

EMPLOYEE INVOLVEMENT IN AND PERCEPTIONS
OF CAMPUS ALCOHOL AND DRUG ABUSE
PREVENTION PROGRAMMING
AT UW-STOUT

by

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ABSTRACT

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National research has continually shown that college campuses nationwide foster many alcohol and drug use behaviors. It is suggested that faculty and staff may hold several misperceptions in regard to the prevalence and nature of the alcohol and drug use. Many college campus employees may tolerate the use and abuse of alcohol and drugs which may in turn lead students to mistake tolerance for acceptance. This study was conducted to determine the level of difference for levels of perceptions of campus policy and the amount of tolerance for alcohol and drug use for employees at the University of Wisconsin-Stout. Participants completed the Faculty and Staff Environmental Alcohol and Other Drug Survey to measure both their level of perceptions and their level of tolerance. Results would be used to determine whether knowledge and awareness of campus policy would heighten awareness of alcohol and drug use on campus as well as decrease levels of tolerance in a college campus environment.

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Chapter I

Introduction

College campuses nationwide are enrolled with a wide age span of students, usually seventeen and up. Despite alcohol being illegal for most college students, since they are under the age of twenty-one, alcohol continues to be used widely on most college campuses today. According to Bachman (1997), men and women who went to college and lived in a dormitory were least likely to have been drinkers in high school, but most likely to have started the behavior while living in the dormitory. They go on to say that when young people experience this new freedom, and parents are no longer around to supervise their children's habits, this new found commitment to none other than themselves may cause students to take on more alcohol drinking patterns.

In 1994, it is reported that 52% of male college students and 31% of female college students were considered binge drinkers. In addition, 20% of male and 12% of female college students reported using marijuana at least thirty days prior to the survey (Douglas, Collins, Warren, Kann, Gold, Clayton, Ross, & Kolbe, 1997). These drinking and drug behaviors can have negative effects on many other factors. The Harvard School of Public Health College Alcohol Survey showed several alarming results from college drinking and drug use. According to Wechsler (1997), who conducted this nationwide study, 61% of frequent binge drinkers had missed class, while only 8% of non-binge drinkers had missed class. Also, 46% of frequent binge drinkers have gotten behind on their schoolwork, while only 6% of non-binge drinkers had. Also, 11% of frequent binge drinkers had gotten in trouble with campus or local police while less than 1% of non-

binge drinkers had. What these results clearly show is the seriousness with which alcohol can affect students who may not even be old enough to drink.

Other consequences of binge drinking include unplanned and unsafe sexual activity, physical and sexual assault, unintentional injuries, criminal violations, interpersonal problems, and physical or cognitive impairment (Wechsler, Davenport, Dowdall, Moeykens, Costello, 1994). These are all effects that may be prevented if the levels of drinking on campus were lower.

With such astoundingly high levels of drinking and drug use on campus, there is question as to how these levels can be lowered. According to Ryan and DeJong (1998), faculty on campus play a critical role in helping to create an environment that discourages alcohol and drug use and abuse. There are several ways in which faculty and staff can assist in lowering the drinking and drug levels on campus, such as early intervention services, literature to students during the admission process, changes in resident housing, responsible beverage service programs in campus pubs, and enforcing campus laws.

Even with knowledge on how to make campus life more alcohol and drug free, steps must be taken to implement these ideas. Many researchers suggest that knowledge and acknowledgement of alcohol and drug abuse on campus by administrators and faculty will show students that awareness of the problem is present. Ryan (1998) suggests that college administrators be vocal, visible, and visionary in regard to the alcohol and drug use on campus, and from there steps can be taken to reduce alcohol and drug behavior.

Statement of the Problem

The problem then on college campuses is that employees on campus may cling to misinformation about the nature and degree of alcohol and drug use and abuse on campus. However, if perceptions were more accurate, the tolerance for alcohol and drug use and abuse on campus might be reduced. Therefore, the hypothesis for this study was that faculty, staff, and classified employees at the University of Wisconsin-Stout who have an awareness of and an involvement in campus alcohol and drug abuse prevention efforts (as indicated by affirmative scores on the Faculty and Staff Environmental Alcohol and Other Drug Survey) will have a less tolerant attitude toward heavy drinking and illicit drug use (as indicated by questions 34 and 35 of this survey).

By looking at how employees view alcohol and drug behavior in their own campus environment, officials may wish to increase knowledge of policy, awareness and involvement in prevention efforts, the ability to identify and refer students with alcohol and other drug problems, as well as perceptions of the effects. This in turn could effect the campus' tolerance for alcohol and other drug use.

The survey used in this study was broken down into sections, which was useful in pinpointing where the university needs improvement.

1. Knowledge of policy: these questions ask employee's perception of specific knowledge about policy on campus, how it is enforced, and consistency of policy.
2. Prevention Efforts: these questions ask employee's perception of specific knowledge on prevention programs for employees and students, whether they are involved, and whether the university is actively involved in prevention programs.

3. Student Referral: These questions ask employee's perception on referral policy, whether the university provides them with training programs to refer, and whether they know how to refer others for help.
4. Effects: These questions ask employee's perception on how student performance is affected by alcohol and drug use, awareness of affected academic performance, and whether they consider alcohol and drug use to be a problem on campus.
5. Information: These questions ask employee's perception on how the university provides information to students, staff, and whether they have personally provided information to students regarding alcohol and drugs.
6. AODA Issues: These questions ask employees whether they feel the campus assesses various behaviors and attitudes regarding alcohol and drug use, as well as whether the campus feels that alcohol and drug use is a consequence of the campus environment.

There are also questions regarding their personal tolerance towards alcohol and drug use, as well as demographic questions.

Purpose Statement

The purpose of this study was to determine the level of difference between observed and expected frequencies for levels of perception as measured by various levels, and the amount of tolerance for alcohol and illicit drug use as measured by various levels for employees at the University of Wisconsin-Stout.

The Null hypothesis for this study was that there is no statistically significant difference between observed and expected frequencies for levels of perception and the amount of tolerance for alcohol and illicit drug use for employees at the University of Wisconsin-Stout.

Definition of Terms

Binge Drinker: For men, considered to be five or more drinks in a row during any one day in the past two weeks. For women, considered to be four or more drinks in a row during any one day in the past two weeks (DeJong, 1998).

Frequent Binge Drinker: For men and women, have binge drank three or more times in the past two weeks (DeJong, 1998).

Illicit Drugs: Include tobacco, marijuana, hallucinogens, amphetamines, sedatives, cocaine, opiates, inhalants, designer drugs, and steroids (Presley, Meilman, Cashen, Lyerla, 1998).

Chapter II

Review of the Literature

This review of the literature covered several areas directly related to the present study. In this chapter, national as well as other study statistics will be discussed, showing the dire need for some type of prevention effort. Then, to compare with some national averages this chapter looks at statistics from the University of Wisconsin-Stout. Then, the four major areas of the survey will be discussed, including employee and staff knowledge of policy, awareness and involvement in prevention efforts, the ability to identify and refer students with alcohol and other drug problems, as well as perceptions of the effects.

National Studies

In the United States today, it is an accepted fact that college students will consume alcoholic beverages (Fondacaro & Heller, 1983). Although leaving home and moving into the dormitories may imply greater responsibility, also along with it comes drinking and even drug use. Results of national studies are alarming as to how many college students are considered binge drinkers, and even frequent binge drinkers. As reported in Prevention (1997), a summary of some statistics from the recently completed Harvard School of Public Health Survey is presented. Research was collected from a sample of 17,600 students at almost 150 college campuses. Survey findings include: 44% of students binge drank at least once in the past two weeks prior to the survey. Fifty percent of men were considered binge drinkers, while 30% of women. Also, what is more alarming is that 50% of binge drinkers were in fact considered frequent binge drinkers. Among those, 62% of men and 49% of women admitted that they had driven under the influence of alcohol. Not only are these students putting themselves at risk for auto

accidents, but are now making their drinking a problem for the whole community. In addition to putting their lives at risk by driving under the influence, it was reported that binge drinkers had experience a higher percentage of alcohol related problems, such as disciplinary problems, violence, irresponsible activity, personal injury, and poor academic performance. Finally, frequent binge drinkers were also most likely to use illicit drugs. With all of these results, it would seem that somehow alcohol and drug consumption would be discouraged and unappealing, but yet is still more prevalent than ever.

Similar national studies have shown almost equal results. Douglas et al. (1997) report that 52% of male and 31% of female college students were considered binge drinkers in the Monitoring and Future Study, while the Core Alcohol and Drug Survey reports that 51% of male and 35% of female college students were binge drinkers. These results are extremely high compared to same age peers not attending college, which may imply that college may be where many of these binge drinking behaviors are fostered. As stated above, the new found independence and freedom of leaving the home as a single teenager and moving into a facility of similar peers, may be the perfect environment for alcohol and drug abuse behaviors to begin.

UW-Stout Statistics

Although the national average seems exceedingly high for the amount of binge drinkers, these results can also be similarly compared to those at the University of Wisconsin-Stout. In a 1995 survey titled Student Alcohol and other Drug Survey done at UW-Stout, the results are again higher than one might expect. The survey sampled 10% of the student population. Comparisons were also made to 1993 and 1992 data. Survey

results indicate that 81% of respondents drink alcohol, with 35% of those being under the age of 21. The mean number of drinking days in an average week was 2.497, with an average of 14.86 drinks per week. When divided out, these numbers show that students binge drink 2-3 times per week on UW-Stout campus. In a 1996 study which asked about other drugs, 16.1% of respondents had used marijuana monthly. Other drugs used monthly were Psychedelics (1.8%), Cocaine (1.8%), Amphetamines (3.6%), Tobacco (25%), and Smokeless Tobacco (8.9%) (Duquette & Ebel, 1996).

In 1996, UW-Stout produced the Consequences of Drinking Residence Hall Survey pinpointing academic, health and safety, traffic and legal, as well as consequences of other people's drinking. In that year, 30.4% of students surveyed had missed class or work due to drinking. That is almost one third of all surveyed. Even more astounding is that almost one half (48%) of those surveyed have had a hangover, 36% have been sick due to drinking, and 29% of those have had memory loss or experienced blackout (Duquette & Ebel, 1996). All of these consequences show that casual social drinking is not the case at this campus, but that this campus may have a much more serious problem.

As far as drinking or drugs go, it seems that most of the time others feel its effects. The University of Wisconsin-Stout survey showed that 32% of those surveyed have ridden with someone driving under the influence. Twenty-seven percent of those surveyed have driven under the influence, and almost two percent of those have been in an alcohol related traffic accident. These statistics show that driving under the influence is occurring prevalently, and that the lives of others may be in danger due to alcohol.

Knowledge and Acknowledgement

Now that alcohol and drug behaviors have already been established on many college campuses, there is question as to what college employees can do to help reduce these behaviors. According to Berkowitz (1997), all members of campus communities hold misperceptions about alcohol and drug use, including students, faculty, and staff. He goes on to say that when these misperceptions get spread around and communicated to others, the community enables the environment for alcohol and other drug abuse. In other words, if students and staff on college campuses believe that alcohol and other drug use is higher than it really is, then those beliefs foster an environment for continued use. DeJong (1998) states that students overestimate the percentage of peers who engage in higher levels of drinking. These misperceptions will in turn effect student behavior, as well as make levels of alcohol consumption go up. They go on to say that making these norms more real will lower consumption.

If perceptions from a majority of the campus community are higher than reality, obviously something needs to be done to try to match perceptions with that reality. There are several ways to correct these misperceptions, which may be the biggest step towards a more intolerant alcohol and drug use and abuse environment. Burell (1990) says that admitting that there is a drinking problem on campus can be very difficult. Alcohol use and abuse may be completely socially acceptable behavior, which in turn sets high levels of tolerance for the drinking behaviors.

Prevention programs and knowledge of alcohol and drug use may be the first step in trying to lower alcohol and drug use. According to DeJong (1998), campuses need to organize politically in order to make change.

Faculty and staff on college campuses have a great deal of power as far as implementing prevention programs and enforcing them. Some things that professors or other officials can do is to identify students that are in trouble with alcohol or drugs and have the knowledge and resources to be able to refer them to intervention and treatment (Ryan and DeJong, 1998). With the high percentage of students missing class or getting lower grades due to alcohol or drug use, it should be a priority for staff members to be able to recognize it. Another way to implement prevention is to report healthy behaviors on campus, showing actual norms rather than targeting the minority (Berkowitz, 1997). That way, abstainers and responsible drinkers can become more visible and therefore model the healthy behaviors. More accurate information can be given out, through electronic mail, newsletters, and announcements (Ryan and DeJong, 1997).

A study done by Murgraff, White, and Phillips (1996), investigate whether behavior interventions implemented would effect possible binge episodes in the future. According to this study, the identifications of the social processes leading individuals to adopt a recommended action is one of the crucial steps in behavior change, but that for regular binge drinkers, changing habitually performed maladaptive behaviors may be the key to behavioral change. The study's objective was to supply information regarding drinking at safe levels rather than abstaining. After comparing two groups of participants, both an experimental group and a control group, results show that prior planning to reduce binge drinking increases the likelihood of future binges in young adults. Similarly Moore, Smith, and Catford (1994) recommend that sensible drinking messages should emphasize the need to lower incidences of binge drinking as well as to moderate overall weekly consumption and should be supported by enforced policies to create

environments that support sensible alcohol use. Messages promoting moderate, healthy levels of drinking, as well as messages targeted to all ages are two ways in which information can be subtly expressed. To relate this to college studies, it may be beneficial to educate students that certain amounts of alcohol are acceptable for those of age, but that binge drinking is not socially acceptable on college campuses.

Overall, the Core Institute emphasizes how important it is for college employees and academic officials to speak out, and find out about what is really happening on campus. According to Ryan and DeJong (1997), a study by the Core Institute using the Faculty and Staff Environmental Survey found that while 75% of officials replied that it is not 'ok' to get drunk, only 33% said that it was the most common attitude in the college community. With drug use, 90% said that illicit drug use is not 'ok', while less than 50% said it was the most common attitude on campus. This shows the widespread misperceptions that many employees have with regards to student norms.

Chapter III

Method

This study sought to determine whether employees' level of perceptions of alcohol and illicit drug use appears to be related to the amount of tolerance for alcohol and illicit drug use at the University of Wisconsin, Stout. The design and procedures of data collection and analysis used in this descriptive study are covered in this chapter. Chapter Three is organized in the following manner: participants in the study, a description of the instrument used, how procedures were implemented, and how the data was analyzed.

Participants

The researcher conducted the study using all faculty and staff (361 men, 241 women), and a sample of the classified staff from the University of Wisconsin-Stout (48 men, and 64 women) in May, 1999.

Instrumentation

The researcher utilized an informed consent sheet, which informed the participants of their voluntary participation and details of the study. The informed consent sheet also contained the necessary phone numbers in case of questions or concerns presented by the participants.

Also included in the envelope packet was a letter from the Chancellor, stating the importance of the survey for evaluating and improving campus alcohol and drug use as well as information regarding the UW Task force's efforts (Appendix A).

The Faculty and Staff Environmental Alcohol and Other Drug Survey, as developed by the CORE Institute for SIUC Alcohol and Drug Prevention Program, assesses the University of Wisconsin-Stout employee's perceptions of alcohol and drug

abuse affects, understanding campus alcohol and drug policy, awareness and involvement in alcohol and drug abuse prevention efforts, ability to identify and refer individuals with alcohol and drug abuse problems, and tolerance for alcohol and drug use (Appendix A). The survey categorizes participants into various levels perceptions, as well as various levels of tolerance.

Procedure

Since all faculty and staff were included in the survey, there were no sampling procedures performed. Classified Staff were sampled by pulling every fourth mailing label from an alphabetical list of names, producing 64 females and 33 males. To make the sample more equal, the list was used again to pull every fourth male label off from the list of names, producing a more accurate representation of the male/female ratio. Employees were anonymously mailed an envelope that contains an on-campus address mailing label, a copy of the survey, consent form, letter from the chancellor, and a return envelope with no employee identifier through intercampus mail. Participants were asked in the letter to voluntarily complete the survey, then return the survey via intercampus mail.

Data Analysis

Once the processing of the surveys was completed, the data were submitted to the academic computing center for statistical evaluation. Chi Square data analysis was used to assess the level of difference between observed and expected frequencies for levels of perception and tolerance for alcohol and illicit drug use.

CHAPTER FOUR

Results

The purpose of this study was to determine the level of difference between observed and expected frequencies for levels of perception and the amount of tolerance for alcohol and illicit drug use for employees at the University of Wisconsin-Stout. This chapter will present the results of Chi Square analysis implemented on the Faculty and Staff Environmental Alcohol and Other Drug Survey. Demographic as well as data collected on the research hypothesis will be given.

Demographic Information

A total of 241 surveys were returned, which included 183 faculty and staff, fifty-two classified staff, and six participants unidentifiable by employment status. The male:female ratio was almost equal, with 113 males responding, 117 females responding, and eleven unidentifiable respondents. With regards to marital status, 172 respondents stated that they were married, thirty-one respondents stated that they were single, twenty-six respondents stated that they were divorced, widowed or separated, and twelve participants did not give their marital status. A majority of the respondents were of the same ethnic origin, with 209 respondents stating they were White. One respondent indicated that they were Black, three indicated Hispanic, four indicated Asian, two indicated Native American, two indicated Other, and 20 participants did not respond. The mean age of the respondents were 47.29, with the range being from age twenty-four to seventy-four.

Data Analysis

This study had one main hypothesis: that employees at UW-Stout who are less perceptual of University policy and prevention efforts (as indicated by affirmative scores on the Faculty and Staff Environmental Alcohol and Other Drug Survey) will have a less tolerant attitude toward alcohol and illicit drug use (as indicated by questions 34 and 35 of the same survey). Table 1 presents a summary of both frequency counts and percentages of questions 1-33 for all respondents answering Yes, No, and in some cases Don't Know. Table 2 presents both frequency counts and percentages of questions 34(1), 34(2), 35(1), and 35(2) for all respondents answering in one of five ways, ranging from a. drinking/using drugs is never a good thing to do, to e. A frequent "drunk"/"drug high" is okay if that is what the individual wants to do. Uneven percentages indicate that the respondents left that question blank. A Chi Square Analysis was conducted on the data pertaining to the hypothesis. The Chi Square Analysis cross-tabulated questions 1-33 independently with questions 34(1), 34(2), 35(1), and 35(2). For the purpose of this study, questions 34(1) and 35(1) were used to determine the employees' tolerance for alcohol and drug use on campus. The results indicated that there was one significant difference found between question 34(1) and question 23, pertaining to alcohol use and the negative effects of student life as shown on Table 3 ($X^2 = 4.549$, $df = 1$, $p < .05$). For this cross-tabulation, a. and b. responses to 34(1) were combined together, and c., d., and e. responses were also combined together due to the low number of respondents in some categories. For this cross-tabulation, the null hypothesis was rejected, showing that although 214 individuals responded that alcohol does affect student life, 55 of those

individuals responded that an occasional “drunk” is okay in certain circumstances as shown on Table 3.

Questions 34(2) and 35(2) asked respondents to answer these two parts as the campus’ attitude regarding both alcohol and illicit drug use. When cross-tabulated with a Chi Square individually with questions 1-33, it was surprising to note a few significant findings. Results indicate that there was a significant difference found between question 34(2) and question 29($X^2 = 19.230$, $df = 4$, $p < .001$). When employees were asked if they consider the current alcohol and other drug use on the UW-Stout campus to be more of a problem than other campuses, 166 participants responded “No,” but 138 of those responded that the campus’ attitude was either: an occasional “drunk” is okay whether or not it interferes with responsibilities, or a frequent “drunk” is okay if that is what the individual wants to do (Table 4).

Question 16 asks respondents if alcohol and other drug policies are consistently enforced on the UW-Stout campus. Results of a Chi Square analysis indicate a significant difference when cross-tabulated with question 34(2) ($X^2 = 18.093$, $df = 8$, $p < .05$). Results show that while 152 participants said that they “don’t know,” only 24 of those stated that the campus’ attitude is that drinking is never a good thing to do, or that drinking is okay, but a person should never get drunk (Table 5).

Question 26 asks respondents if they wish to be involved in alcohol and other drug prevention efforts at UW-Stout. While 87 participants said that they would like to be involved, 115 participants said that they would not like to be involved. Results of a Chi Square analysis indicate a significant difference when cross-tabulated with question 35(2) ($X^2 = 7.969$, $df = 1$, $p < .01$). Of the 115 participants who said they would not like to be

involved, 51 of those stated that the campus' attitude towards illicit drug use was either: c. an occasional "drug high" is okay as long as it doesn't interfere with academics or other responsibilities, d. an occasional "drug high" is okay even if it does interfere with academics or other responsibilities, or e. a frequent drug high is okay if that is what the individual wants to do (Table 6).

TABLE 1
Frequency Counts and Percentages on items 1-33
For Total Group of Respondents

<u>Policy</u>	<u>f</u>			<u>%</u>		
	Yes	No	Don't Know	Yes	No	Don't Know
Q1 Does this university have a policy concerning alcohol and other drugs?	186	0.0	53	77.2	0.0	22.0
Q2 Have you ever seen/read a copy of this policy?	90	132	15	37.3	54.8	6.2
Q3 Do the policies pertain to faculty and staff?	132	5	97	54.8	2.1	40.2
Q4 Does the policy specifically address faculty/staff responsibility at events where students are present and alcohol is served?	44	11	182	18.3	4.6	75.5
Q5 Do you know where to find a copy of the alcohol and other drug policy?	108	86	42	44.8	35.7	17.4
Q16 Are alcohol and other drug policies consistently enforced on this university campus?	31	47	161	12.9	19.5	66.8
Q17 Are appropriate disciplinary actions taken when alcohol and other drugs policies have been violated by students?	41	21	176	17.0	8.7	73.0
Q18 Are appropriate disciplinary actions taken when alcohol and other drug policies have been violated by faculty/staff?	53	98	NA	22.0	40.7	NA
<u>Prevention</u>						
Q6 Does this university have an alcohol or other drug prevention program for students?	152	3	83	63.1	1.2	34.4
Q7 Does this university have an alcohol or other drug prevention program for staff?	97	9	132	40.2	3.7	54.8
Q8 Do you believe this university is concerned about the prevention of alcohol and other drug abuse?	174	26	37	72.2	10.8	15.4
Q9 Are you actively involved in efforts to prevent alcohol and other drug use problems on this campus?	53	181	6	22.0	75.1	2.5
Q22 Do you think institutions of higher education should be involved in alcohol and other drug prevention efforts?	222	12	NA	92.1	5.0	NA
Q26 Do you wish to be involved in alcohol and other drug prevention efforts at this university?	98	134	NA	40.7	55.6	NA
<u>Effects of AODA Use at UW Stout</u>						
Q23 Do you think that alcohol and other drug use negatively affects the overall quality of student life?	219	12	NA	90.9	5.0	NA
Q24 Do you believe student academic performance is affected by alcohol and other drug use?	228	4	NA	94.6	1.7	NA

TABLE 1 (continued)

	<i>f</i>			<i>%</i>		
	Yes	No	Don't Know	Yes	No	Don't Know
Q28 Do you consider the current alcohol and other drug use on this campus to be a problem?	163	60	NA	67.6	24.9	NA
Q29 Do you consider the current alcohol and other drug use on this campus to be more of a problem than that experienced by other campuses?	44	178	NA	18.3	73.9	NA
Q30 Do you think the current alcohol and other drug use on this campus is a concern for educators?	178	51	NA	73.9	21.2	NA
Q25 Have you personally been aware of student(s) whose academic performance has been affected by alcohol and other drug use?	167	68	NA	69.3	28.2	NA
<u>Information</u>						
Q10 Does this university provide accurate and current information to students concerning the effects and health risks associated with the use and abuse of alcohol and other drugs?	109	15	115	45.2	6.2	47.7
Q11 Was alcohol and other drug abuse information provided at any faculty/staff orientation that you attended?	51	175	NA	21.2	72.6	NA
Q12 Have you ever attended any alcohol and other drug abuse program on this campus?	31	207	NA	12.9	85.9	NA
Q13 Have you ever provided information concerning alcohol and other drugs to students (i.e., class, advisement, etc.)?	91	148	NA	37.8	61.4	NA
Q27 Would you attend a workshop dealing with alcohol and other drug prevention/education efforts?	153	76	NA	63.5	31.5	NA
<u>Identification and Referral</u>						
Q14 Are training programs provided so that staff and faculty can identify students or colleagues who have problems with alcohol and other drugs?	43	172	NA	17.8	71.4	NA
Q15 If you had a student or a colleague with alcohol or other drug problems, would you know how to refer him/her for help?	173	65	NA	71.8	27.0	NA
Q31 Do you know how to identify the signs of problematic alcohol and other drug use?	135	91	NA	56.0	37.8	NA
Q32 Do you feel that more information regarding the identification of problematic alcohol and other drug use among students would be helpful to you?	156	72	NA	64.7	29.9	NA
Q33 If you knew how to refer students appropriate services for suspected alcohol and other drug problems, would you refer them to such services?	208	17	NA	86.3	7.1	NA
<u>AODA Issues</u>						
Q19 Does this university assess awareness, attitudes, and behaviors regarding alcohol and other drugs on campus?	102	93	NA	42.3	38.6	NA
Q20 Have you ever personally answered a survey regarding alcohol and other drugs on campus?	29	203	NA	12.0	84.2	NA
Q21 Does this university assess the campus environment as an underlying cause of alcohol and other drug abuse?	49	129	NA	20.3	53.5	NA

TABLE 2
 Frequency Counts and Percentages on Items 34 and 35
 For the Total Group of Respondents

Which of the statements below best represents (1) the attitude you have regarding alcohol use, and (2) the most common attitude of the campus in general regarding alcohol use.

	<i>f</i>	%
Your attitude regarding alcohol use:		
A. Drinking is never a good thing to do.	28	11.6
B. Drinking is okay, but a person should never get drunk.	140	58.1
C. An occasional "drunk" is okay as long as it doesn't interfere with academics or other responsibilities.	62	25.7
D. An occasional "drunk" is okay even if it does interfere with academics of other responsibilities.	1	.4
E. A frequent "drunk" is okay if that is what the individual wants to do.	3	1.2
Campus' attitude in general regarding alcohol use:		
A. Drinking is never a good thing to do.	8	3.3
B. Drinking is okay, but a person should never get drunk.	28	11.6
C. An occasional "drunk" is okay as long as it doesn't interfere with academics or other responsibilities.	79	32.8
D. An occasional "drunk" is okay even if it does interfere with academics of other responsibilities.	58	24.1
E. A frequent "drunk" is okay if that is what the individual wants to do.	51	21.2

Which of the statements below best represents (1) the attitude you have regarding illicit (non-prescription) drug use, and (2) the most common attitude of the campus in general regarding illicit (non-prescription) drug use.

	<i>f</i>	%
Your attitude regarding illicit drug use:		
A. Using drugs is never a good thing to do.	191	79.3
B. Using drugs is okay, but a person should never get wasted.	22	9.1
C. An occasional "drug high" is okay as long as it doesn't interfere with academics or other responsibilities.	6	2.5
D. An occasional "drug high" is okay even if it does interfere with academics of other responsibilities.	0	0.0
E. A frequent "drug high" is okay if that is what the individual wants to do.	2	0.8
Campus' attitude in general regarding illicit drug use:		
A. Using drugs is never a good thing to do.	67	27.8
B. Using drugs is okay, but a person should never get wasted.	32	13.3
C. An occasional "drug high" is okay as long as it doesn't interfere with academics or other responsibilities.	61	25.3
D. An occasional "drug high" is okay even if it does interfere with academics of other responsibilities.	28	11.6
E. A frequent "drug high" is okay if that is what the individual wants to do.	20	8.3

TABLE 3
Cross-tabulation (Frequency Counts and Percentages),
With a Chi Square Analysis Between Question 34(1) and Question 23.

		Q23. Do you think that alcohol and other drug use negatively effects the overall quality of student life?	
		Yes	No
Q34(1). Your attitude regarding alcohol use			
A. Drinking is never a good thing to do. Drinking is okay, but a person should never get drunk.	Count	159	5
	Expected Count	155.3	8.7
	% Within 34(1)	97.0%	3.0%
	% Within Q23	74.3%	41.7%
B. An occasional "drunk" is okay as long as it doesn't interfere with academics of other responsibilities. An occasional "drunk" is okay even if it does interfere with academics or other responsibilities. A frequent "drunk" is okay if that is what the individual wants to do.	Count	55	7
	Expected Count	58.7	3.3
	% Within 34(1)	88.7%	11.3%
	% Within Q23	25.7%	58.3%
P<.05			

TABLE 4
Cross-tabulation (Frequency Counts and Percentages),
With a Chi Square Analysis Between Question 34(2) and Question 29.

		Q29. Do you consider the current alcohol and other drug use on this campus to be more of a problem than other campuses?	
		Yes	No
Q34(1). Campus' attitude in general regarding alcohol use			
A. Drinking is never a good thing to do.	Count	3	5
	Expected Count	1.6	6.4
	% Within 34(2)	37.5%	62.5%
	% Within Q29	7.0%	3.0%
B. Drinking is okay, but a person should never get drunk.	Count	3	23
	Expected Count	5.3	20.7
	% Within 34(2)	11.5%	88.5%
	% Within Q29	7.0%	13.9%
C. An occasional "drunk" is okay as long as it doesn't interfere with academics of other responsibilities.	Count	11	66
	Expected Count	15.8	61.2
	% Within 34(2)	14.3%	85.7%
	% Within Q29	25.6%	39.8%
D. An occasional "drunk" is okay even if it does interfere with academics or other responsibilities.	Count	7	46
	Expected Count	10.9	42.1
	% Within 34(2)	13.2%	86.8%
	% Within Q29	16.3%	27.7%
E. A frequent "drunk" is okay if that is what the individual wants to do.	Count	19	26
	Expected Count	9.3	35.7
	% Within 34(2)	42.2%	57.8%
	% Within Q29	44.2%	15.7%
p<.001			

TABLE 5

**Cross-tabulation (Frequency Counts and Percentages),
With a Chi Square Analysis Between Question 34(2) and Question 16.**

		Q16. Are alcohol and other drug policies consistently enforced on this university campus?			
		Yes	No	Don't Know	
Q34(2). Campus' attitude in general regarding alcohol use:					
A.	Drinking is never a good thing to do.	Count	1	1	6
		Expected Count	1.0	1.6	5.4
		% Within 34(2)	12.5%	12.5%	75.0%
		% Within Q16	3.6%	2.3%	3.9%
B.	Drinking is okay, but a person should never get drunk.	Count	7	3	18
		Expected Count	3.5	5.5	19.0
		% Within 34(2)	25.0%	10.7%	64.3%
		% Within Q16	25.0%	6.8%	11.8%
C.	An occasional "drunk" is okay as long as it doesn't interfere with academics of other responsibilities.	Count	9	10	60
		Expected Count	9.9	15.5	53.6
		% Within 34(2)	11.4%	12.7%	75.9%
		% Within Q16	32.1%	22.7%	39.5%
D.	An occasional "drunk" is okay even if it does interfere with academics or other responsibilities.	Count	9	12	37
		Expected Count	7.3	11.4	39.4
		% Within 34(2)	15.5%	20.7%	63.8%
		% Within Q16	32.1%	27.3%	24.3%
E.	A frequent "drunk" is okay if that is what the individual wants to do.	Count	2	18	31
		Expected Count	6.4	10.0	34.6
		% Within 34(2)	3.9%	35.3%	60.8%
		% Within Q16	7.1%	40.9%	20.4%

p<.05

TABLE 6

**Cross-tabulation (Frequency Counts and Percentages),
With a Chi Square Analysis Between Question 35(2) and Question 26.**

		Q26. Do you wish to be involved in alcohol and other drug prevention efforts at this university?		
		Yes	No	
Q35(2). Your attitude regarding alcohol use				
A.	Using drugs is never a good thing to do.	Count	31	64
	Using drugs is okay, but a person should never get wasted.	Expected Count	40.9	54.1
		% Within 35(2)	32.6%	67.4%
		% Within Q26	35.6%	55.7%
B.	An occasional "drug high" is okay as long as it doesn't interfere with academics of other responsibilities.	Count	56	51
	An occasional "drug high" is okay even if it does interfere with academics or other responsibilities.	Expected Count	46.1	60.9
		% Within 35(2)	52.3%	47.7%
	A frequent "drug high" is okay if that is what the individual wants to do.	% Within Q26	64.4%	44.3%

P<.01

Chapter Five

Summary, Conclusions, and Recommendations

Summary

Alcohol and drug use on campus is a serious issue that many universities across the United States are ignoring. Few studies have shown what part employees of universities can play in the reduction of the alcohol and drug use on campus. Many campuses nationwide have grown accustomed to the high rates of alcohol and drug use on campus, and in turn universities have started to become labeled as “party schools” that attract the students to their campus. Drinking and drug use has slowly become socially acceptable for students nationally, and may be becoming a serious issue for those students at the University of Wisconsin-Stout. This study has examined perception levels of employees at UW-Stout along with their level of tolerance for alcohol and drug use. Studies reveal that employees may have misperceptions about drinking and drug use, which can cause higher levels of tolerance for the behavior. Implementing prevention programs by becoming vocal to the community, referring, and not tolerating behaviors may be some of the ways that employees can do to help reduce the incidence of binge drinking or illicit drug use.

Conclusions

The purpose of this study was to determine the level of difference between observed and expected frequencies for levels of perception and the amount of tolerance for alcohol and illicit drug use for employees at the University of Wisconsin-Stout.

This was determined through analysis of a questionnaire mailed to faculty and staff at the University of Wisconsin-Stout. The results of the analysis revealed that there

was a significant difference between employees' perception of how alcohol and drug negatively affects the overall quality of student life (Question 23), and their tolerance level for alcohol use (Question 34(1)). While this particular analysis was found significant, the remaining sixty-five analyses were not, indicating that in a great majority of cases, the hypothesis was rejected. Based on this information it can be concluded that although some employees at UW-Stout do not have a high awareness of alcohol and drug abuse prevention efforts, a significant number of them also do not have a high level of tolerance towards binge drinking and illicit drug use. This may suggest that with both an intolerant attitude towards drinking and drug use, along with a higher level of perception, employees may be able to reduce the behaviors occurring presently on campus.

With regards to questions 34(2) and 35(2) along with questions 29, 16, and 26, it is evident that employees at UW-Stout feel that the campus' attitude is different than their own. What some employees were responding is that drinking is okay on the UW-Stout campus because it does not seem to be any more of a problem than other campuses. Again this is reinforcing the notion that college drinking is accepted because that is what the norm seems to have become. Also in regards to policy, more than half of employees surveyed responded that they do not know if policies are enforced on campus, yet a very few number stated that the campuses attitude is that drinking is never a good thing to do. What this may be saying is that the policies may not be reinforced, therefore, many feel that they can drink. What seems so alarming is the fact that many employees do not have a high tolerance for campus drinking and drug use, yet do not wish to be involved in prevention efforts. These mixed messages to students may be the reason alcohol and drug

abuse behaviors still occur today. Until there is a collaboration between the employees on campuses, there seems to be an increased amount of alcohol and illicit drug behaviors.

Implications for Further Study

While this study did not show a great deal of significance with regards to participant's own attitude toward drinking and drug use, there were some significant findings with regards to participant's perception of the campus' attitude towards drinking and drug use. Further studies on perception could possibly compare employees' perception of the campus' attitude with another study surveying students on their drinking and drug patterns at the UW-Stout campus. It would be interesting to interpret whether employees' perceptions are higher or lower than the actual surveyed amount.

Further research conducted with employees on other campuses with lower or higher drinking and drug patterns would give more reinforcement to the idea that awareness and tolerance of drinking and drug use on campus does effect the actual drinking patterns on campus.

Also, further research using more demographics could possibly show a relationship between gender, age, education level, or ethnic origin compared to awareness and tolerance for alcohol and drug use.

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