Every two years the U.S. Department of Education requires all colleges and universities to conduct a review of their campus response to alcohol and other drug issues, and provide recommendations based upon that review.

The current 2008-2009 review consisted of individual interviews of key individuals within the University of Wisconsin—Stevens Point system. Each interview consisted of soliciting responses to questions in Part 86 Compliance Checklist provided by the U.S. Department of Education. Also included in each interview was a request for each person’s general assessment of the campus status regarding alcohol and other drug use/misuse and any recommendations they might wish to provide. Author of this biennial review is Dale Christensen, M.Div., ICS-II, UWSP Counseling Center staff member. Dr. Amy Gervasio of the UWSP psychology department provided formal consultation.

The following individuals, listed alphabetically, were interviewed for this biennial review:

Tom Bertram, Residence Hall Director  
Kaia Duall, Physician’s Assistant, Health Services  
Stacey Gerken, Director of Counseling Center  
Liz Gilmore, Coordinator and Advisor to Greek Letter Organizations Services  
Kirsten Hoffenberger, Director of Student Rights and Responsibilities  
Anne Hoffman, Assistant Director and Coordinator of Alcohol Education  
Susan LeBow, Assistant Director of University Centers  
Christina Lorge-Grover, Residence Hall Director  
Frank O’Brien, Director of Athletics  
Randy Olson, Chair of Faculty Senate  
Bill Rowe, Director of Campus Security  
Greg Summers, Assistant Vice Chancellor for Teaching, Learning and Academic Programs  
Bob Tabor, Director of Personnel  
Bob Tomlinson, Vice Chancellor for Student Affairs  
Jim Zach, Physician, Health Services

In addition to the formal interviews conducted with the above individuals, additional information was garnered through informal discussion with other faculty and staff.
PART 86 COMPLIANCE CHECKLIST:

The following is the list of Part 86 formal questions and the collective answers from interviews conducted for this biennial review.

Part 86, Drug-free Schools and Campuses Regulations Compliance Checklist

1. Does the institution maintain a copy of its drug prevention program?
   Yes, Community Rights and Responsibilities Handbook, 2010-2011, p. 52 - 58

2. Does the institution provide annually to each employee and each student, who is taking one or more classes for any type of academic credit except for continuing education units, written materials that adequately describe and contain the following?
   a. Standards of conduct that prohibit unlawful possession, use, or distribution of illicit drugs and alcohol on its property or as a part of its activities.
      Yes, Community Rights and Responsibilities Handbook, 2010-2011, p. 52-53
      Students’ Message of the Day, once/semester
      On campus students: Residential Living Handbook,
      Half sheet of paper in New Student Orientation Folder,
      Yes, Staff and Faculty Message of the Day, once/semester,
      Offered as an optional session during orientation
   b. A description of health risks associated with the use of illicit drugs and the abuse of alcohol
      No, Students
      No, Staff and Faculty
   c. A description of applicable legal sanction under local, state or federal law
      Half sheet of paper in each New Student Orientation Folder
      Yes, Faculty and Staff, Com. Rights and Responsibilities Handbook, pages 53-54.
      Message of the Day
   d. A description of applicable of counseling treatment or rehabilitation or re-entry programs.
      Yes, Students, Community Rights and Responsibilities Handbook, p. 57
      Message of the Day
      Half sheet of paper in New Student Orientation Folder
      Yes, Faculty and Staff, Community Rights and Responsibilities Handbook, p. 57
      Message of the Day
   e. A clear statement of the disciplinary sanctions the institution will impose on students and employees, and a description of those sanctions
      Yes, Students, Community Rights and Responsibilities Handbook, p. 10-16
      Message of the Day, Residential Living Handbook,
      Half sheet of paper in New Student Orientation Folder
      No, Faculty and Staff
3. Are the above materials distributed to students in one of the following ways?

   a. Mailed to each student (separately or included in another mailing)
      No, Electronic messaging (Message of the Day) has generally replaced use of mass distribution of paper copies.

   b. Through campus post office boxes
      No, Electronic messaging is used

   c. Class Schedules which are mailed to each student
      No, Paper schedules are not mailed out

   d. During freshmen orientation
      Yes, A half-sheet of paper is given to all students at orientation indicating where the information is located

   e. During transfer student orientation
      Yes, A half-sheet of paper is given to all students at orientation indicating where the information is located

   f. In another manner
      Yes, Message of the Day

4. Does the means of distribution provide reasonable assurance that each student receives the materials annually?

   Yes, Every student receives Message of the Day through their email account

5. Does the institution's distribution plan make provisions for providing these materials to students who enroll at some date after the initial distribution?

   Yes, Message of the Day sent once per semester

6. Are the above materials distributed to staff and faculty in one of the following ways?

   a. Mailed
      No, (Trend is away from mass mailings of paper)

   b. Through Campus post office boxes
      No

   c. During new employee orientation
      Yes, Distributed at an optional orientation

   d. In another manner
      Yes, Message of the Day,
      New Faculty Orientation as an optional session

7. Does the means of distribution provide reasonable assurance that each staff and faculty member receives the materials annually?

   Yes
8. Does the institution's distribution plan make provisions for providing these materials to staff and faculty who are hired after the initial distribution?

Yes

9. In what ways does the institution conduct biennial reviews of its drug prevention program to determine effectiveness, implement necessary changes, and ensure that disciplinary sanctions are enforced?

a. Conduct student alcohol and drug use survey  
   Yes

b. Conduct opinion survey of its students, staff and faculty  
   Yes, Students Community Readiness Survey, summer 2008  
   Yes, Staff and Faculty Community Readiness Survey, summer 2008

c. Evaluate comments obtained from a suggestion box  
   No, Students  
   No, Staff and Faculty

d. Conduct focus groups  
   No, Students  
   No, Staff and Faculty

e. Conduct intercept interviews  
   Yes, conducted by Counseling Center AODA Counselor  
   No, Staff and Faculty

f. Assess effectiveness of mandatory drug treatment referrals for students and employees  
   No, Students  
   No, Staff and Faculty

g. Assess effectiveness of cases of disciplinary sanctions imposed on students and employees  
   Yes, Students Rights and Responsibilities  
   No, Staff and Faculty

10. Who is responsible for conducting these biennial reviews?
Responsibility for initiating the biennial reviews rests with the Office of the Vice Chancellor for Student Affairs and is typically completed by a committee convened by the Assistant Director for University Centers. This year the Vice Chancellor for Student Affairs requested the review to be conducted and written by a Counseling Center staff member in consultation with one faculty member within the Psychology Department.

11. If requested, has the institution made available, to the Secretary and the public, a copy of each requested item in the drug prevention program and the results of the biennial review?

Yes
Review of Sanction Procedures:

Sanctions are imposed upon students when there is violation of the UWSP Alcohol Policy. The specific policy is cited and a summary of sanction procedures follows.

UWS ALCOHOL POLICY
The current alcohol policies at the University of Wisconsin-Stevens Point are as follows:

PHILOSOPHY
The University of Wisconsin-Stevens Point will continue to establish and implement alcohol policies and procedures which
a.) stress low risk drinking behaviors;
b.) educate students, faculty, and staff about the use and abuse of alcohol, the need to make informed choices, and the consequences of alcohol abuse;
c.) demonstrate its belief that individuals deserve trust and acceptance unless they show by their behavior that they require assistance; and
d.) foster cooperative relationships among students, faculty, and staff.

The University shall make every effort to provide adequate resources to promote alcohol education programming.

ALCOHOL CONSUMPTION ON CAMPUS
1.) Alcoholic beverage consumption is permitted on campus only for individuals of legal drinking age and only in
a) staff housing;
b) areas of the University Centers where alcohol beverages are sold and consumption is permitted under the policies of the Centers; and
c) residence hall rooms, and such lounges as may be designated under residence hall policies; and in accordance with state statutes;
provisions of Chapter UWS 18 of the Wisconsin Administrative Code, Rules of the Board of Regents of the University of Wisconsin System, "Conduct on University Lands"; this policy; and/or any subordinate policies developed by units or subunits of the University (e.g., University Centers).
2.) Any subordinate policies developed by units or subunits shall conform to the provisions of this policy.
Subordinate policies may be more stringent or limiting than this policy but may not grant rights or privileges beyond the limits of this policy.
3.) The Residential Living Alcohol Policy may be found in the Residential Living Handbook.

Hall Directors and Community Advisors are the first line of assistance, intervention, and sanctions within the residence halls at UWSP. All Hall Directors are master-degreed university professionals who receive uniform training at the outset of each academic year and on an ongoing basis throughout the year. Community Advisors (CA’s) are undergraduate students who have shown leadership and responsibility capacity. Their role is to provide a wide array of assistance to peers and to participate in the supervisory functions of Residence Life. CA’s also receive uniform training at the outset and throughout the academic year. CA’s receive periodic “role-play” training for varied types of confrontation and for response to student initiated requests for help. Senior members of the campus Residence Life provide training of Hall Directors and CA’s and the UWSP Counseling Center also provides training to both groups at the outset of each academic year.

Official sanctions occur when students are identified as having violated the university policy. Rights and Responsibilities personnel are mindful of the need for timeliness and uniformity of sanctions. There exists a gradation of sanctions applied to students involved in policy violations. Sanctions may include use of the online “Judicial Educator,” the “E-Chug,” the “E-Toke,” or completion of the alcohol education session, PACE (Personal Alcohol Control through
Exploration). When Hall Directors, Residence Life or Rights and Responsibility Officers identify behaviors indicating possible concurrent Substance Use Disorder or complicating psychological issues students are referred to the certified AODA (Alcohol and Other Drug Abuse) counselor or a licensed psychologist in the UWSP Counseling Center for clinical screening.

First time sanctions of undergraduates within the residence hall system occur at the Hall Director Level 99% of the time. All Hall Director decision letters citing sanctions are reviewed by the Director of Student Rights and Responsibilities for consistency and potential bias. Extremes of possible leniency or harshness are challenged and Hall Directors are expected to provide objective information justifying sanctions imposed. Hall Directors monitor CA reports for consistency of observation and intervention skills applied. To minimize potential bias, CA’s do rounds on all floors, including floors other than their floor of personal residence. All CA’s are trained to use and are equipped with the hall “duty phone” to assure efficient access to Hall Director or UWSP Protective Services.

**Discussion:**

University of Wisconsin—Stevens Point participates in a number of positive intervention and prevention activities. Alcohol use is prohibited in public places and alcohol-free events and activities are created and promoted. The campus provides a student center, recreation center, and other alcohol-free settings. Substance free residence hall floors are available. Students have opportunities to advise peers in Residence Halls as Community Advisors, as Health and Wellness Advisors in the Student Health Promotion Office (SHPO), and as tutors in the University Tutoring and Learning Center. In the fall of 2010 the Counseling Center’s AODA counselor was invited to speak in the InterGreek Education Series and other meetings have taken place with officers of the InterGreek Council.

The evidence suggests that UWSP offers a diversity of recreational options, a wide array of academic areas, and faculty and staff that care about students. Individuals interviewed for this review uniformly share sincere feelings of interest and concern for students. Also, it is evident that all of the people involved in prevention activities are caring and sincere individuals. The compilation of faculty, students, student affairs and existing prevention efforts all carry significant positive effects and potentials.

While this university technically complies with most of the Part 86 questions, the process of determining compliance was laborious and erratic. Many of the individuals interviewed indicated uncertainty about particular aspects of communications to students and staff. Several individuals interviewed stated they “did not know,” and some indicated strongly held positions that the information was, in actuality, not delivered to students. There was repeated acknowledgement that while there may be “reasonable assurance” that information has been received by students there was significant question as to whether or not the material is read and absorbed. There is
throughout the academic year a storm of emails and electronic Messages of the Day, many of which are deleted without review. Informal discussion with faculty and staff reveals that they are not particularly aware of receiving alcohol and other drug related information. The information is available, but one needs to apply distinct levels of intentionality to acquire the information. Several interviews produced strong opinions that the “wellness” image of UWSP has quite limited roots into the reality of day-to-day student lives. One interviewee presented the opinion that “by all measures students are less well than in the past.”

There are many educational programs in the residence halls and peer training efforts, but often the programs presented appear to be a form of “preaching to the choir.” This can be valuable in terms of further anchoring values already in place, but usually these programs miss the people needing them the most. Formal and informal interviews on campus reveal the impression that UWSP contains a strong student culture of alcohol misuse. This may be true, in part, because of the Wisconsin culture of alcohol misuse and the myth that drinking is a necessary and innocuous part of the college experience.

Statewide Perspective:

With regard to educational achievements and misuse of alcohol, Wisconsin is an interesting paradox. Historically Wisconsin has held education as a high priority drawing students worldwide and often ranking in the top five university systems nationally for research expenditures (National Science Foundation, 2010). Curiously, Wisconsin has also led the nation in the negative consequences of alcohol misuse. This paradox is evident on the UWSP campus (UWSP AODA System Survey, 2004) as well as most other sister campuses within the Wisconsin system. The history and culture of alcohol misuse in Wisconsin is severe and distinct from all other states in the nation (Center for Disease Control, 2009). Wisconsin colleges have typically carried a negative reputation for alcohol abuse and associated safety problems. The Center for Disease Control lists Wisconsin at or near the highest level of all 50 states for:

- Average daily drinking
- Heavy drinking, > 60 per month
- Drinking and driving
- Drinking among high school students
- Underage drinking
- Drinking during pregnancy

When reviewing such reports, many people assume a matter-of-fact attitude and respond with, “Well, that’s the way it is; we work hard and we play hard. That’s the culture and we can handle it better than others.” Unfortunately, residents of Wisconsin do not necessarily handle alcohol “better” or more safely than people in other states. Again, the CDC identifies Wisconsin alcohol and drug misuse as:

- 4th leading cause of death
- 4th leading cause of hospitalization
The Center for Disease Control defines “binge drinking” for women as four (4) drinks or more in one two-hour sitting, and for men five (5) drinks or more in one sitting. The 2009 CDC data lists prevalence of binge drinking among adults as 23.9% in Wisconsin. (Up from the 2005 22.1%). Wisconsin averages the highest level of binge drinking among adults of all 50 states.

Severity Perspective:

Recently we experienced a nation-wide legitimate concern regarding the health dangers of the H1N1 virus. This concern was particularly sharp on college campuses where university students often reside in close proximity to one another. The general response and communications regarding the need for prevention was strong and effective. It is interesting to note that during the seven month period, between August 2009 and February 2010, there were four (4) deaths of college students attributable to the H1N1 virus (American College Health Association). The historic parallel of this seven month period, nationally, is an estimated 1,000 deaths of college students attributable to misuse of alcohol (Hingson, R.W., et.al. 2009).

The ongoing misuse of alcohol is an extremely large and enduring problem among nearly all universities. It is a complex problem that no one person can change. Based on the formal and informal interviews conducted for this review, the college alcohol misuse problem seems to foster an individual sense of helplessness. This helplessness seems to promote a tacit acceptance of alcohol misuse. This may manifest by the repeated “last chance” a student might be given when alcohol misuse is present. Students may adopt the assumption of “this is just the way it is.” Faculty may, in frustration, make off-handed jokes about alcohol consumption or they may steadfastly say nothing. The attitude of individual helplessness and presence of divergent individual prevention opinions appear to be a powerful force in perpetuation of the status quo. For these reasons the college alcohol misuse problem is a systems issue. The most effective and sustained effort for change needs to come from the highest levels of institutional administration.

Recommendations:

While acknowledging that good and effective prevention efforts on the UWSP campus continue, it must also be noted that this particular campus now sits in a philosophical standstill. The prevention participants each hold legitimate, but different, philosophical perspectives. The past two to three biennial reports have provided recommendations that have not been implemented. Faculty members have informally stated to the author of this report that they are discouraged and would prefer not to be included in planning groups yielding recommendations not put into action.

The primary cause of this appears to be the lack of a strong institutional directive and comprehensive prevention policy. The current prevention efforts seem to lack the administrative charge identifying specific philosophy, activities, deadlines, and points of accountability. The
primary recommendation of this biennial review is that UWSP senior administration set the philosophical direction and actively support and hold subordinates accountable for the implementation of new AODA prevention efforts. If this is not done, significant growth or maturation of the UWSP prevention activities will not, in all likelihood, develop.

If the university culture of alcohol misuse is going to change, it needs to begin with a conscious decision from upper administration to develop a coordinated plan of education and logical consequences supported by necessary resource allocation. There seems to be in the minds of many college students the mixed message of “Yes, they say you aren’t supposed to drink, but what they really mean is don’t get caught.” A revitalized prevention plan would likely shift the focus away from what many students may perceive as a game of “Cops and Robbers” to heightened awareness of student benefits associated with altered alcohol consumption patterns. This awareness may be fostered by mandatory education efforts on personal and academic consequences, increasing social norms awareness, and increasing UWSP student prevention involvement above the estimated less than 10% (UWSP System Survey, 2004). Personal choice is only a reality when students have awareness of consequences and awareness of alternative options.

There are two basic focal points defining student benefit of AODA prevention efforts in the university setting. First and most important is the physical safety of students. This includes all aspects of accidental injury, sexual assaults, and overdose. It is in this area that universities probably carry the largest risk of legal liability. The second major concern is academic impact of alcohol misuse on student lives. This impact consists of two significant but silent injuries suffered by students immediately and into the future, retention and academic underachievement:

1. **Retention**: Alcohol misuse has been a generally overlooked factor in the important concern of student retention. Several key statements from the 2010 National Conference of Student Personnel Administrators succinctly summarize the current “alcohol misuse / retention” issue:
   - “While interest has grown in understanding the drivers of student attrition, surprisingly little attention has been paid to high-risk drinking as a risk factor for attrition. Until the relationship between alcohol and student success can be better measured and understood, colleges and universities will continue to struggle to achieve their retention goals.”
   - “High-risk drinkers have higher rates of injuries, deaths, DUI arrests, social infractions, depression, academic failure, and academic apathy as compared to non-drinkers. Each of these variables has a negative correlation with retention.”
   - “In addition, among light drinkers and abstainers, the mere perception of drinking has a negative impact of social engagement, and therefore negatively impacts retention. For this reason, on campuses where misperceptions about drinking patterns are common, social norms campaigns should be considered to improve retention rates among light drinkers and abstainers.”
   - “The impact of alcohol-related attrition can be measured not only by the number of students impacted, but also by revenue dollars lost. In addition to wasted dollars spent on
the recruitment of students who leave due to alcohol-related issues, the lost revenue across subsequent years for first-year students who do not return can be significant at both public and private institutions.”

Currently we do not know the number of students who leave UWSP because of their misuse of alcohol. Certainly not all, but some do. Even among those students academically eligible to return, we do not know the percentage of students leaving UWSP because their misuse of alcohol has influenced general dissatisfaction or lack of focus. We need to learn more about our own campus and to what degree alcohol misuse affects retention. This is where internal research and applied prevention and support of students may hold substantial benefits to both the students and the quality of the university.

2. **Academic Underachievement**

   There appear to be a number of students who, because of alcohol misuse, week-by-week, semester-by-semester, exercise a drift into mediocrity. There is evidence that students’ “probability of a GPA of A or A- decreases as the episodes of heavy episodic drinking per 2-week period increase (Porter, Stephen R., and Pryor, John, 2007).” Often they may perform well enough to graduate, but possibly not well enough to qualify for graduate school. Because of three years or more of alcohol misuse, a career of thirty or more years may be lost. The student suffers this long-term consequence, as does the State of Wisconsin. The author of this report has met several such students through the UWSP Counseling Center. Faculty have informally shared with this writer that “often” they are aware of students who they know could be doing better. Again, this is where internal research and applied prevention could change lives. Additionally, it is possible that there exists further academic injury to the institution as suggested by one study:

   “…The concomitant decrease in actual or perceived academic rigor due to heavy drinking may exact a further cost on the institution because much research suggests that the perceived academic rigor of a school is the most important factor in a student’s choice of a school to attend. Strains in ‘town/gown’ relations over student alcohol misuse may add to the institution’s ‘image problem’ (Perkins, H.W., 2002).”

The next primary question is: How do we decide what new efforts to utilize and how to target these efforts? The good news is that there are many universities already at work on this problem. We are not alone in this problem and we do not have to reinvent strategies of AODA prevention. There are already a number of significantly researched and innovative programs currently identified as “best practice” in higher education AODA prevention programming.

As UWSP moves forward with application of alcohol and drug prevention programs it is useful to consider the concept of “community standard of practice.” A physician or psychotherapist is much less likely to be found guilty of malpractice if the treatment provided is at the “community standard of practice.” For universities, because of the national flow of research information and the similar responsibilities of public institutions of higher education, the “community” is largely national. If members of the national higher education community use prevention techniques that
yield consistent positive results, the “standard of practice” obligation increases for all other
members in that community.

The neurological and psychological development of a nineteen year-old college student in
Wyoming or Massachusetts is likely to be quite similar to a nineteen-year-old college student in
Wisconsin. This is significant when we consider our obligation to seriously examine university
prevention practices that emerge from nation wide studies. In this regard, it remains important to
exercise a thoughtful application of prevention programs to our own campus. We need to be able
to assess how our own campus compares to other universities. Ongoing research into the
drinking behaviors, consequences, and outcomes of prevention efforts on the UWSP campus is
an important ingredient for intelligent growth of our prevention efforts. We need to remain
mindful that one study alone does not provide an absolute reality statement. However, many
studies replicating similar positive results over time begin to define the community standard of
practice.

Additional Recommendations to be considered:

1. The PACE training (Personal Alcohol Control through Exploration) is an excellent tool
for providing valuable safety information to students. Attendance has dropped drastically
in the past three years. In the past this three-hour training event has been well
coordinated with the Office of Student Rights and Responsibilities. It is recommended
that we recapture that alliance. Ideally the PACE program would be offered at least once
per week (possibly with different instructors), but it needs to be available to Hall
Directors and the Office of Rights and Responsibilities in a timely manner. As this
program is used more with appropriately referred students, the likelihood increases for
extended learning to other students via “word of mouth.” One student stated to this
author, “I went through the PACE program. I thought they were just going to lecture me
and yell at me, but they didn’t. I learned new things there.”

2. We need to do a serious investigation as to whether or not sufficient research data exists
to warrant use of universal prevention techniques with UWSP students. Studies at
different colleges and universities around the country demonstrate measurable reduction
of medical emergencies, sexual assaults, and alcohol related injury on campuses with the
use of universal prevention efforts. Contrary to the official “hands-off” policies of the
1970’s, many universities now view “alcohol use information” as an educational
necessity contributing as much to long-term personal success as other general degree
requirements.

3. A hidden element of physical danger at many universities is the practice of students
monitoring the detoxification of other students. This is often a covert process that juggles
physiologic unknowns and uncertain monitoring vigilance. We need to do internal
research on this issue. How often does it occur? Are there better or quicker ways to
involve Hall Directors or CA’s? Are students aware of the “amnesty clause” protecting them from administrative sanction when they reach out to university personnel or community medical resources to protect the life of another student? What alternatives would students suggest that would increase student safety? This is an important issue, and needs to be addressed as a safety priority.

4. Establish readily accessible information on the UWSP Health Services home page of the health consequences of alcohol and other drug misuse. On this topic, it will be best to have no wrong door for obtaining information. Even though the information is available elsewhere, University Health Services is a likely search location for students.

5. Establish on the UWSP Counseling Center home page an array of information on how alcohol use/misuse exacerbates other mental health concerns. Depression, stress, anxiety, and relationship problems are all common issues that students would likely be researching on a counseling center web site. All of these concerns can be affected by the misuse of alcohol. However, alcohol use is so prevalent on most college campuses that students compartmentalize alcohol misuse away from other emotional issues. Students need assistance in understanding the interconnectedness of alcohol misuse and emotional disruption.

6. Identify recommendations from last two biennial reports that continue to have validity. A primary recommendation from prior reports focused on issues of communication with students and availability of information. One junior level student related to this writer, “I have never seen any notices on this campus about alcohol problems or where to go if we wanted help.” This type of communication could be facilitated through academic departments, university center, or residence halls.

Conclusion:

The above recommendations, though useful, are all secondary to the primary recommendation of this biennial review. The essential one recommendation most likely to improve the quality of education and potential of students is the implementation and resource allocation of a strong institutional directive and formal comprehensive prevention policy. A current divergence of prevention philosophies appears to have positioned the UWSP prevention efforts at a standstill. Necessary growth and maturation of the campus prevention program seems reliant on UWSP senior administration setting the philosophical direction, actively supporting and holding subordinates accountable, and increasing systematic engagement with student groups.
References

American College Health Association, March 5, 2010


Center for Disease Control, 2009


