not be sold at such an event (WAC 314-18-050). Banquet permits must be displayed in plain sight at the location of the event (WAC 314-18-070 (3)). Initial approval for a banquet permit must be obtained from the Office of the Vice President for Student Affairs (WAC 314-18-040 (4)).
5. *Sale of alcoholic beverages on campus.* Alcoholic beverages may not be sold on campus without obtaining an appropriate State liquor license (RCW 66.20). Offering alcoholic beverages by donation, sale of cups to contain alcohol, selling "set-ups" for more than the cost of the "set-up," etc., are considered sale of alcoholic beverages by State law and are prohibited (WAC 314-18-050 (2)). Initial approval for a State liquor license must be obtained from the Vice President for Student Affairs (WAC 314-18-040 (4)) and then an appropriate license may be obtained from the State Liquor Control Board (RCW 66.20.010 (3)). Liquor licenses must be displayed in plain sight at the location of the event (RCW 66.20.010 (7)).
6. *Service of alcoholic beverages at University-sponsored events occurring at locations other than University property.* All University-sponsored events must comply with appropriate federal, state and local laws. When alcoholic beverages are served at University-sponsored events taking place at locations which are not on University property, no banquet permit need be obtained through the Vice President for Student Affairs. A banquet permit, obtained through the State Liquor Board, is required when sponsored events do not take place on private premises (RCW 66.20.010).
7. *Alcoholic beverage consumption or open container in motor vehicles.* It is illegal to drink any alcoholic beverage in a vehicle on a street or highway. It is also illegal for any person to have in their possession an open receptacle containing an alcoholic beverage in a vehicle while on a street or highway (RCW 46.61.519).

University Guidelines

1. Any event involving the use of alcohol on Western Washington University property, other than those occurring in private residence spaces, must be part of an officially approved event, and therefore the result of successful application for a State banquet permit. Individuals or groups holding events on University grounds involving alcohol shall ensure that the following regulations are complied with:
 - a. alcohol is not to be possessed or consumed by anyone under the age of 21. (RCW 66.24.270)
 - b. no alcohol shall be served to anyone who appears intoxicated. (RCW 66.44.200)
 - c. direct access to alcoholic beverages shall be limited to designated server(s).
 - d. alcohol is to be consumed only within the designated area which has been approved for the event. (required by RCW 66.04.010 (23))
 - e. non-alcoholic beverages must be available at the same place and as readily as alcoholic beverage.
 - f. there shall be no form of "drinking contest" in either promotion for the event or in the event itself.
 - g. promotional materials which reference the availability of alcoholic beverages shall include, as prominently, notice that non-alcoholic beverages are available.
 - h. alcohol shall not be used as an inducement to participate in a campus event.
 - i. promotional materials shall not make reference to the amount of alcoholic beverages available.
 - j. the promotion or sale of alcoholic beverages on campus shall not be primarily for the purpose of generating profits or fund raising.
2. Alcoholic beverages at University athletic events:
 - a. possession, consumption or sale of alcoholic beverages is not allowed at University athletic events. This requirement applies to all athletic events—varsity, intramural or club sports, and is applicable at both on and off campus events, and to all students, faculty, staff, alumni, guests or others in attendance at the event (RCW 66.04.010 (23) and 66.44.100).

Marketing, Advertising and Promotion of Alcoholic Beverages

The following policies and guidelines must be adhered to in marketing, advertising or promoting (promotion includes displays, events, and sponsorship) alcoholic beverages at Western Washington University.

1. **Promotion of liquor at Western Washington University.** No activities by liquor manufacturers or importers or their representatives which promote the sale or consumption of alcoholic beverages, either by brand name or in general, are allowed on campus. (RCW 66.28.160)
2. **Standards of dignity and good taste:** Marketing, advertising and other promotions specifically targeted towards students and/or held on campus must not contain demeaning or discriminatory portrayal of individuals or concepts (WAC 314-52-015).
3. **No encouragement of alcohol abuse:** No activities covered under this section shall encourage any form of alcohol abuse (WAC 314-52-015) nor will it place emphasis on the amount of alcoholic beverages available.
4. **Alcoholic beverages shall not be used as prizes or awards:** Alcoholic beverages shall not be provided as either an inducement to participate or a prize for participation in campus events.
5. **Drinking contests/uncontrolled sampling:** There shall be no form of drinking contests or uncontrolled sampling as a part of marketing, advertising or promotion of events involving alcoholic beverages.
6. **Controlled sampling:** Where controlled sampling is allowed, there will be limitations as to time and quantity. Principles of good hosting will be observed including designated servers, availability of alternative beverages, food and planned programs. The consumption of alcoholic beverages will not be the sole purpose of any promotional activity, and none will be served to anyone who appears to be intoxicated (WAC 314-52-015, RCW 66.44.200).
7. **Must represent legal and responsible use:** Activities covered in this section shall promote legal and responsible use. Such events must not promote excessive consumption or appeal to underage drinking (WAC 314-52-015).
8. **Support of campus substance abuse prevention programs by those providing marketing, advertising or promotional events:** Marketers and advertisers of alcoholic beverages are encouraged to support campus substance abuse programs which promote informed and responsible

decisions about the use or non-use of alcoholic beverages.

9. **Statements made may not be misleading or make false claims:** Statements made during or in connection with marketing, advertising or promotional activities shall contain no statements which are false or misleading. No statement will be made which portrays drinking of alcoholic beverages as a solution to personal or academic problems or as necessary to social, sexual or academic success. No suggestion that alcoholic beverages have curative or therapeutic effects will be made, nor will there be any statement implying that the consumption of liquor enhances athletic prowess or has contributed to any individual's athletic achievements (WAC 314-52-015).
10. **Outdoor signs:** Outdoor signs must have prior University approval and comply with all liquor advertising rules (WAC 314-52-110; WAC 314-52-015; WWU posting policy).
11. **Responsible advertising for events involving alcohol:** Advertising for any Western Washington University event which includes reference to alcoholic beverages must abide by the following:
 - a. equally as prominent notice that non-alcoholic beverages will be available;
 - b. no reference will be made to the amount of alcoholic beverage available; and
 - c. no suggestion will be made that the availability of alcoholic beverages is an inducement to participate.

Health Risks Associated with Abuse of Alcohol or Other Drugs

A. Alcohol: Alcohol intoxication impairs motor skills and reaction time, reduces sight and hearing acuity, reduces cognitive abilities including judgement and decision making, and may result in loss of memory of events which occurred while in an intoxicated state. As blood alcohol levels increase the gag reflex is impaired which can result in choking; risk of severe injury from falls or accidents (especially automobile involved accidents) escalates; and there is a rise in the incidence of coma, loss of consciousness, respiratory arrest and death due to anesthesia of nerve centers controlling breathing and heartbeat.

Use of alcohol, especially over the long-term, can result in skin diseases, cancer of the throat, gastritis, pancreatitis, permanent nerve damage, high blood pressure, stroke, heart diseases, enlarged and other liver damage, loss of energy and malnutrition. Alcohol can also destroy brain cells which do not have the ability to regenerate themselves, resulting in irreversible brain damage.

B. Marijuana (Hash, THC, etc.): Use of marijuana affects the brain by inhibiting short-term memory, slowing reaction time and impairing visual tracking (the ability to follow moving objects accurately). Frequent use is also linked to cognitive impairment (an inability to abstract and understand concepts). While high a marijuana user's heart rate may increase as much as 50 percent, producing an higher risk for anyone with heart disease. Frequent use affects reproduction and is linked to a decreased sperm count and sperm movement (motility) in men and irregular ovulation and menstrual cycles in women. THC also travels through the placenta and may cause complications during pregnancy.

Marijuana smoke irritates the throat and lungs and has twice as much tar as cigarette smoke. Frequent use is linked to an increased risk of lung cancer, bronchitis and emphysema. Heavy use also depresses the immune system. Chemical traces of marijuana (THC metabolites) can be stored in the brain, testes, ovaries and other fatty organs and are detectable by urine tests for a month or more.

C. Cocaine (Crack, etc.): Chronic use can produce cocaine dependency, behavioral change and weight loss. Cocaine also interferes with sleep, causing moodiness and irritability. To counteract these effects, many people compound the cocaine habit by abusing alcohol or other sedatives. Chemically, chronic cocaine use can lower the threshold for brain seizures and alter the brain's pleasure centers so that the user may need cocaine just to feel normal. Those who smoke crack can also suffer sore throats and lung damage.

Cocaine fatalities are on the rise, even among first-time users. The drug is known to cause toxic reactions, brain seizures, heart attacks and cardiorespiratory collapse, leading to sudden death for some normal, healthy people. Users with heart conditions, epilepsy or high blood pressure are especially at risk. Many chronic users develop multiple drug dependencies and severe mental disorders which can require psychiatric care. Persons who inject the drug risk infectious diseases, such as hepatitis, and needle sharing among users has become a major factor in spreading AIDS.

D. Benzodiazepines (Valium, etc.): The use of benzodiazepines such as Valium and other tranquilizers can cause drowsiness, lethargy, skin rashes, nausea, diminished libido, blood cell abnormalities and in-

creased sensitivity to alcohol. Other possible side effects may be delayed or impaired ejaculation, menstrual irregularities, failure to ovulate, gynecomastia and galactorrhea. High doses may depress respiration, induce coma and may cause death. Prolonged use of hypnotic doses may cause rebound increases in REM sleep and insomnia when the drug is stopped.

- E. **Amphetamines** (Speed, diet pills, etc.): Use of amphetamines or diet pills may cause teeth grinding, sleeplessness, weight loss, sores and non-healing ulcers, liver disease, hypertensive disorders, cerebral hemorrhage (stroke) and kidney damage. Methamphetamine is capable of producing direct injury to arteries and veins, which can cause severe brain damage. A rebound effect after long-term use is characterized by general lethargy and depression of mood and physiological function.
- F. **Sedatives** (Barbiturates, methaqualone, etc.): Use of sedatives can depress the activity of the nerves, skeletal muscle, smooth muscle and cardiac muscles, as well as liver damage with long-term use by hypersensitive persons. Depressed breathing and blood pressure, amnesia, coma and brain damage can result from its use. Sedatives can also cause adverse drug interactions and hormone imbalances, as well as loss of REM sleep which can result in reduction of essential well-being.
- G. **Anabolic steroids**: Use of anabolic steroids can cause decreased production of the body's own testosterone. Despite a tendency to make muscles grow, steroids do not equally increase the connective tendons and ligaments resulting in extra stress in these areas and creating increased risk for injury. The use of steroids retards the healing process and suppresses the natural immune system. There are over 70 side effects associated with steroid use, ranging from acne, water retention, tendon ruptures, kidney tumors, liver disease to cardiovascular disease and stroke. Steroids are also mind altering and can cause mood elevation, euphoria, depression, aggressive behavior, depression and/or psychotic episodes. Steroids are addictive. Many of the effects from anabolic steroids may not be reversible once the drug is stopped.
- H. **Hallucinogens** (LSD, PCP, psilocybin mushrooms, etc.): The specific effects of hallucinogenic drugs can be unpredictable. Physical effects are dilated pupils, high body temperature, increased heart rate and blood pressure, sweating, nausea, sleeplessness, dry mouth and tremors. These drugs affect sense perceptions; sensations may seem to cross over, giving the feeling of "hearing" colors and "seeing" sounds. These changes can be frightening and cause panic. There may be rapid change from one emotion to another.
- Heavy use may produce signs of organic brain damage such as impaired memory and attention span, mental confusion and difficulty with abstract thinking. It is not yet known whether such mental changes are permanent or if they will slowly disappear when use is discontinued. Flashbacks, in which the person experiences a drug's effects without having taken the drug again, can occur. Some hallucinogens such as PCP can cause drowsiness, convulsions and coma when taken in large doses. Death can also occur from repeated convulsions, heart and lung failure or ruptured blood vessels in the brain.
- I. **Tobacco**: All tobacco contains nicotine which is a toxic substance to the human body. Nicotine enters the body through the gums. Physical effects of nicotine are increased heart rate, blood pressure and constriction of blood vessels. Nicotine is an addictive substance. Smoking (cigarettes, cigars and pipes) and other tobacco use such as chewing, dipping or use of snuff, greatly increase the risk of damage to the delicate tissue lining the mouth and throat, lung cancer, stroke, heart attack, emphysema, chronic bronchitis and other cancers such as oral, larynx, esophageal, pancreatic and bladder. Death rates for smokers at all ages is higher than that of non-smokers.

Exposure to tobacco smoke also increases the chance of developing certain illnesses such as colds, chronic coughs, ear infections, pneumonia, bronchitis and reduced lung function. Long-term exposure to tobacco smoke also substantially increases the risk of a non-smoker developing lung cancer. Smoking also increases the risk of miscarriage, lowers birth weight, raises a baby's chances of complications at delivery and the likelihood of health problems during infancy.

Sources for Educational Services, Counseling and Referral for Alcohol and Other Drug Issues at Western Washington University

Educational Services:

Substance Abuse Prevention Center*
18 High Street Hall
Phone: 676-3642

Programs/workshops for students, faculty and staff; extensive information on alcohol and other drugs as well as related issues; campus wide education on alcohol and other drug issues

Associated Students Drug Information Center
Viking Union 216
Phone: 676-6116
Information on drug issues

Counseling and Referral Services for Students:

Substance Abuse Prevention Center*
18 High Street Hall
Phone: 676-3642

Assessment of personal substance use patterns; referral to appropriate support and treatment resources; one to one discussion of concerns for friends, family members, partners or roommates.

Counseling Center*
Miller Hall 262
Phone: 676-3164

Individual counseling for a wide variety of student concerns.

Counseling and Referral Services for Faculty and Staff:

Employee Advisory Service*
Suite 201, Bridgeway Building
3876 Bridge Way N.
Seattle, WA 98103
SCAN: 576-6883 or
Phone: 464-6883

Counseling service for state employees

* Confidentiality is assured by federal and state laws. No information regarding your contact will be released to any party without your written permission.

Bellingham, Washington 98225-5996
(206) 650-3000The Office of University Residences
Western Washington University

Substance-Free Living Agreement

The Substance-Free floors in Nash Hall are a living option designed for students who make a commitment to wellness and choose to maintain an alcohol-, tobacco-, and drug-free lifestyle while on the Western Washington University campus. This environment gives students an opportunity to live with others who have made a similar commitment.

Because we recognize our inability to monitor the actions of students off-campus, the parameters of this substance-free lifestyle agreement are limited to on-campus behaviors only. This agreement includes both personal consumption, as well as, being under the influence of substances while in Nash. As a member of the wellness hall, and more specifically, a substance-free floor, we encourage you to consider your behaviors both on- and off-campus and evaluate how they effect the maintenance of the substance-free environment. Any violation of the substance-free agreement or policies designated in the *Residential Community Handbook* by residents, or the guest(s) of residents, are subject to conduct action.

I understand that by signing this agreement, I am choosing to refrain from alcohol, tobacco, and drugs while residing in Nash Hall. I also understand that I am responsible for my actions, and the actions of my guests, at all times. I realize that if I choose to depart from this lifestyle while on the Western Washington University campus I am subject to conduct action.

Full Name (please print)_____
Student Number_____
Signature_____
Date**Nash Community Commitment Statement**

• Healthy Fun

• Self Responsibility

• Full Potential

• Mutual Support

We are a group of Western students desiring to live and participate responsibly in a cooperative residence hall community that benefits us all personally and academically. We believe health and well-being are achievable for all of us as individuals and as a community when we care about ourselves and each other; we make choices and practice skills to enhance health and well-being; and we respect each other as unique, worthwhile individuals.

Resident Guide to the University Residences Conduct System Western Washington University 1993-1994

Addendum to the Residential Community Handbook

Western encourages students to act independently and maturely while in residence. Since students come from many backgrounds and have varied expectations about living in a residential community, defining community norms is not always easy. Policies and procedures are established to outline standards by which all members of the community can live together.

The University and the Office of University Residences have designed a conduct process which addresses inappropriate or illegal behavior with the goal of changing future behavior. The following information outlines the University Residences Conduct System.

The Judicial Process

Students are responsible for their actions and will be held accountable for them. The following procedures are designed to ensure that student rights are not violated. We are committed to protecting individual rights as well as the rights of all community members.

When policy violations occur, an **incident report** will be written to document the situation. The student will be notified to meet with the Resident Director* (RD) who serves as the **conduct officer** for his/her community. At this meeting, the Resident Director will:

1. discuss whether a violation has occurred

2. determine the degree to which the student was involved, and
3. assign a sanction, if appropriate

The student will receive a written notification of the Resident Director's decision (**conduct letter**) within seven (7) calendar days of the conduct meeting. (The student will be notified, in writing, if the letter must be delayed beyond 7 days due to extenuating circumstances.)

* The Resident Director may refer a case to an Assistant Director of Residence Life, who will serve as the conduct officer throughout the process.

Standard of Evidence

Formal rules of evidence are not applicable to the University Residences Conduct System. If a student denies responsibility for an alleged policy infractions, the Conduct Officer must make his/her decision based upon the **preponderance of the evidence**. After weighing all of the available evidence, the Conduct Officer will decide whether there is more evidence (greater than 50%) that the student is responsible for the misconduct than evidence that they were not.

Sanctions

When a student has been found in violation of a policy (by their own admission, and/or

by the "preponderance of the evidence" standard), a sanction may be assigned. Sanctions are designed to hold students accountable for misconduct with the goal of educating them toward more acceptable behaviors in the future. Sanctions include, but are not limited to:

PASSIVE SANCTIONS (No specific action is required of the student):

- Disciplinary Warning - Written warning that future misconduct may/will result in more severe disciplinary sanction.
- Disciplinary Probation - Written notice that further infractions of policies may result in a minimum of *relocation to another residence hall*, with the possibility of being removed from the University Residences system.

BEHAVIORAL SANCTIONS
(Require action on the part of the student):

- Relocation to Another Residence Hall - a student must move out of his/her current residence hall, but not out of the University Residences system. This sanction is based on a hope that the student will be more successful if given the opportunity to get a fresh start in another residence hall. (The Conduct Officer may be very specific about which hall the student must move to. He/she may also restrict visitation rights to the hall and/or area that the student is being removed from.)
- Termination of the University Residences agreement/contract - Cancellation of the student's housing agreement/contract, requiring that he/she move off campus. This sanction is reserved for those students who indicate an unwillingness or

inability to live within the parameters that have been established for on-campus housing at WWU. This sanction may include restriction of visitation rights to one or more residence halls, even after the student has moved off campus. In most instances, the student will be charged the full contract breakage penalty, since he/she has broken their contract by his/her own misconduct.

- Restitution - Requirement that the student make payment to the University or to other persons, groups, or organizations for damages which he/she is responsible. This is true whether the action was intentional or accidental.
- Community Work - Requirement to complete a work-project, thereby giving something back to the community, and hopefully learning something at the same time. Normally, there will be a logical relationship between the misconduct and the assigned community work project.
- Referral to the University Conduct System - A student who has violated University Residences policies and/or University policies may be referred to the University Conduct System, instead of, or in addition to, the University Residences Conduct System. Referred students meet with the University Conduct Officer in the office of the Vice President for Student Affairs, who, in extreme cases, will remove the student from the University.
- Interim Suspension - In order to prevent danger to individuals, substantial destruction of property, or significant disruption of teaching, research, or administrative functions, the Vice President for Student Affairs or his/her

designee may temporarily suspend a student for stated cause to such limitation (e.g. temporary suspension from a residence hall, University Residences, one or more academic classes, extra-curricular activities) as they deem appropriate, pending a conduct meeting or hearing before the appropriate Conduct Officer or Board. The conduct meeting must be held as soon as possible, but no later than 5 school* days after the beginning date of the interim suspension unless the student requests an extension.

(* "School" days, when used in this brochure, refer to Monday - Friday, 8:00 a.m. - 5:00, with the exception of University holidays.)

- Campus Alcohol Risk Education (CARE) - Requirement that the student participate in one or more of the following educational interventions offered by WWU Alcohol and Drug Counseling and Assessment Services:

- √ **Information Group** (1 hour) - Structured discussion of alcohol information, WWU norms, etc. Allows student to gain normative measures (pertaining to alcohol use/abuse) with which to compare themselves.
- √ **Alcohol Basics** (1 hour) - Interactive class which covers basic alcohol information and related decision making.
- √ **Group Assessment** (2 sessions, 1 hour each) - Students identify their own consumption patterns and receive feedback about the amount and severity of the alcohol-related consequences they have experienced, personal risk factors present and their

belief about future risk as compared with normative WWU data. Students make decisions about their personal use and limits with alcohol and strategies to reduce risk.

- √ **Individual Alcohol Assessment** (2 sessions, 1 hour each) - In individualized sessions, the student identifies personal use patterns of alcohol and makes decisions about personal use based on detailed personal feedback of amount and severity of alcohol consequences experienced, personal risk factors present, personal values about alcohol and their belief about future alcohol-related behaviors.

- √ **Follow-Up Sessions** - Address continuing alcohol-related violations on a case-by-case basis. Possible outcomes include individually designed skill practice, referral to a 12-step program, referral to outpatient counseling, etc.

Consistency and Fairness - Conduct Officers must evaluate each situation and student individually in arriving at the most appropriate sanction. As a result, a sanction for one student may differ from one for another with a "similar" policy infraction. This is because the Conduct Officer must consider multiple factors, including the details of the current incident, the student's previous conduct history, attitude, and other factors in arriving at the best sanction for the individual.

"Minimum " Sanctions - There is no such thing as an "automatic" sanction since every situation is different. However, a few baseline sanctions have been defined, where consistency is especially important. These

"minimum" sanctions are provided here to give the student an understanding of the bottom-line sanctioning parameters that are expected of the Conduct Officers by the Office of University Residences. These are "proportionate to the offense", by definition:

Second Violation in a given year - must result in a sanction that has a greater impact than a Disciplinary Warning. A *behavioral* sanction and/or Disciplinary Probation is appropriate.

Minor who sponsors a party with alcohol - will result in a sanction greater than Warning, even if it is the first offense. He/she will also be warned that the consequences for sponsoring another party with alcohol would most likely include removal from the hall.

Legal age student providing alcohol to minors - It is illegal to provide alcohol to anyone under the age of 21. The minimum sanction for any violator is Disciplinary Probation.

Misconduct while on Probationary Status - will most likely result in a move to another hall or out of the University Residences system

Tampering with fire-safety equipment - (includes initiating a false alarm or intentionally misusing or abusing fire safety equipment) Student will most likely be removed from the hall, and possibly from the University Residences system.

Theft of Lounge Furniture and "Community" Equipment - **Theft** will result in the involvement of University Police. Temporarily "**borrowed**" furniture or equipment will result in a sanction ranging

from a *behavioral* sanction to removal from University Residences.

Lack of compliance with, or abuse of, a staff member (including verbal abuse) - will result in a sanction ranging from a *behavioral* sanction to removal from University Residences.

Possession of a keg (even if empty) or other obvious common source container of alcohol - will result in Disciplinary Probation even if there are no prior offenses or related offenses. Violation of this policy coupled with another violation (e.g. selling alcohol, disruptive behavior, noise violations) may result in removal from University Residences. (Birnam Wood - While Birnam Wood residents are permitted to possess a keg or other common source container of alcohol, they will be held accountable for any and all of the related violations should they occur along with a keg or common source container of alcohol).

Scheduling Conduct Meeting

The Conduct Officer will send the student a memo which notifies them of the alleged misconduct. This memo will instruct the student to appear at a designated time and place for the conduct meeting. If it is not possible for the student to meet at the designated time, he/she must make alternate arrangements with the conduct officer no less than 24 hours prior to the initially scheduled time.

A student who fails to appear for a conduct meeting after receiving notice is not excused from pending action. The meeting will take place as scheduled; evidence will be reviewed and a decision will be made. The student will be informed of that decision in writing.

A student who voluntarily moves out of University Residences or withdraws from the University prior to the completion of proceedings is not excused from pending conduct action.

Appeal Process

Students have the right to appeal the conduct decision of the Conduct Officer, if they feel it is unfair or unreasonable.

Conduct decisions that are made by the Resident Director may be appealed either to the Associate Director for Residence Life (Mike Bartosch) or to the University Residences Conduct Appeal Board. The Conduct Appeal Board consists of 2 administrators and 3 students appointed by the InterHall Council. During final exam weeks and any other time when the Conduct Appeal Board is unable to hear the appeal, it can only be heard by the Associate Director.

Conduct decisions that are made by the Assistant Director of Residence Life (Peter Rosenberg or Anne Eskridge) may be appealed to the Director of University Residences (Kathleen Rich).

To file an appeal, the student must submit a **completed** Conduct Appeal form within three (3) school days of receiving the conduct letter from the Resident Director or Assistant Director of Residence Life. This form, which is available in the Office of Residence Life, will gather the following information:

1. The fact that the student wishes to appeal
2. The route of appeal chosen (for those cases initially heard by the Resident Director)
3. The nature, or reason(s) for the appeal (must be spelled out in detail)

4. The student(s) class schedule and the names and class schedules of any witnesses (with pertinent testimony) who the student will ask to appear

Four Possible Reasons for Appeal:

1. Student contends that they were not responsible for the misconduct and that the conduct officer did not meet the "preponderance of the evidence" standard that is required
2. Student contends that the sanction is unfair, or disproportionate to the offense; (refer to the previous section which describes typical "minimum" sanctions)
3. Student contends that standard procedures were not followed to the extent that their rights were violated
4. Student contends that new evidence is now available that sheds new light on the case. (Students who failed to appear for the initial conduct meeting cannot use the appeal process to challenge the basic facts/evidence that were available, but not presented by them, at the time that the initial conduct meeting was held.) When legitimate new evidence is available, the case will be referred back to the conduct officer.

Burden of Proof - Up until the point of appeal, the burden of proof in determining the "preponderance" of the evidence is upon the Conduct Officer. When a student initiates an appeal, which challenges that decision, the burden of proof switches to him/her. In other words, in the appeal, the student must demonstrate to the Appeal Officer or Board that initial conduct decision was unfair. **Consequently, if a student**

fails to appear for the scheduled appeal meeting, the appeal will be denied automatically.

The Appeal Officer or Board will investigate the case by talking with the student, any witnesses with pertinent testimony, and the Conduct Officer who made the decision(s) being appealed. The student has the right to be accompanied by a non-lawyer support person, to call witnesses and to speak on his/her own behalf. Within seven (7) calendar days, the student will receive written notification of the final decision. The original conduct decision can be upheld, modified, or reversed. Decisions made by the Appeal Officer or Board are final.

Proceedings

All proceedings, including the initial conduct meeting are carried out in a manner which is informal and at the same time assures fundamental fairness. Records regarding conduct proceedings, including Incident Reports, conduct letters, notes for conduct meetings, and records from appeal proceedings, will be maintained in the Office of Residence Life. These records may be reviewed by the student who is involved, during normal business hours. A request to review these records must be made 12 hours in advance, so the records can be prepared for viewing. Records will not be available to any member of the public except upon written consent of the student involved. Certain exceptions are authorized under the "student records policy," Chapter 516-25 WAC.

Statement of Student Rights

1. The student has the right to a thorough conduct meeting.

2. The student has the right to a fair conduct meeting. In cases of obvious and/or significant bias, the student may request an alternate conduct officer (someone other than his/her own Resident Director.)
3. The student has the right to review the incident report(s), sanction letter(s), and any other notes or documents pertaining to his/her case.
4. The student has the right to one level of appeal within the University Residences Conduct System.
5. The student has the right to be informed of all allegations made against him/her prior to the conduct meeting.
6. The student has the right to have a student, faculty, or staff support person in any conduct meeting pertaining to his/her case. (This individual serves as an advisor to, rather than a representative for, the student.)
 - A. The support person's role is to observe the process and provide support and guidance to the student, as needed. The support person does not "represent" the student or speak on his/her behalf.
 - B. Resident Advisors may not serve in the support-person role due to the potential for conflict of interest. However, the R.A. can always serve as a resource for students prior to and after the conduct meeting.
 - C. The support person may not have a conflict of interest with the case being investigated.

August, 1993
CONBROCH.DOC

Appendix B:
Preliminary Findings on the Effectiveness
of the Wellness Hall Program

Wellness Hall Preliminary Findings

In an effort to mobilize and empower the group of students who prefer a substance free living environment, a new wellness theme hall was added to the Western Washington University Residence Life system during the 1993-94 academic year. Made possible by a Fund for the Improvement of Postsecondary Education (FIPSE) grant and located in Nash Hall, this Wellness Hall is committed to building a strong community supporting individual wellness. The initial plan was to create one substance free floor in this high-rise, freshman residence hall. However, interest in the program was so strong, the plan was expanded to include four substance free floors. Students on these four substance free floors have voluntarily committed to abstain from the use of alcohol, tobacco, or drugs, while residing on campus. In addition, these students signed a Nash Community Commitment Statement which states, "We are a group of Western students desiring to live and participate responsibly in a cooperative residence hall community that benefits us all personally and academically. We believe health and well-being are achievable for all of us as individuals and as a community when we care about ourselves and each other; we make choices and practice skills to enhance health and well-being; and we respect each other as unique, worthwhile individuals."

Establishing this Wellness Hall has resulted in a variety of initial indicators that students *are* abstaining from alcohol use, as well as taking care of one another and their community. Although preliminary, they seem to point to some positive changes in the Nash community. For instance, there were no violations of the voluntary code agreed by residents on the substance-free floors during Fall quarter (1993). Other findings, however, require a comparison point. This will be best accomplished by contrasting similar variables from Mathes Hall, a high rise, freshman residence hall with a similar population to Nash's. (See Table 1.)

Table 1. Nash and Mathes Hall
Demographics in October, 1993

	Nash	Mathes
Class Standing		
Frosh	84%	88%
Sophomore	9%	6%
Other	7%	6%
Age category		
18-22	97%	98%
Other	3%	2%
Gender		
Male	41%	44%
Female	59%	56%

As well, initial vandalism reports point to a sizable reduction in the amount of vandalism which has occurred in the Nash community during the same period.¹ These findings are preliminary, as some Fall quarter billing continues into the beginning of Winter quarter; nevertheless, there was a significant decrease in the amount of vandalism which took place in Nash Hall from Fall quarters 1990, 1991, 1992 and Fall quarter 1993. Furthermore, these decreased rates of vandalism are supported anecdotally by requests from custodians to be transferred to Nash Hall. These requests are radically different from the past. (See Table 2.)

Table 2. Fall Quarter Vandalism

	Nash	Mathes
Fall 1990	\$570.65	\$615.62
Fall 1991	\$1,706.16	\$1,213.09
Fall 1992	\$472.69	\$278.67
Fall 1993	\$60.00	\$439.25

In addition to reduced rates of vandalism in Nash Hall, a reduced number of alcohol related incidents have been observed. Alcohol Related Incidents are incidents in which a residential staff member perceives a violation of University alcohol policy taking place. This policy mirrors state law regarding alcohol use. Examples of alcohol policy violations would include: observing a student with an open container of alcohol in a public area, underage alcohol consumption, medical emergencies due to alcohol poisoning, or large gatherings where alcohol is served to minors.² (See Table 3.)

Table 3. Incident Report Statistics

	Nash		Mathes	
	Fall 1992	Fall 1993	Fall 1992	Fall 1993
Number of Alcohol Related Incident Reports	37	12	22	38
Number of Students Involved in these incidents	66	20	60	69

¹Any malicious act which damages the physical structure of the residence hall and cannot be traced to any one individual or group of individuals is considered vandalism. Examples would be graffiti in the bathroom, broken windows, holes punched or kicked in a wall, etc. In addition, any time a student vomits in a public area, such as a community bathroom and a custodian must come in to clean up the mess, it is considered vandalism and billed to the hall council budget.

²It is important to note that once a student is documented for a violation of the alcohol policy, he/she will be required to attend a conduct meeting designed to establish whether or not the student is responsible for the behavior for which he/she was documented. Thus, these numbers cannot speak to whether or not a student was actually held responsible for misconduct related to the alcohol policy. Yet, the numbers can and do speak very clearly to the issue of the sheer number of times staff members suspected or observed alcohol policy violations and thereby documented students involved in the behavior. Furthermore, it is important to note that the practice of requiring a student to meet with the Resident Director once he/she has been documented for a potential violation of the alcohol policy to determine his/her level of responsibility is followed in both Mathes and Nash halls.

For Nash Hall, the above figures indicate a 67% reduction in the number of Alcohol Related Incident Reports between Fall Quarter, 1992, and Fall Quarter, 1993. Similarly, there was a 69% reduction in the number of students involved in these incidents. In contrast, the number of Alcohol Related Incidents Reports in Mathes Hall rose 72% and the number of students involved rose 15% during the same time period.

In order to further assess the impact the Wellness Hall has had on students' behaviors related to alcohol consumption the CORE Alcohol and Drug Survey was administered to students in both Nash and Mathes halls in October, 1993. The data derived from this survey can speak to the difference in alcohol related behaviors and attitudes between the two residence halls. In total, 468 completed and usable surveys were returned from the two buildings, 225 from Nash and 243 from Mathes.³ Results from the survey can be divided into three sections: demographics, attitudes, and personal use. The CORE survey asks students to respond to questions related to their alcohol and drug use within the last week, two weeks and the last 30 days, as well as behaviors committed within the last year. However, in order to interpret the data fairly, this report contains only analyses of the behaviors within the last 30 days, 2 weeks, or week. A posttest will be conducted in early May to assess the behaviors within the last year.

One CORE question asked students how many times in the last two weeks the student has consumed five or more drinks at one sitting.⁴ The table below reports the number of students reporting that they consumed five or more drinks at a sitting and the frequency with which they did so during the two weeks prior to the administration of the CORE survey. (See Table 4.)

Table 4. CORE respondent
drank five or more drinks at one
sitting in the past two weeks.

	Nash	Mathes
None	90.0%	60.7%
Once	5.2%	14.9%
Twice	1.7%	9.1%
3-5 times	2.2%	10.7%
6-9 times	0.0%	3.7%
10+ times	0.9%	0.8%

Another CORE survey question asked students how many drinks they consumed in a week. For Nash Hall respondents, 85.6% reported not consuming *any* alcohol in a week and 11.4% reported consuming an average of 1-10 drinks in a week. For Mathes Hall respondents, only 48.1% reported not consuming any alcohol in a week, while 40.4% reported

³Total Nash Hall occupancy on 10/22 was 283. Total Mathes Hall occupancy on 10/22 was 296.

⁴A "drink" defined as "a bottle of beer, a glass of wine, a wine cooler, a shot glass of liquor, or a mixed drink."

consuming an average of 1-10 drinks in a week. (See Table 5.)

Table 5. Average number of drinks
CORE respondent reported
consuming in a week

	Nash	Mathes
None	85.6%	48.1%
1-10	11.4%	40.4%
11-20	2.6%	5.1%
21-30	0.0%	4.7%
30+	0.4%	1.7%

The final CORE survey question utilized in this report asked students on how many days in the last month they used alcohol. For Nash Hall respondents, 77.2% reported consuming no alcohol in the past thirty days, while 12.5% reported consuming alcohol on one or two occasions. For Mathes Hall respondents, 39.8% reported consuming no alcohol in the past thirty days, while 22.0% reported consuming alcohol on one or two occasions. (See Table 6.)

Table 6. How often CORE
respondent used alcohol in
the last 30 days

	Nash	Mathes
None	77.2%	39.8%
1-2 days	12.5%	22.0%
3-5 days	3.9%	20.3%
6-9 days	4.7%	10.4%
10-19 days	0.9%	6.6%
20+ days	0.9%	0.8%

Summary

As stated previously, the preliminary data suggests that the Wellness community in Nash Hall is significantly impacting students' abilities to choose and maintain low drinking norms. During the fall quarter 1993-94, there were fewer documented incidents of alcohol policy violations, reduced vandalism, and students report reduced frequency and amounts of alcohol use. Further, a whole host of other benefits have also come about. For example, a number of parents have contacted residential staff members to tell them how happy they and

their son or daughter are about the Wellness Hall. This kind of parent feedback is rare. In addition, Nash residents have taken the piece of their Substance Free Living Agreement which asks them to take care of one another and their community to heart and have completed a number of community service activities. Students collected over 1000 cans for the food bank, painted the YWCA, and helped at the Women's Shelter. Many students have also initiated and implemented floor educational and social programs.

Appendix C:
Ethnicity Report

WWU Lifestyles Survey Ethnicity Report: Percentage (Frequency)*

Item	White, non-Hispanic	African-American	Hispanic	Asian-American	Pacific Islander	Native American	Other
"How often in the past month did you drink alcohol?"							
Not at all	22.1 (224)	26.3 (5)	35.2 (9)	34.8 (32)	10.1 (2)	28.3 (5)	26.6 (5)
Once a month	17.2 (174)	4.5 (1)	7.1 (2)	17.5 (16)	12.5 (3)	24.1 (4)	13.6 (3)
2-3 times a month	28.9 (292)	32.7 (6)	33.2 (8)	22.1 (21)	47.0 (10)	33.1 (6)	44.2 (8)
1-2 a week	22.6 (229)	36.5 (7)	24.5 (6)	19.7 (18)	24.4 (5)	9.7 (2)	11.0 (2)
3-4 times a week	6.9 (70)	-	-	5.9 (5)	6.0 (1)	-	4.5 (1)
More often	2.3 (23)	-	-	-	-	4.8 (1)	-
"On a given Friday or Saturday night, how much alcohol do you typically consume?"							
1-2 drinks	30.7 (240)	24.3 (3)	35.4 (6)	36.6 (22)	25.2 (5)	56.7 (7)	30.1 (4)
3-4 drinks	22.2 (174)	26.1 (4)	11.0 (2)	33.3 (20)	20.5 (4)	20.2 (3)	36.3 (5)
5+ drinks**	30.2 (237)	49.6 (7)	40.2 (6)	20.2 (12)	40.4 (7)	6.7 (1)	8.9 (1)
7+ drinks***	15.7 (124)	34.8 (5)	5.5 (1)	5.6 (3)	22.5 (4)	-	-
"Think of the occasion you drank the most this past month. How much did you drink?"							
1-2 drinks	21.3 (168)	6.1 (1)	24.4 (4)	21.3 (13)	27.8 (5)	50.0 (6)	27.4 (4)
3-4 drinks	19.2 (151)	29.6 (4)	29.9 (5)	24.6 (15)	17.9 (3)	6.7 (1)	18.6 (3)
5+ drinks**	58.0 (456)	64.3 (8)	45.7 (7)	54.1 (31)	54.3 (10)	43.3 (6)	54.0 (7)
7+ drinks***	41.2 (324)	58.2 (7)	37.8 (6)	33.0 (18)	38.4 (7)	36.6 (5)	23.9 (3)

*For typical and peak consumption, only those respondents reporting any frequency of drinking whatsoever (about three-quarters of the entire survey population) were considered.

**binge drinking

***potential for alcohol poisoning

Appendix D:
CORE Regions Map

The map below defining the regions for regional analyses of alcohol consumption patterns was taken from the publication Alcohol and Drugs on American College Campuses: Use, Consequences, and Perceptions of the Campus Environment (Volume 1: 1989-91), by Cheryl A. Presley, Ph.D., Philip W. Meilman, Ph.D., and Rob Lyerla, M.S. The Core Institute Student Health Program. Southern Illinois University -- Carbondale; Carbondale, Illinois. January 1993.

