

Alcohol and Other Drug Perceptions Survey

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LITERATURE REVIEW

National

Each year, more than 100,000 people die in our country from alcohol and other drug (AOD) related causes. Some estimates show that AOD related problems cost taxpayers more than \$294 billion each year for preventable health care, extra law enforcement, automobile accidents, crime, and lost productivity (Bush, 2001). Not only does AOD abuse effect the well being of our country, it also has a great effect on our families. One in four of our nation's children are exposed to alcoholism or alcohol abuse in their families before the age of 18 (Bush, 2001). Extensive research has shown that AOD related problems often lead to other serious issues. These may include health, legal, family, personal, and business related difficulties.

Colleges

Several studies of AOD abuse at the college level have found additional campus-related problems. These include poor academic achievements, disrupted attendance, risky sexual behaviors, violent behaviors, and other illegal activities (Wechsler, Lee, Kuo, Seibring, Nelson, & Lee, 2002). Dr. Henry Wechsler, principle investigator for the Harvard School of Public Health College Alcohol Study (CAS), has done extensive research on the drinking behaviors of college students. Binge drinking and the resulting consequences has been recognized as the number one public health problem affecting college students since the 1990's (Wechsler et. al, 2002). The CAS has defined *binge drinking* as the consumption of five or more drinks during one sitting in the past two weeks for males, and four or more dinks for females. Such behaviors place the drinker, as well as others, at an increased risk of alcohol related problems (Wechsler & Nelson, 2001).

Specifically, some effects that student drinkers may experience include educational, social, and health problems (Wechsler, Nelson, & Weitzman, 2000). Although widely publicized, deaths due to alcohol consumption are relatively low; however, most large colleges

report overdose admissions in emergency rooms and student health centers due to alcohol poisoning. In one CAS survey, 0.6 percent of students reported receiving treatment for alcohol overdose; while small on the individual campus scale, nationally this would include some 30,000 college students each year. In the same study, roughly 12 percent of respondents reported an injury resulting from alcohol use; one in twenty of these injuries required medical attention. Academic performance also suffers; half of binge drinkers report missing at least one class due to the consequences of alcohol use. More than one-third of these drinkers report falling behind in their school studies. Binge drinkers are also more likely to report lower grades when compared to non-bingers (Wechsler, Nelson, & Weitzman, 2000).

Non-binging peers may experience second-hand effects of AOD use such as insults and arguments, vandalism, physical assaults, and unwanted sexual advances. One in eight of this group reported being the victim of physical assault or their property vandalized as the result of another student's alcohol use (Wechsler, Nelson, & Weitzman, 2000). In the 2001 CAS, the most frequently experienced second-hand effects reported by non-bingers included having their study/sleep interrupted (60%), having to care for a drunken student (48%), and being insulted or humiliated (29%). The rates of such second-hand effects were higher for respondents living in fraternity/sorority houses than for those living in residence halls (Wechsler, et al., 2001).

UW-Stout

Beginning in 1999, the Chancellor's Coalition Addressing Problem Drinking (CCAPD) conducted several surveys to learn more about the AOD environment at UW-Stout. The measure used was the CORE Student AOD Use Survey, a survey designed by the CORE Institute at Southern Illinois University – Carbondale. In May of 2000, the CORE survey was administered to UW-Stout students. These results were compared to national averages from 64 two and four-year colleges. The results indicated that Stout was at or above the national average for most

AOD related problems. Wechsler's studies have shown that binge drinking varies from campus to campus across the country. The lowest rate reported was only 1% of the student population, whereas the highest rate was 70% of students binge drink. The CORE results indicated that nearly 71% of Stout students surveyed would be categorized as binge drinkers by Wechsler's terms, putting Stout at the higher extreme. The CORE results strongly suggest that an AOD problem exists at Stout.

In May of 2000, the CCAPD interviewed a small group of administrators and student leaders to gather their perceptions and recommendations related to AOD abuse at Stout. This group included the Provost, Vice Chancellor, the Deans, Assistant Chancellor for University Development, Director of Student Life Services, Director of Residence Life, Director of University Relations, Director of Enrollment Services, Director of the Student Center, President of the Stout Student Association, and the Inter-Greek Counsel President. As with the CORE survey, the interviewees perceived an AOD related problem at Stout. Although these participants are knowledgeable about the topic, their number was small and may not be representative of the University at large.

In order to address this issue, the CCAPD approached the Program Evaluation 2 class of the Master's in Applied Psychology Program for assistance. The class met with Allen Ebel, the Coalition chair, receiving background information and study questions to be addressed. As a result, the class reviewed the history of AOD use and abuse at the national, collegiate, and local (UW-Stout) level. From this information, the original perceptions survey was revised, including additional questions for comparisons and possible solutions. The targeted participants of these surveys were the faculty/staff and the students of the University at large. The purpose was to gather information about the perceptions of the AOD environment at UW-Stout, allowing for comparisons within and between these groups.

METHODOLOGY

Sampling

Using Dr. Lou Milanesi's email address book, the first student on every page was selected, totaling 1,463 students. In a similar fashion, faculty were selected from the *2001-2002 UW-Stout Informational Directory*. The first five names under each heading in the Department and Services section were selected. This method yielded 217 faculty. If after one week there were not adequate responses, a follow-up email was sent to remind those which may have forgotten.

Respondents

Of the 49 student respondents, 53.1% were female. Ages ranged from 18 to 50 years with an average age of 22.1 (sd = 4.8) years. The majority of student respondents (85.7%) were enrolled full-time. The academic level reported was slightly skewed; 12.2% were freshmen, an equal amount of respondents (24.4%) were sophomores and juniors, 32.7% were seniors, and 4.1% of respondents were graduate students. Of the respondents, 10.2% reported belonging to a fraternity/sorority with an equal proportion were involved with student government, 8.2% belonged to religious groups, 4.1% reported being athletes, 30.6% belonged to other clubs (including Institute of Packaging Professionals, Academic Honor Society, Blue Devil Productions, and Psi Chi) and 16.3% belonged to other groups (including NRHH, Stoutonia, GDA, and Symphonic Singers). A full 44.9% of student respondents indicated that they do not belong to any student clubs or groups. 36.7% of respondents indicated that they belonged to one club/group, 8.2% belonged to two clubs/groups, 2.0% belonged to three clubs/groups, and 8.2% belonged to four clubs/groups.

Of the 52 faculty respondents, 55.8% were male. Ages ranged from 24 to 66 with an average age of 45.5 (sd = 10.4). Of the respondents, 63.5% indicated that they were part of the Academic and Student Life Services (ASLS) with the remaining 36.5% being part of the

Academic and Student Affairs (ASA). None of the respondents indicated that they were part of the Chancellor's Office. In-class instructors made up 71.2% of the respondents. Almost one out of five (19.2%) of faculty respondents indicated that they were part of Administration. 11.5% were Residence Hall while 7.7% were part of Mental Health Services. None of the respondents indicated that they were part of AOD Services, Health Services, or Law Enforcement. Three of the respondents (5.8%) reported belonging to two positions and one respondent (1.9%) reported belonging to three positions.

Instrument

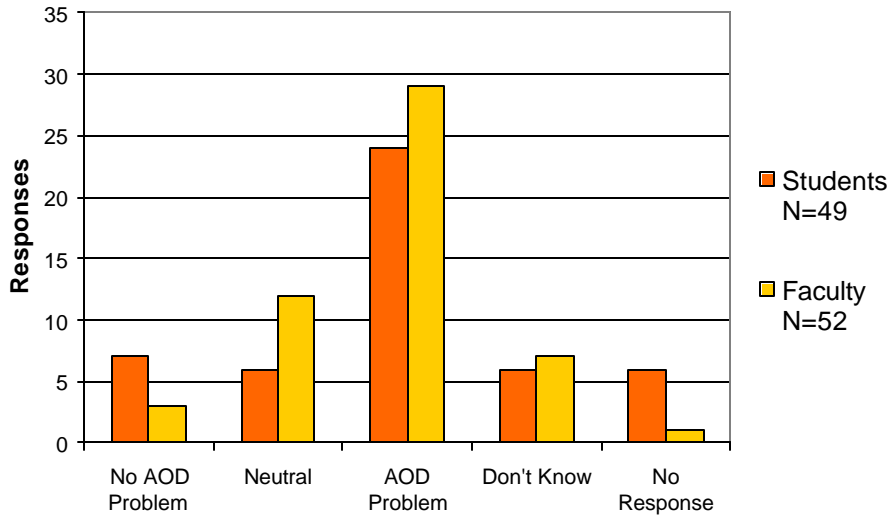
Two electronic based surveys were designed to gather information about perceptions of AOD use at the University of Wisconsin-Stout. One survey was designed for students while the other survey was designed for faculty and staff. The surveys were based off the guide from the 2000 interview conducted by the CCAPD. Additional questions were included to address specific areas of interest expressed by Allen Ebel. (see Appendix).

RESULTS

Description of the AOD Environment at UW-Stout

All faculty and students were asked to *Briefly describe the AOD environment at UW-Stout.*

Figure 1: Description of the AOD Environment



Under each of the categories, the following themes were identified with the corresponding frequencies of responses.

	Students	Faculty
No AOD-Related Problem Identified	AOD Use Not a Problem (2) Fun (2) Less AOD Use Now (1) Opportunities for Users and Non-Users (1) Most Use Responsibly (1)	More Awareness (1) Not as Visible (1) Less AOD Use Now (1)
Neutral Responses	Various Levels of Use (3) Similar to Other Universities (1) Not as Bad as Other Universities (1)	Various Levels of Use (7) Similar to Other Universities (3) Tolerant Attitudes (2) Progress Being Made (1)
AOD-Related Problem Identified	Prevalent Alcohol Use/Abuse (18) Prevalent Drug Use/Abuse (10) Availability (10) Cultural/Social Norms (8) Lack of Non-AOD Related Activities (4) Lack of Responsible Behavior (4) Accessibility (2) Underage Drinking (1) Lack of Strict Consequences (1)	Prevalent Alcohol Use/Abuse (17) Cultural/Social Norms (12) Prevalent Drug Use/Abuse (4) Lack of an Administrative Response (4) Accessibility (4) Lack of Adult Responses to Own AOD Problems (2) Focus on Punishment over Prevention (1) Underage Drinking (1)

Students	Faculty
Strict Regulations (1)	Permissive Attitudes (1)
	Availability (1)
	Faculty Partying with Students (1)

Similarities

- Both students and faculty that do not describe a problem cite less AOD use.
- Both students and faculty that are neutral in their description cite various levels of use and similarity to other universities most frequently.
- A majority of both students and faculty describe the current AOD environment as problematic.
- Both students and faculty most frequently cite prevalent alcohol use/abuse.
- Both students and faculty cite prevalent drug use/abuse, cultural/social norms, availability, accessibility, and underage drinking as themes in the problem environment.

Differences

- More faculty than students provided neutral descriptions.
- More faculty than students described a problem.

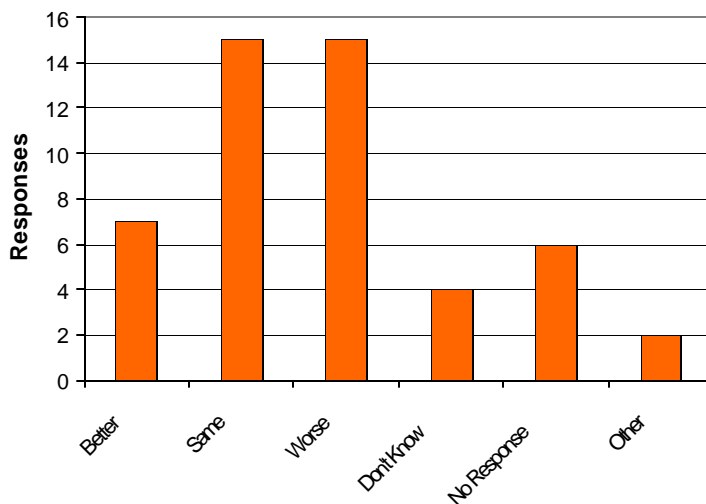
Comparisons of the Current AOD Environment at UW-Stout

Faculty and students were asked to make comparisons of the current AOD environment at UW-Stout to either their high school or to UW-Stout five years ago.

Students

Students were asked *How would you compare this environment to that of your high school?*

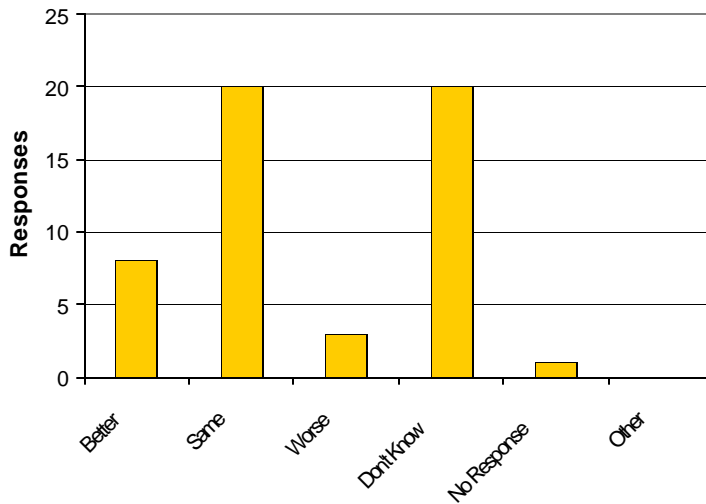
Figure 2: Student Comparisons of Current Environment at UW-Stout to Their High School



Faculty

Faculty were asked *How would you compare this environment to that of 5 years ago?*

Figure 3: Faculty Comparisons of Current Environment at UW-Stout to Five Years Ago



Perception of AOD-Related Problems at UW-Stout

All faculty and students were asked *Do you perceive any AOD related problems at UW-Stout?*

Figure 4: Student Perceptions of AOD Related Problems

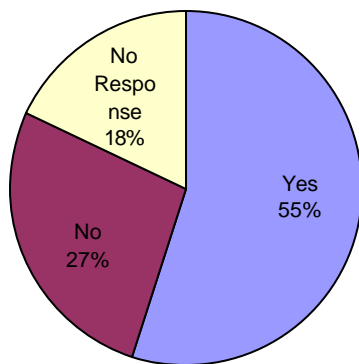
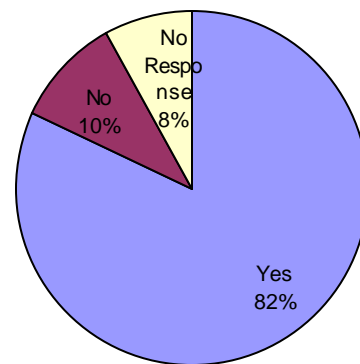


Figure 5: Faculty Perceptions of AOD Related Problems



Similarities

- A majority of both students and faculty perceive the current AOD environment as problematic.

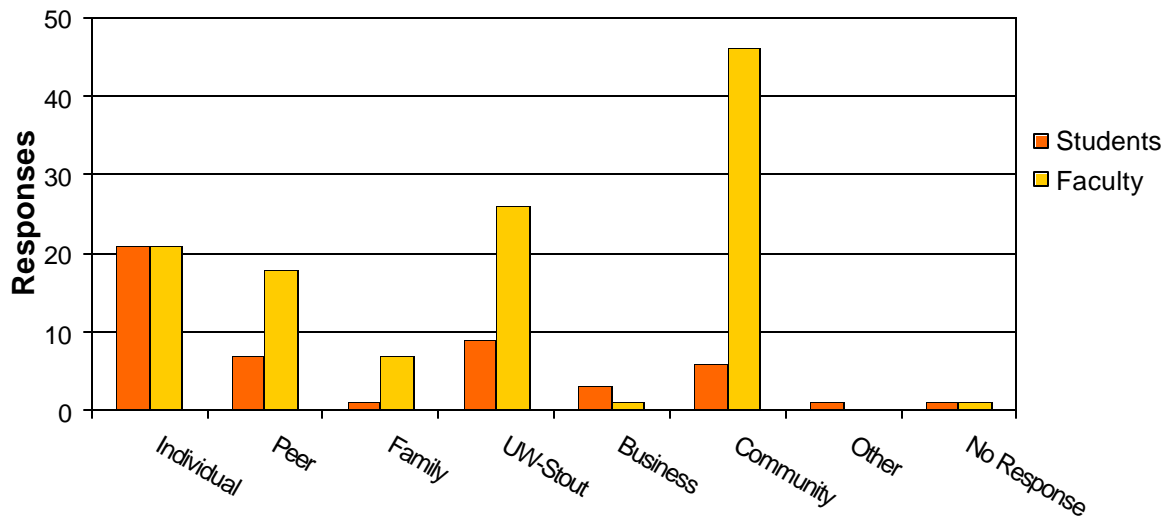
Differences

- More faculty than students perceive the current AOD environment as problematic.
- More students than faculty did not respond.

Causative Factors

Only those faculty and students that perceived an AOD-related problem at UW-Stout were asked the following question: *What might be the causes of AOD-related problems?*

Figure 6: Causative Factors of AOD Related Problems



Under each of the categories, the following themes were identified with the corresponding frequencies of responses.

Factor	Students	Faculty
Individual	Boredom/Easy Fun (7) Seeking Identity/Fitting In (6) Stress/Depression (4) Immaturity (2) Experimentation/New Experiences (2)	Individual Choice (8) Poor Coping/Problem Solving Skills (3) Boredom (3) Lack of Knowledge on AOD Problems (2) Genetic Vulnerability (2) Lack of Responsible Behavior (2) Rebelliousness (1)
Peer	Peer Pressure (5) House Parties (1) Socialization (1)	Peer Pressure (13) Social Attributes (3) Rite-of-Passage (2)
Family	Parental History (1)	Freedom from Parental Supervision (4) Parental History (3)
UW-Stout	University Tradition (6) Lack of Non-AOD Related Activities (2) Lack of Administrative Involvement (1)	University Tradition (10) Lack of Administrative Response (8) Lack of Non-AOD Related Activities (4) Lack of Education/Information (2) Lack of Faculty Response (1) Lack of Friday Classes (1)
Business	Accessibility (2) Non-AOD Related Business Close Early (1)	Promotion of AOD Usage (1)
Community	Lack of Non-AOD Related Activities (10)	Cultural/Social Influences (26)

Factor	Students	Faculty
	Availability (4)	Availability (7)
	Cultural/Social Influences (2)	Lack of Non-AOD Related Activities (5)
		Media (3)
		Tolerant Attitudes (2)
		Lack of Enforcement (2)
		Poor Off-Campus Housing (1)

Similarities

- Both students and faculty identify individual, peer, UW-Stout, and community-related factors as the major causes of the AOD problem at UW-Stout.
 - In individual factors, both students and faculty identify boredom.
 - In peer factors, both students and faculty identify peer pressure.
 - In UW-Stout factors, both students and faculty identify University tradition, lack of non-AOD related activities, and a lack of administrative involvement/response.
 - In community factors, both students and faculty identify a lack of non-AOD related activities, availability, and cultural/social influences.
- Both students and faculty cite parental history as a family factor.

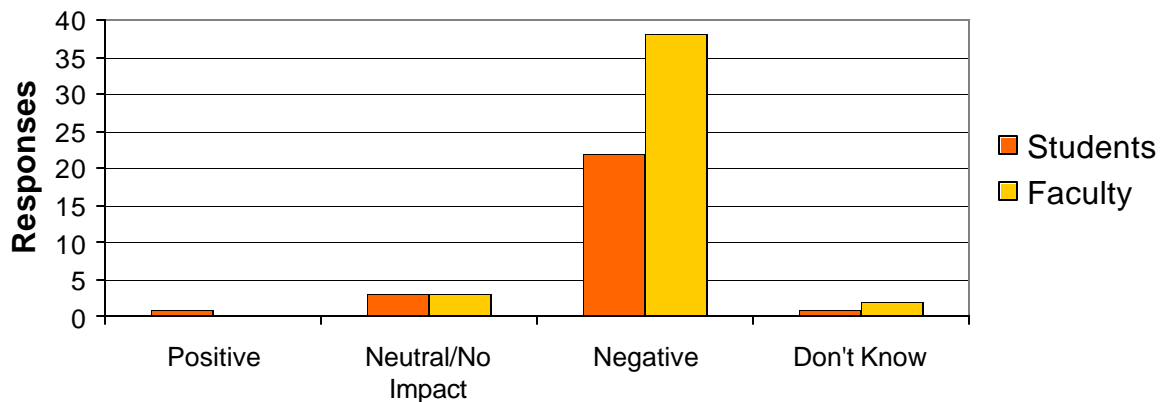
Differences

- Faculty view community factors most frequently whereas students view individual factors most frequently as the main cause of AOD-Related problems.
- Faculty view peer and UW-Stout factors more often than students.
- In terms of community factors, faculty overwhelmingly cite cultural/social influences whereas students cite a lack of non-AOD related activities.

Impact on UW-Stout

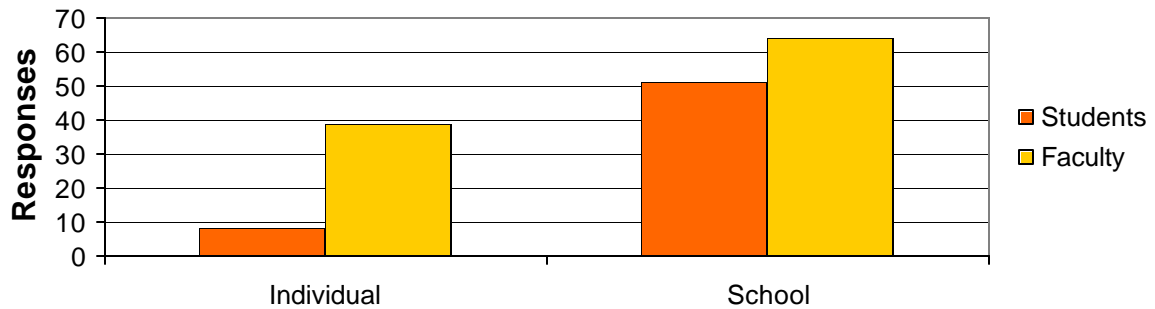
Only those faculty and students that did perceive an AOD-related problem were asked the following: *How might AOD-related problems impact the educational and/or student development missions at UW-Stout?*

Figure 7: Impact of AOD Related Problems on UW-Stout



Only those responses with negative impacts were coded.

Figure 8: Negative Impacts of AOD Related Problems



Under both of the categories, the following themes were identified with the corresponding frequencies of responses.

Impacts	Students	Faculty
Individual	Health Problems (5)	Health Problems (24)
	Hangovers (5)	Injuries (7)
	Intoxicated in Class (1)	Violence (6)
	Loss of Opportunities (1)	Hangovers (5)
	Lack of Involvement in Other Activities (1)	Loss of Sleep (3)
		Social/Emotional Stress (2)
		Brain Damage (1)
		Undermine Future/Goals/Dreams (6)
		Legal Problems (3)
		Intoxicated in Class (3)
		Poor Decision-Making (1)
		Waste Time (1)
		Financial Problems (1)
School	Poor Performance (47)	Poor Performance (57)
	Bad Grades (10)	Bad Grades (14)
	Focus on Partying over School (10)	Missed Classes (12)
	Missed Classes (8)	Reduced Learning (11)
	Missed Studies (6)	Drop Outs (8)
	Missed Homework (6)	Missed Studies (7)
	Drop Outs (5)	Missed Homework (5)
	Poor Participation (1)	Lowered Standards at UW-Stout (2)
	Cheating (1)	Weakened Educational Mission (2)
	Disturb or Interfere with Others (2)	Disturb or Interfere with Others (2)
	Lowered Standards at UW-Stout (1)	Bad Reputation of UW-Stout (1)
Bad Reputation of UW-Stout (1)		

Similarities

- A majority of both faculty and students perceive a negative impact.
- Both students and faculty cite health problems and intoxication in class as individual impacts.

- Both faculty and students cite poor performance, lowered standards at UW-Stout, a bad reputation of UW-Stout, and disturbing or interfering with others as school impacts.

Differences

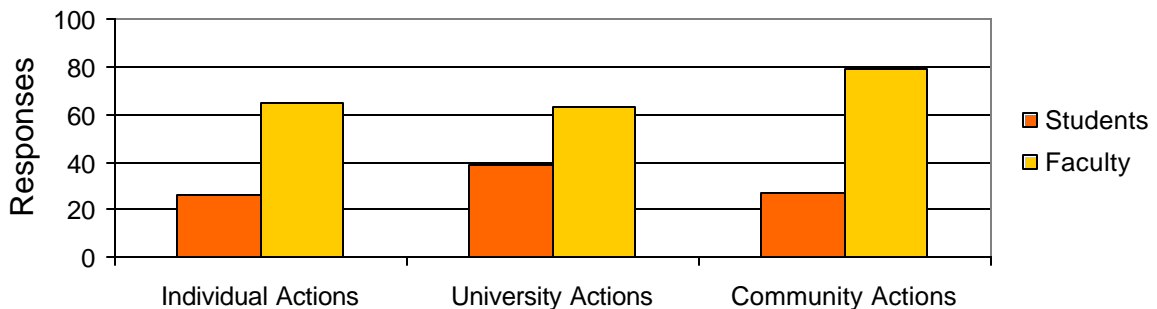
- Faculty cited more serious health problems than students.
- Faculty cited a weakened educational mission under school impacts.

Reductive Actions

Although identification of a problem is important, offering possible solutions is also imperative. Only faculty and students that did perceive an AOD-related problem at UW-Stout were asked the following questions:

- *What might you personally do to reduce AOD-related problems at UW-Stout?*
- *What might the University do to reduce AOD-related problems at UW-Stout?*
- *What might the surrounding community do to reduce AOD-related problems at UW-Stout?*
- *How could the people in your groups/clubs contribute to the improvement of the campus environment as it relates to AOD abuse? (Only students were asked this question)*

Figure 9: Possible Actions to Reduce AOD Related Problems



Under each of the categories, the following themes were identified with the corresponding frequencies of responses.

Actions	Students	Faculty
Individual	Reduce Levels of Usage (7) Set Good Example for Others (6) Report Any Violations (6) Take Care of Self/Others (5) Participate in Non-AOD Related Activities (1) Education/Information (1)	Education/Information (17) Encourage Responsible Behavior/Discourage AOD Use (14) Raise Class Expectations/Standards (10) Increase Student/Self Awareness (9) Enforcement (8) Provide More Non-AOD Related Activities (5) Understand AOD Use Not a Problem (1) Chancellor Coalition on Problem Drinking (1)

Actions	Students	Faculty
University	Enforcement (19) More Non-AOD Related Activities (7) Education/Information (3) Transportation Services (2) Promote Moderation (2) Increase University Involvement/Support (2) Older Students as Positive Example (1) Drug-Free Dormitories (1) Stricter Attendance Policies (1) Eliminate Fraternities (1)	Education/Information (27) Enforcement (18) Offer/Provide Counseling, Treatment, Etc (10) Increase Friday Classes (3) Set Good Example for Students (1) Avoid Negative Focus (1) Communicate Higher Standards (1) Faculty Hold Students Responsible (1) Budget Priorities (1)
Community	Enforcement (10) More Non-AOD Related Activities (6) Transportation Services (4) Reduce Number of Bars/Taverns (2) Increase Support of Community (2) Education/Information (1) Reduce Availability (1) Reduce Drinking Specials (1) No Birthday Shots (1)	Enforcement (22) More Non-AOD Related Activities (18) Involve Several Stakeholders in Prevention (13) Education/Information (10) Increase Restrictions on Bars (10) Transportation Services (3) Reduce Availability (1) Improve Student Housing (1) Support Non-AOD Related Businesses (1)
Group/Club	More Non-AOD Related Activities (15) Advocate Responsible Behavior (4) Education/Information (2) Eliminate Fraternities (1) Hold Meetings on "Party" Nights (1)	<i>Question not asked to faculty.</i>

Similarities

- Both faculty and students cite education/information as individual actions.
- Both faculty and students cite education/information and enforcement as University actions that may be taken.
- Both faculty and students cite enforcement, more non-AOD related activities, transportation services, reducing availability, and education/information as community actions that may be taken.

Differences

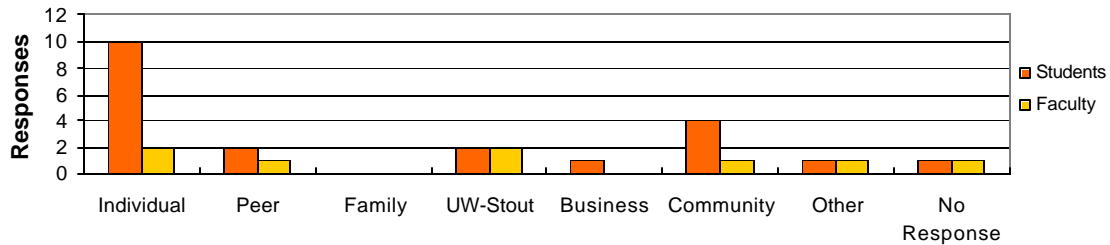
- Faculty cited community actions most often whereas students cited University actions as reductive measures.

Preventative Factors

Only those faculty and students that did not perceive a problem were asked the following:

What factors might be preventing any AOD related problems at UW-Stout?

Figure 10: Factors that Prevent any AOD Related Problems



Under each of the categories, the following themes were identified with the corresponding frequencies of responses.

Factors	Students	Faculty
Individual	Student Efforts (8) Common Sense/Judgment (2) Responsibility (2) Morals/Beliefs (2) Choice (2) Previous Negative AOD Experience (1) Knowledge of AODA (1)	Student Efforts (1) High Commuter Population (1)
Peer	Supportive Friends (2)	Supportive Friends (1)
Family	<i>None identified</i>	<i>None identified</i>
UW-Stout	Non-AOD Related Activities (1) Personable Staff/Administration (1)	Non-AOD Related Activities (1) Increased Awareness (1)
Business	Make Drinking More Enjoyable (1)	<i>None identified</i>
Community	Make Drinking Safer (1) More Non-AOD Related Activities (1) Law Enforcement Presence (1) Understand that AOD Use Not a Problem (1)	Relax Restrictions/Laws (1)

Similarities

- Both faculty and students cite student efforts as individual factors that may prevent AOD related problems at UW-Stout.
- Both faculty and students cite supportive friends as peer factors.
- Neither faculty nor students cite any family related factors.
- Both faculty and students cite the availability of non-AOD related activities as UW-Stout factors.

Differences

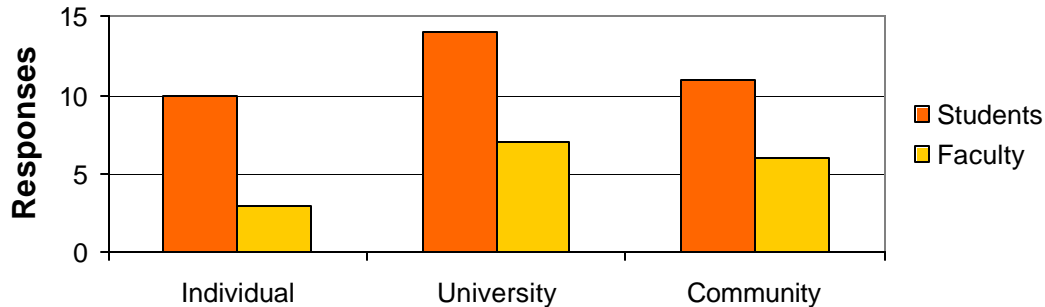
- Students more frequently cite individual and community factors as possible preventatives than faculty.

Preventative Actions

Only faculty and students that did not perceive any AOD-related problem at UW-Stout were asked the following questions:

- *What might you personally do to further prevent any AOD-related problems at UW-Stout?*
- *What might the University do to further prevent any AOD-related problems at UW-Stout?*
- *What might the surrounding community do to further prevent any AOD-related problems at UW-Stout?*

Figure 11: Possible Actions that May Prevent Any AOD Related Problems



The following represents the response themes for each of the action groupings.

Actions	Students	Faculty
Individual	Make Good Decisions/Be Responsible (4) Keep Eye on Self, Friends (3) Discourage and Prevent AOD Problems (1) Understand AOD Use Not a Problem (1) Nothing (1)	Educate Students (1) Increase AOD-Related Projects in Classes (1) Unsure (1)
University	More Non-AOD Related Activities (4) Understand AOD Use Not a Problem (3) Offer/Provide Counseling, Treatment, Etc (1) Prevention, Not Punishment (1) Education/Information (1) Make Drinking Safer (1) Increase Security/Staff Training (1) Change Housing Policy (1)	Education/Information (3) More Non-AOD Related Activities (2) Offer/Provide Counseling, Treatment (1) Target Students with AOD Problems (1)
Community	More Non-AOD Related Activities (5) Cultural Activities (3) 18 Year Old Club (1) Money for Activities (1) Understand that AOD Not a Problem (2) Change Laws (2) Enforcement (2) Supportive (1) Nothing (1)	Change Laws (3) Enforcement (2) Lower Drinking Age (1) More Non-AOD Related Activities (1) Involve Students in the Community (1) Offer/Provide Counseling/Treatment, Etc (1)

Similarities

- Both faculty and students cite University actions most frequently as possible preventive measures.

- Both faculty and students cite the availability of more non-AOD related activities, education/information, and offering/provide counseling, treatment, and social support as University actions.
- Both faculty and students cite the availability of more non-AOD related activities and the change in laws-specifically enforcement-as community actions.

Differences

- Students provided more preventive measures than faculty. However this is not surprising as many more students were asked to respond to this question than faculty.

SUMMARY

Both students and faculty describe the AOD environment at UW-Stout as problematic.

When students were asked to compare the AOD environment at Stout to that of their high school, the majority felt that it was the same or worse. When faculty were asked to compare the AOD environment at Stout to that of five years ago, the majority felt that it was either the same or they did not know. These results suggest that a large amount of the faculty surveyed were either new or possibly disconnected to student life.

The majority of both students and faculty perceived an AOD related problem at UW-Stout. However, a considerably larger amount of faculty perceive an AOD related problem compared to students. Faculty most frequently identify the community and UW-Stout as the causative factor for this AOD problem. These factors tended to be externally focused; for example, traditional, cultural, and social factors. Students, on the other hand, most frequently identified individual factors as the cause of AOD related problems. These factors tended to be more internally focused, for example, boredom, fitting in, and relieving stress. Both students and faculty feel that a lack of non-AOD related activities is a causative factor of this problem.

The majority of both students and faculty believe AOD related problems have a negative impact on the educational and student development missions at UW-Stout. However, students were less likely to identify adverse individual impacts of AOD related problems. Faculty and students that did perceive an AOD related problem at UW-Stout were asked what they personally

could do to reduce the AOD problem and what the University and surrounding community could do. The three most common themes were (1) to provide more educational information, (2) more enforcement, and (3) more non-AOD related activities. Students identified a need for more enforcement by both the University and the community as the number one action to reduce the AOD related problem. Students also mentioned there is a need for more non-AOD related activities. Faculty identified a need for more educational information as the number one reductive action to reduce AOD related problems. Faculty also identified a need for more enforcement by both the University and the community.

Students and faculty that did not perceive a problem were asked what factors might be preventing AOD related problems at UW-Stout. It should be noted that more students than faculty did not perceive an AOD related problem, this may skew the results somewhat. However, students perceived individual students' efforts as the number one factor in preventing AOD related problems. Once again, students are perceiving internal factors related to this problem. Those individuals that did not perceive an AOD related problem at UW-Stout were asked what they personally could do to further prevent any AOD problems and what the University and surrounding community could do. At the individual level, the students reported more internally focused preventative actions; for example, making good decisions, being responsible, and role modeling. However, faculty reported more externally focused preventative actions; for example, providing education to the students. At the University and community level, both students and faculty reported a need for more non AOD related activities, more enforcement, and more educational informational as the most important preventative actions.

Limits

There are potential limitations to the present research. The overall response rate to the survey was poor; the student response was about three percent while the faculty response rate

was about 20 percent. The timing of the surveys was another limitation to this study. The surveys were distributed at the end of the semester. At this time of the year students and faculty are dealing with other exams, several other surveys are being distributed and graduation is approaching. There are other possible effects of the current survey. For example, previous AOD studies, open ended versus close ended questions, assuming the population reads and responds to their e-mail and the anticipation of summer break could produce confounding results. There are also time limitations of the present study. There was a short time period/frame on the design and development of the instrument, and the collection and analysis of the data.

Implications

The major implication of this study is that some action needs to be taken. Put simply, do something to address the AOD related problem at UW-Stout. This study provided results similar to other studies that have indicated a problem exists. A majority of people perceive a problem, therefore, it must be assumed that there is one.

The results have suggested several possible actions that could be taken to address the AOD related problem at UW-Stout. First and foremost, there needs to be a coordinated response to AOD related issues. This involves multiple stakeholders at multiple levels throughout the entire process. Not only seeking and incorporating input from several parties (for example, community, university, faculty, business, family, peer groups) but also expecting commitment and action from them. This would include possible changes and additions to policies, procedures, and actions on an individual, group, and system level.

The coordinated response involves a three-prong approach. First, increasing education and awareness not only for students and their families, but also the faculty, administration, community, and businesses. This education would include the physical and psychological costs associated with AOD use/abuse. Additionally, possible legal, financial, academic, social, and

other consequences would be emphasized. Another area to be addressed are treatment options for those in need. The process of change is a learning process. Positive alternatives to AOD related activities would be made widely known.

The second prong to the approach would be the availability of non-AOD related activities. This would include better, safer alternatives to the “usual” opportunities. These would be developed directly from the input of students. Simply, giving them what they want. What is available at present and in the future needs to be widely disseminated to the students at large. Other related possibilities include removal or restriction of AOD related advertising in the Stoutonia, free or reduced advertising rates for non-AOD related activities, or a combination of the two.

The third prong is enforcement. There may be existing policies, standards, and laws dealing with AOD related issues that are not be consistently or regularly enforced. For policies and laws to be effective, there needs to be continuous and immediate consequences for AOD related infractions. This is true not only in the community, but also at the University and classroom level. Additionally, making the University at-large and the community more aware of these standards and practices would provide a ripple effect. Small but consistent actions (for example, fines, treatment, academic sanctions, incarceration) would resonate across all levels. However, consequences should not be only about punitive measures. There should be some flexibility so those in need would receive any additional treatment or counseling services.

These actions, provided in a coordinated, thoughtful, and methodical manner, would produce a synergistic effort to help change the cultural and traditional norms that have persisted for many years. The social and societal standards that encourage AOD related abuse will take time, persistent efforts, and patience to change. These suggestions are but a few in the many small steps that will need to be taken. However, steps do need to be taken.

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APPENDIX

Student Questionnaire

Gender

Female

Male

Age

Enrollment Status

Part-Time

Full-Time

Academic Level

Freshman

Junior

Graduate

Sophomore

Senior

Non-Degree Seeking

Involvement in Student Groups (Select all that apply)

None

Fraternity/Sorority

Religious Group

Club

Intercollegiate

Student Government

Athlete

Other

Briefly describe the alcohol and other drug (AOD) environment in Menomonie.

How would you compare this environment to that of your hometown?

Briefly describe the AOD environment at UW-Stout?

How would you compare this environment to that of your high school?

Do you perceive any AOD-related problems at UW-Stout? (Your response to this question will take you to the next appropriate set of questions)

YES

NO

What might be the causes of AOD-related problems?

What factors might be preventing any AOD-related problems at UW-Stout?

How might AOD-related problems impact the educational and/or student development missions at UW-Stout?

What might you personally do to further prevent any AOD-related problems at UW-Stout?

What might you personally do to reduce AOD-related problems at UW-Stout?

What might the University do to further prevent any AOD-related problems?

What might the University do to reduce AOD-related problems at UW-Stout?

What might the surrounding community do to further prevent any AOD-related problems?

What might the surrounding community do to reduce AOD-related problems at UW-Stout?

How could the people in your groups/clubs contribute to the improvement of the campus environment as it relates to AOD abuse?

Faculty Questionnaire

Gender

Female

Male

Age

What BEST describes your division at UW-Stout?

Chancellor's Office

Academic & Student Affairs

Administration & Student Life Services
(Teaching faculty & academic staff,
Residential life, Police, etc.)

Which BEST describes your position at UW-Stout? (Select all that apply)

Administration

Residence Halls

In-class

Instruction

AOD Service

Provider

Mental Health

Service Provider

Law Enforcement

Health Service Provider

Briefly describe the alcohol and other drug (AOD) environment in Menomonie.

How would you compare the current environment to that of five (5) years ago?

Briefly describe the AOD environment at UW-Stout?

How would you compare the current environment to that of five (5) years ago?

Do you perceive any AOD-related problems at UW-Stout? (Your response to this question will take you to the next appropriate set of questions)

YES

NO

What might be the causes of AOD-related problems?

How might AOD-related problems impact the educational and/or student development missions at UW-Stout?

What might you personally do to reduce AOD-related problems at UW-Stout?

What might the University do to reduce AOD-related problems at UW-Stout?

What might the surrounding community do to reduce AOD-related problems at UW-Stout?

What factors might be preventing any AOD-related problems at UW-Stout?

What might you personally do to further prevent any AOD-related problems at UW-Stout?

What might the University do to further prevent any AOD-related problems?

What might the surrounding community do to further prevent any AOD-related problems?