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UNDER THE INFLUENCE: THE BINGE DRINKING EPIDEMIC ON COLLEGE CAMPUSES

HEARING

BEFORE THE

COMMITTEE ON GOVERNMENTAL AFFAIRS UNITED STATES SENATE

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UNDER THE INFLUENCE: THE BINGE DRINKING EPIDEMIC ON COLLEGE CAMPUSES

WEDNESDAY, MAY 15, 2002

U.S. SENATE,
COMMITTEE ON GOVERNMENTAL AFFAIRS,
Washington, DC.

The Committee met, pursuant to notice, at 9:35 a.m., in room SD–342, Dirksen Senate Office Building, Hon. Joseph I. Lieberman, Chairman of the Committee, presiding.

Present: Senators Lieberman and Carper.

OPENING STATEMENT OF CHAIRMAN LIEBERMAN

Chairman LIEBERMAN. The hearing will come to order. Good morning. Thanks to all of you for being here.

Today we are here to talk about a very serious public health problem and our message is a simple but serious one, which is that alcohol abuse on college campuses has reached a point where it is far more destructive than most people realize and today it threatens too many of our young people. College students need to know that if they party to excess, they could die, and college administrators need to know that intervention is the only way to get this out-of-control behavior under control.

I came to this concern, which led to this hearing today, from simply observing, listening, and watching what was happening in my home State of Connecticut. Within the last 12 months, six college students have died in alcohol-related incidents. Eighty-five alcohol-related arrests were made during the University of Connecticut's spring weekend this year, and last week, Trinity College suspended one of its oldest fraternities.

The numbers here are alarming. The rate of death and injury is extremely alarming, especially given Connecticut's relatively small size, but I have come to understand that this is not an anomaly. It is not unusual. Connecticut is, sadly, just a part of a nationwide trend among college students to get as drunk as possible as quickly as possible, often with devastating effects.

Obviously, I know that many people consider drinking to be just another rite of passage for many college students and I can even remember my own college days and such behavior. But drinking is not the issue here. What we are concerned about is drinking in excess, binge drinking, drinking one's self to death. This type of behavior is not a harmless initiation into adulthood and is not a sport. It is reckless behavior, toxic conduct that can cut young lives short.

We are fortunate to have with us today the Acting Director of the National Institute on Alcohol Abuse and Alcoholism, which has recently published a powerful study illustrating the seriousness of the problem of heavy episodic drinking on American college campuses. The study found that while the proportion of non-drinking students has actually risen, so too have extreme forms of drinking. The upshot is that drinking by college students between the ages of 18 and 24 contributes to 1,400 deaths a year, 70,000 cases of sexual assault or rape, and 500,000 injuries.

Let me repeat those numbers because they are, to me, stunning. Each year, college drinking contributes to 1,400 deaths, almost half the number of lives lost in the terrorist attacks against us on September 11, 70,000 sexual assaults or rapes, and 500,000 injuries.

Additionally, the Surgeon General has identified binge drinking among college students as a major public health problem. About 40 percent of students apparently binge drink, according to one study, and that is defined as five or more drinks in a row for men and four or more drinks for women. One recent survey found that 20 percent of students reported binging more than three times over a 2-week period.

Most binge drinkers are freshmen. Most are men. Most attend schools where fraternities, sororities, or athletics dominate campus life, and curiously, and to me interestingly, the National Institute also found that most binge drinking occurs in the Northeast. That is, more of it occurs proportionately in the Northeast than any other section of the country.

Clearly, the culture of high-risk drinking is a problem that touches not just a few students and their families or a few campuses but entire communities, and in that sense, the Nation.

Edward Malloy, the President of the University of Notre Dame, Father Malloy, who co-chairs the National Institute on Alcohol Abuse and Alcoholism Task Force on College Drinking, has said that even though "a minority of college students engage in high-risk drinking, all students and their parents, faculty, and members of the surrounding community suffer the negative consequences of alcohol abuse, and that includes assault, vandalism, and traffic accidents."

So our obvious question is, what is being done about this? In my opinion, based on what I have learned to date, not enough is being done. Some colleges are actively working to revise their alcohol policies. Others are struggling with policy changes. But, frankly, from what I can see thus far, too many more are denying that a problem even exists.

I paid a very encouraging visit to the University of Connecticut campus in Storrs on Monday, where I heard of an aggressive new program that is directed at this problem. And, there are some other colleges that are implementing similar programs as well. For example, the California State University system is a model of intervention. After the alcohol overdose of a freshman fraternity pledge, the California State system adopted a comprehensive set of policies to reduce alcohol abuse among students, which includes educational programs, training, intervention, and treatment. The California State University system, I think, should be commended for under-

standing that to sit on the sidelines is to await the worst, including the death of more students.

More colleges and universities need to be implementing tougher alcohol policies and working with communities and local law enforcement to enforce minimum drinking age laws, to increase enforcement at campus events where excessive drinking is promoted, and to inform incoming students and their parents about alcohol policies and penalties.

I do not know, as we begin this hearing, whether there is any appropriate legislative response from Congress or State legislatures to this public health problem. In the first instance, we are holding this hearing to educate the Committee, but also in that sense to educate the public and, hopefully, to engender action and reaction from students, from parents, from faculty, and from college and university administrators that will save lives.

As the research shows, excessive alcohol consumption threatens the health and safety of students and disturbs and threatens the lives of those who live in communities surrounding the campuses. So we have got to redouble our efforts to bring this kind of alcohol consumption under control, to provide students with the tools to make more informed decisions so that we save the lives of as many students as possible.

We have two panels of witnesses today. The first are people who have done research and work in the field and we are delighted that they are with us. Dr. Mark Goldman is the Director of the Alcohol and Substance Abuse Research Institute at the University of South Florida. Dr. Ralph Hingson is professor and Associate Dean of Research at the Boston University School of Public Health. Dr. Raynard Kington is the Acting Director of the National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health, U.S. Department of Health and Human Services.

Dr. Kington, I would like to begin with you. We have your and all the other witnesses' prepared statements, for which we thank you. They are very well done and very helpful. We will enter them fully in the record and I ask that you proceed for approximately 5 minutes. We have a light system here which will let you know when you have a minute to go. If you have a little more than a minute, do not fear that we will close the mike because we want to hear you out. Anyway, thank you for being here and good morning. We welcome your testimony now.

TESTIMONY OF RAYNARD S. KINGTON, M.D., PH.D.,[1] ACTING DIRECTOR, NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM, NATIONAL INSTITUTES OF HEALTH, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Dr. KINGTON. Thank you and good morning, Mr. Chairman. My name is Raynard Kington. I am Acting Director of the National Institute on Alcohol Abuse and Alcoholism, also known as NIAAA, of the National Institutes of Health. Thank you for inviting me here to discuss an extremely important public health issue, excessive and high-risk drinking among students at our Nation's colleges and universities.

[1] The prepared statement of Dr. Kington appears in the Appendix on page 40.

Last month, NIAAA's Task Force on College Drinking released some important new data. You may have seen the troubling statistics detailing dangerous drinking behavior by college students and its consequences both for drinkers and those who do not drink but must suffer the results of others drinking. We see the harm caused by excessive drinking by college students; it is profound. As you noted, the deaths, the injuries, assaults, and sexual assaults are very troubling.

The scientific evidence of the size of the problem is only reinforced by the regular press coverage of deaths on college campuses throughout the country. For example, the news stories in the past several months have reported on tragic deaths of students at Quinnipiac University in Connecticut and the University of Maryland, in particular. These deaths highlight the consequences of college drinking for families and for colleges and universities and for the peers and friends of these students.

What did not receive as much attention in the press coverage of the report is what can be done by communities, college presidents, parents, students, and others. The task force did not want to identify another major health problem without focusing on ways of addressing the problem.

The task force, as you noted, chaired by Dr. Goldman and the University of Notre Dame President Father Edward Malloy, was formed in 1998 by the National Advisory Council on Alcohol Abuse and Alcoholism amid growing concern about college drinking and the need to fill the gaps in our knowledge base regarding effective interventions. The task force was charged with examining all scientific data, commissioning studies to fill the gaps in our knowledge, and recommending research-based solutions.

The report moves beyond the sheer number of college students engaged in high-risk drinking and focuses on the tremendous overall societal burden created by the problem. We also provide tools to help college presidents address the problem.

The task force was unique in many ways. It was the first project of this breadth and depth to bring together college presidents, researchers, and college and high school students. It is the first NIH report on college drinking, producing 24 commissioned papers on all aspects of this issue. In addition to the lead publication by Dr. Hingson, who is with us today, in the *Journal of Studies on Alcohol,* 18 of those papers were published in a special supplement to that journal.

It is the first report to offer research-based recommendations to college presidents. The task force also produced a variety of products noted on the board that reach out to and address the needs and interests of a wide range of audiences, including college presidents, researchers, parents, college students, and peer educators. We launched a new website, www.collegedrinkingprevention.gov, which includes full-text versions of all the products plus other useful information. Since April 9, when the report was released, the site has logged over 1.2 million hits, another measure of public interest.

Finally, the task force sets forth a comprehensive research agenda to ensure that future interventions are also based on scientific evidence. We are currently spending approximately $7 million to

study these issues with an additional $8 million proposed over the next 2 fiscal years.

As we discuss the problem, we need to be very clear about one thing. While many college students do not misuse alcohol and many do not drink at all, a culture of high-risk drinking prevails on many campuses. Some have suggested that drinking has always been a part of the college tradition and always will be, but high-risk drinking and its often tragic consequences are preventable. We refuse to accept a single alcohol-related death, a single assault, a single case of date rape as inevitable.

As a result of the task force, we now know not only how injurious college drinking is to our sons and daughters, but also that there are steps that we can take on our campuses and in our communities to address the problem today, even as we continue to learn more about the problem and its solution.

Is our work done? Absolutely not. We are planning to conduct regional workshops around the country. One of the task force presidents, Dr. Susan Resneck Pierce of the University of Puget Sound, will host the first of these regional workshops next fall. Dr. Robert Carothers, President of the University of Rhode Island, has been invited to host a regional meeting for the New England States. We have produced additional brochures and other information for different audiences, such as high school guidance counselors and community groups.[1]

We will expand research collaborations with universities, such as a project we are funding that you noted with 16 campuses in the California State system, jointly funded by the Substance Abuse and Mental Health Services Administration, SAMHSA. We will also seek to increase our coordination with other Federal agencies, including the Department of Education, SAMHSA, and other entities, such as the Robert Wood Johnson Foundation.

This is just the beginning of what promises to be a long-term effort. Changing the culture does not come quickly or easily. We urge all college and university presidents to apply the recommendations of the report. NIAAA is sending the report and all related materials to every college and university in the country. We challenge society to no longer ignore the consequences of drinking on our Nation's campuses. Thank you again for inviting me.

Chairman LIEBERMAN. Thank you, Doctor. That was an excellent beginning. Now, Dr. Hingson.

TESTIMONY OF RALPH W. HINGSON, Sc.D., M.P.H.,[2] PROFESSOR AND ASSOCIATE DEAN FOR RESEARCH, BOSTON UNIVERSITY SCHOOL OF PUBLIC HEALTH

Dr. HINGSON. Thank you. I am Dr. Ralph Hingson. I am the Associate Dean for Research at the Boston University School of Public Health.

What I would like to do this morning is first review some of the methods used in a paper commissioned by the task force to look at the magnitude of alcohol-related mortality and morbidity among college students ages 18 to 24 and then offer some suggestions

[1] Chart entitled "Task Force Materials" appears in the Appendix on page 85.
[2] The prepared statement of Dr. Hingson appears in the Appendix on page 44.

based on the review that we did of the scientific literature about what types of intervention can work to address the problem. Certainly, there is no silver bullet and there is a lot that we need to learn above and beyond what we have already seen, but the good news is that there is a lot that we can do with what we know already.

First of all, to derive the estimates of the magnitude of the problem, we tried to integrate across multiple data sets. We looked at the U.S. Department of Transportation Fatality Analysis Reporting System, which looks at motor vehicle alcohol-related crash deaths, the Centers for Disease Control mortality files, the U.S. Department of Education college enrollment data, U.S. Census Bureau data on the number of 18- to 24-year-olds in the United States, a review published in 1999 in the Annals of Emergency Medicine, authored by Gordon Smith et al., looking at alcohol involvement in injury deaths.[1] This was a review over a 20-year period of over 300 medical examiner studies published in the United States in the scientific literature.

We also looked at three national surveys, the Centers for Disease Control College Youth Risk Behavior Survey conducted in 1995, the 1999 Harvard School of Public Health College Alcohol Survey, and the 1999 National Household Survey of Drug Abuse. That survey was particularly helpful because it looked at over 19,000 respondents ages 18 to 24, of whom nearly 7,000 were college students. So we were able to compare 18- to 24-year-olds in college with those not in college.

You have already mentioned some of the results. We estimate 1,400 alcohol-related unintentional injury deaths each year. The bulk of those, 1,100, are traffic deaths. In addition, we projected based on the surveys and given the population of college students that 2.1 million college students every year drive under the influence of alcohol, 500,000 are injured because of drinking, 400,000 have unprotected sex.

I think a particularly startling statistic was that over 600,000 college students are assaulted each year by another drinking college student. I live in the city of Boston. The population there is about 600,000. That is equivalent to the city of Boston in a given year being assaulted by a drinking college student. And as you mentioned, 70,000 were the victim of a sexual assault or date rape by another drinking college student.

These numbers are, frankly, higher than I anticipated that they would be when we began our research and lead me to two immediate conclusions.

First, I think we need to improve our data systems in monitoring this. I believe that we need to test, and this is a legislative recommendation, I think we need to test every unnatural death in the United States for alcohol. We do a pretty good job of testing fatally injured drivers in traffic crashes and that has permitted us to assess whether or not legal interventions and programs to reduce drinking and driving have had an impact on reducing alcohol-related traffic deaths. We need to do this for all unnatural deaths, for homicides, suicides, falls, drownings, burns, and so on so that

[1] Chart entitled "College Students U.S." appears in the Appendix on page 86.

we can get a yardstick against which to measure whether or not our programs make any difference.

Second, as you mentioned, we need to enforce our age 21 law. That is the legal drinking age in every State in the Nation. We know that when that law is enforced, that it reduces alcohol-related injuries and fatalities.

Because most of the alcohol-related deaths among college students are traffic deaths, we do have a series of recommendations based on research that can reduce alcohol-related traffic deaths. Administrative license revocation laws, we have those in 40 States. Lowering the legal limit to 0.08, the Senate has already passed legislation that will fine States if they do not do that. Thirty-two States have that law. Mandatory screening and treatment for people who are convicted of driving while intoxicated, the law in 23 States. Primary enforcement of safety belt laws, we have that only in 18 States. That law, if every State adopted it, probably prevent 600 alcohol-related traffic deaths a year and another 1,000 non-alcohol-related traffic deaths. And then, finally, the use of sobriety checkpoints is a proven method to reduce these problems.

Finally, we need to have colleges and their surrounding communities form partnerships and work together to address this problem. The colleges cannot do it alone. If they crack down and the communities, surrounding communities are not on board, it will just drive the problem out in the community. Conversely, if the communities crack down and the colleges are lax, it will just drive the problem back onto campus. We need the two of them to work together and to involve students.

I think that unless students are involved in this process, many of them will think that greater restrictions are authoritarian and paternalistic. What most people do not know is that a majority of college students want stricter enforcement and stricter regulation around alcohol issues. After all, many of them are being affected by other student's drinking and behavior after drinking.

So I think that we do have a number of tools available to us to reduce this problem and if we implement those laws and those regulations and enforce them, we will not only reduce the harm that college drinking students cause themselves, but the harm that they cause other college students and members of the community, as well.

Chairman LIEBERMAN. Thanks, Doctor, for very helpful testimony, also. Dr. Goldman, good morning.

TESTIMONY OF MARK S. GOLDMAN, Ph.D.,[1] DIRECTOR, ALCOHOL AND SUBSTANCE ABUSE RESEARCH INSTITUTE, UNIVERSITY OF SOUTH FLORIDA

Dr. GOLDMAN. Good morning, Mr. Chairman, and thank you for inviting me here today. My name is Mark Goldman and I am Distinguished Research Professor of Psychology at the University of South Florida in Tampa, Florida. I was co-chair of the Task Force on College Drinking.

[1] The prepared statement of Dr. Goldman with an attachment appears in the Appendix on page 49.

Clearly, we have reached a stage at which serious national conversation has begun, and I applaud this Committee for taking the lead in this effort with today's hearing. Because Dr. Kington has summarized the task force's goals and Dr. Hingson has reviewed the consequences of college drinking, I will first make a few overarching points that link our task force report to the needs of American society. Then I will briefly summarize the task force's conclusions and recommendations.

In my role as task force co-chair, I had the opportunity to meet some of the parents tragically affected by the events reported by Dr. Hingson, and because I have children of my own in this age range, I resonate to their stories. But these individual stories and statistics, alarming as they are, combine into an even bigger story. Simply put, this is an enormous public health problem in America today, a problem that has remained stubbornly consistent for decades.

Alcohol is tightly interwoven into the social fabric of college life, bringing with it enormous social, economic, and personal consequences for our children, consequences, we are learning, that are probably more extensive than any of us imagined. I cannot emphasize enough that it is a culture, our culture, which we face. At best, this culture seizes some of our best and brightest, robbing them of their academic potential, and it affects virtually all members of the college community, including non-drinking students who are often victimized. At worst, this culture takes lives right then and there. These circumstances cannot be dismissed, therefore, as simply a rite of passage or an inevitable part of college life.

For policy makers and legislators, however, there is an equally important, although much less obvious, point to remember. Despite the certainty with which many researchers present their findings, much work remains to be done. Certainly, there is an abundance of small scale, university-specific studies and there is ample anecdotal evidence and case studies which document the kind of apparently isolated events commonly used by the media to bring this issue to the public attention.

But in almost all areas of college drinking, from how widespread the problem is to the factors that place individuals at most risk for the problems, to what types of interventions work best, there is a paucity of research that adheres to the level of methodological rigor that is essential if research is to be truly informative for decision makers. Encouraging college presidents, policy makers, and researchers themselves to demand this standard of scientific rigor is one of the critical aspects of our task force report.

Rigorous scientific research has the potential to break the terrible cycle we see repeated time and again, a tragic death followed by a large amount of money thrown at the problem with little or no evaluation. Few of these efforts achieve any lasting results. Administrators become frustrated, policy makers cynical, students apathetic, and college drinking continues as an apparently intractable problem.

Now, as to specific recommendations, two are offered for presidents and their staffs. First, the task force recommends an overarching framework for organizing alcohol prevention and intervention programs. The purpose of this organization, which is called the

three-in-one framework, is to create a comprehensive program that focuses simultaneously on multiple levels—individuals, the student population as a whole, and the surrounding community—and each of these approaches must be used in concert. Problems are likely to arise in any domain not included in the plan. To achieve this concerted approach, representatives from each of these components must be part of the planning process, including the alcohol and hospitality industries.

Second, the task force recommends specific strategies tailored to the unique needs and characteristics of each school that may be used within each of these levels. No two schools are alike. The recommended strategies are divided into four tiers, effective with college audiences, effective with general populations but not yet tested, promising, and ineffective. Planners must choose from the first three alternatives and then evaluate outcomes. We would never allow a medication to be commercially used without testing, but that practice is regularly followed in connection with college drinking programs.

For the research community and NIAAA in particular, the task force identified a variety of knowledge gaps that offer new research opportunities and it called for communication of results as broadly as possible. And, it emphasized the bridging of the gap that all too often exists between researchers and policy makers.

I believe these steps, taken together, will move our field and our Nation forward in coming to grips with a pervasive public health problem.

The path we need to follow is relatively clear, but it is not easy or inexpensive. We need the public will and leadership of legislators to provide the resources needed to continue this important work, and we need to acknowledge the disparity between the size of the problem and the resources currently devoted to the organizations designed to address it. As an NIH institute, NIAAA is perfectly situated to lead the effort to cope with this huge societal problem. Thank you again.

Chairman LIEBERMAN. Thanks, Dr. Goldman.

Thanks to all of you. Dr. Goldman made a statement about the problem existing for a long time, and I think all of us know that from our own experience. Is there any data to suggest that the problem of so-called binge drinking has become more serious in recent years on college and university campuses? Dr. Hingson.

Dr. HINGSON. There is some survey data, the College Alcohol Survey that Dr. Henry Wechsler conducts at the Harvard School of Public Health. It is a national survey that he has been conducting periodically since 1993. The evidence is that there has been a slight increase in this, what you call binge drinking, five or more drinks on an occasion in the past couple of weeks for a man or four or more for a woman. This has increased.

What is interesting is that during the same time period among people under the age of 21, among high school students, for example, there have been declines in consumption and there have been declines in this type of drinking among persons the same age not in non-college. So it is particularly an issue on the college campuses.

But I think it is important to point out that a lot of the problems arise—the drinking problems begin even before young people start to college. There is a whole line of research that indicates that the younger people are when they begin to drink, the more likely they are to develop alcohol dependence, the more likely they are to drink frequently to intoxication, to experience unintentional injuries, motor vehicle crashes because of drinking, get in physical fights because of drinking, have unprotected sex after drinking. This is a problem that is bubbling up into the college campuses and that is why it is so important that we need to work with the communities in which the college students reside.

Also, even though a smaller percentage of 18- to 24-year-olds who are not in college are not driving after drinking as those in college or engaging in binge drinking as frequently, there are so many more 18- to 24-year-olds not in college than in college that overall a larger number engage in those behaviors that they account for even more fatalities and injuries than we talked about in the report on college student drinking. So this is a problem that the entire society needs to address.

Unintentional injuries in the United States are the leading cause of death for people ages one to 34. Thirty-eight percent of those injuries are alcohol-related. So what are we talking about here? We are talking about the leading contributor to the leading cause of death of young people in the United States. That is something that not only college campuses, but our entire society needs to try to address.

Chairman LIEBERMAN. Well said. Any other thoughts about the relative seriousness of the problem? Dr. Goldman.

Dr. GOLDMAN. Yes. I would like to say that we have to keep in mind, again, that this is a culture, and part of the culture is that we have not paid attention to this. It has seemed something acceptable. It seemed something ordinary. In many ways, our whole society has been working for many years to avoid looking at it and I think this problem may have been with us, perhaps not in the same degree that it is now, but it may have been with us for a long time and we look away, we cover it up, we avoid tackling this problem because it seems so everyday and something that is accepted.

I think the point that needs to be made—and this hearing is a perfect starting point—is that the attention has to be placed on this behavior in a way that suggests that it is not something that should remain as part of our culture but rather something that we need to change.

Even an institute like NIAAA, people think of as dealing with serious alcoholism. Well, in fact, the problem is much larger. The public health problem, the problem of alcohol pervades many aspects of our society, from children even through adolescence through college, and in ways that are not the characteristic alcoholic that people think of. We need to tackle this problem in this broad way and stop thinking of it as something ordinary.

Chairman LIEBERMAN. I want to come back in a little bit to the comments you made about alcoholism, but you have used the word "culture" several times. What do you mean by that? Do you mean our culture in the normal sense in which culture is used is sending messages to young people about the acceptability of drinking or do

you mean that there is sort of a sociological ethic within the college campus community that creates its own incentives or lack of deterrents to indulge in such behavior?

Dr. GOLDMAN. Well, let me put it this way. I have heard from a number of college presidents that when their schools, much to their chagrin, made it onto a national listing of top party schools, they thought that their enrollment would go down, and in fact, quite the contrary happened. Their enrollment went up. The applications went up.

What happens is already in high school and before, kids are taught that one of the things that is going to happen when you get to college is you are going to get a chance to party and you are going to get a chance to have a really good time involving alcohol. They see their choice of college as actually being based, in part, on the opportunity to do that kind of thing. Then when they get to college, there are various factors within the college environment, of course, that sustain and perpetuate that kind of idea, and quite frankly, I think it even carries on into adulthood when people report to their kids what they remember about their own college lives and the fun that they had involving alcohol.

So it just seems like this is the thing to do. This is what you do. You go to college, you study, and you party and drink, and all that goes together.

Chairman LIEBERMAN. That is interesting and, in some ways, surprising testimony. Part of what I had suspected and heard from a few people was that some college and university administrators do not focus on this problem because they do not want to highlight it for fear that it would actually reduce enrollments. It is a perverse notion that it might actually increase enrollments.

Dr. Kington, did you want to add anything?

Dr. KINGTON. Just that when trying to develop interventions to address this problem, it is extraordinarily important to recognize that there is a wide variation in cultures across college campuses. We have over 3,600 colleges and universities.

Chairman LIEBERMAN. In other words, individual campuses have their own cultures.

Dr. KINGTON. Absolutely, and interventions have to be targeted to the specific circumstances on individual college campuses. That is why we have to have an array of tools that we can offer college presidents and communities to address their specific problems.

Chairman LIEBERMAN. I want to come back to this question of alcoholism because I have been focusing in my own mind on the problem of binge drinking, which I understand to be something different from alcoholism in the sense of a dependency on alcohol. Binge drinking, as I understand, is an act of momentary or temporary irresponsibility. I suppose it can lead to a dependency, but am I right? Is that what we are talking about here—something different from alcoholism as we have come to know it?

Dr. KINGTON. Yes. Alcohol dependency, the disease, is different from what is often described as binge drinking. I think the point that was being made is that you have to look at this problem of binge drinking within a broader context of the societal problem of alcohol. But you are right, they are different things.

Dr. GOLDMAN. Although, if I may point out, that using the technical criteria of the Diagnostic and Statistical Manual of the American Psychiatric Association, a number of college students could have the diagnosis of alcohol dependence applied to them during their college years, based on their pattern of drinking.

Dr. KINGTON. But binging, per se, does not equal alcoholism.

Chairman LIEBERMAN. It does not equal alcoholism. On the other hand, and correct me again, the number that jumps out of those statistics—which is the 1,400 deaths a year, and the other numbers, too, half-a-million injuries and 70,000 sexual assaults—presumably, those are not all the result of binge drinking. How do we divide the problem or is the data capable of doing that?

Dr. HINGSON. I think you have raised a very good point. I mean, what are we talking about with binge drinking? Five drinks in an hour, or five drinks for a male. If I had five drinks in an hour on an empty stomach, I would reach a blood alcohol level of about 0.10. That would be legal intoxication in every State in the Nation. So they are drinking to the point of impairment, and then, unfortunately, lack of judgment sets in and people engage in behaviors that pose risk not only to themselves, but to others.

So we are talking about a pattern of drinking that not only is dangerous in and of itself, but contributes to other behaviors that pose risk for the drinkers and for people other than the drinkers, the people who may be assaulted, or 40 percent of alcohol-related traffic deaths are people other than the drinking drivers. So there are a lot of innocent victims here and what I think we need to do is to mobilize the communities who are being adversely affected by these behaviors who may not necessarily be the heavy drinkers themselves but who are being impacted by the behavior, irresponsible behavior of these people after drinking to that level.

Dr. KINGTON. It is also important to note that this is not just a problem of binge drinking.

Chairman LIEBERMAN. That is a good point.

Dr. KINGTON. Those who drink less than that cutoff are often still impaired and can be the source of major problems, as well. You cannot just pin this on the binge drinkers.

Dr. HINGSON. About 20 percent of alcohol-related traffic deaths involve people with blood alcohol levels below 0.10, which five drinks would get you to that level.

Chairman LIEBERMAN. So binge drinking is a unique problem, but the overall problem we are discussing is part of a larger societal problem of substance abuse, in this case, of alcoholism.

I want to make sure I understand something that you said earlier, Dr. Hingson, and was I hearing you correctly, which is that the problem of alcohol-related deaths and injuries is greater statistically among college students in that age bracket than non-college students?

Dr. HINGSON. When we looked at the National Household Survey on Drug Abuse, 42 percent of the 18- to 24-year-old college students reported engaging in this binge drinking behavior compared to 38 percent of the non-college. Twenty-seven percent of the 18- to 24-year-old college students said they drove under the influence of alcohol in the past year, compared to 20 percent of non-college. So

the college students are more apt to engage in this heavy drinking and risky behavior after——

Chairman LIEBERMAN. The percentage differences are not enormous, but they are real. How would you explain them? My reaction would be that students at college are away from home, so that they may take liberties that they would——

Dr. HINGSON. They do not have jobs to go to.

Chairman LIEBERMAN. They do not have jobs to go to the next morning, right.

Dr. HINGSON. They do not have the same responsibilities, and I think that, unfortunately, many college campuses have been permissive and have been lax in enforcing the legal drinking age, for example, of 21. Many college administrators feel that is a burden. What they do not recognize is that law saves lives.

CDC recently reviewed 49 scientific studies on this. They found that when the drinking ages were lowered back in the 1970's, there was a 10 percent increase in alcohol-related crashes. When the drinking ages were then increased, there was a 16 percent decline in alcohol-related crashes. The National Highway Traffic Safety Administration estimates that every year, 700 to 1,000 alcohol-related traffic deaths are prevented as a result of having a legal drinking age of 21.

I think actually that is a conservative estimate because it does not take into account other problems that are associated with underage drinking, the falls, the drownings, the burns, the homicides, the suicides, the unprotected sex, illicit drug use, poor academic performance, and so on.

And in addition, we have a recent body of research that is emerging that indicates that the younger people are when they start to drink, the more likely they are to have dependence, to have unintentional injuries under the influence, motor vehicle crashes after drinking, get in physical fights after drinking, not only when they are adolescents, but it carries over into adult life.

So for all of these reasons, efforts to delay or prevent underage drinking or delay the age of onset of drinking will have life-saving benefits to our society.

Chairman LIEBERMAN. We will ask this question on the next panel, but one of the things that the University of Connecticut has done in response, and they lost two students this school year to an alcohol-related incident, is to increase the on-campus penalties for involvement with alcohol, and we may hear more about that as we go on.

Beyond law enforcement, either on campus or in society generally, I want to ask you now to speak in a little more detail about what we know about what kinds of programs work—education, intervention, etc. Presumably, this is a classic case where you would want a light to go on in a student's head before they got into binge drinking, or in the head of a friend who would stop them before they went to excess. So what do the studies show?

Dr. HINGSON. I think that there are a number of experimental studies, and I will encourage Dr. Goldman to comment on this because he has done some of them, that indicate that individual counseling approaches with high-risk college students can reduce their drinking and subsequent problems.

An illustration. Particularly in emergency department, trauma center settings, when people have been brought in and alcohol contributed to the problem that led them there to begin with, there was a study done by Dr. Larry Gontilillo at the Harbor View Trauma Center, where they tested for alcohol all of the people who came to that trauma center. So these are people who had to be put on life support to stay alive. They found that 46 percent had been injured under the influence of alcohol.

They then did a randomized trial, an experimental study, where they allocated half of them to receive a 30-minute brief intervention where they were told how their drinking compared to people of the same age and gender nationwide, what their increased risk of injury and medical problem was if they continued to drink at that level, and then they were told where they could get help.

They followed them up a year later. Those in the intervention group were averaging three drinks less per day. Over a 3-year period, compared to the control group there was a 23 percent reduction in driving under the influence arrests, a 47 percent reduction in emergency department injury admissions, and a 48 percent reduction in trauma center injury admissions. Those are remarkable reductions.

Chairman LIEBERMAN. That is very impressive.

Dr. HINGSON. What happened? They caught these people at a teachable moment. They had just been injured so severely under the influence that they needed to be put on life support to stay alive.

A similar study has been done by Peter Monte at Rhode Island Hospital in a pediatric emergency department where the average age was 18 and he found similar results. There are at least eight or nine experimental studies with college students that show if you can identify high-risk college students and offer these types of brief interventions to them, it will reduce their drinking and subsequent problem.

The issue is, unfortunately, that many college students do not think they have drinking problems and they are not getting recruited into and indentified in screening programs. Less than 1 percent are receiving any kind of counseling in a given year.

So certainly, one of the interventions that we need are the individually oriented counseling approaches, but we need to combine that with these environmental approaches that will change the whole culture, as Dr. Goldman talked about, that will make it less likely that young people will have access to alcohol and be in situations where people drink to excess.

Chairman LIEBERMAN. Dr. Goldman.

Dr. GOLDMAN. Yes. I was just going to say, it gives me the opportunity to underscore an important thing about this report. There might be a tendency to view this report as sort of the final word on this issue. In other words, we have looked at the literature and we are now telling people how it needs to be done.

Unfortunately, in the process of looking at the literature, we found out how little of what we have in terms of intervention and prevention strategies is fully documented with college students. So what we need to be doing here is setting off the beginning of a

process, and a hearing of this kind is exactly what we need. We need to have these discussions take place.

We need to have colleges and universities sample from this menu in a thoughtful way in relation to their own context and then actually test and evaluate what is going on, because the kinds of things that we think are most appropriate and will be most comprehensive, mainly these large-scale environmental-type interventions where everybody is on the same page and everybody has coordinated has not been done.

Chairman LIEBERMAN. Tell us about that. In other words, Dr. Hingson's example with the impressive results was with a smaller group that already showed it had a problem, but it was a very effective response. What does the data say about—the report shows that this problem is more severe among freshmen. What does the data show, if anything, about the effectiveness of some kind of educational program for every incoming freshman on campus?

Dr. GOLDMAN. The first thing to say is that pure education seems not to do the trick, so the hopefulness of using those kinds of approaches exclusively is not very high. We just do not see great promise in pure education, independent of these other kinds of things.

An important thing to say is that some of the work that needs to be done probably needs to be done before they get to college, because we have data to show that some of the worst drinking and most serious problems happen within weeks, in the first few weeks after arrival.

One of the things that is sort of hard to understand without looking closely at it is that drinking is driven by context, so that among college students, they drink when they have the opportunity. They drink on Thursday night, Friday night, Saturday night, when there are not going to be classes the next day. They drink early in the semester when there are not going to be exams the next day.

Those kinds of moments are the times when the most work needs to be done. We are not doing those kinds of things right now, and just telling students that problems are likely to arise is not going to have an effect. So the whole thrust of this is to set this conversation in motion, to get presidents of colleges and universities meeting with their staff and with the local communities and with the commercial outlets that are selling the alcohol and with the police and get everybody on the same page and organize a system in which—somebody early in this process used for me the concept of squeezing a balloon, so that we do not have the air popping out in another place from where we are squeezing. We have to do it all at the same time.

Chairman LIEBERMAN. Dr. Kington, does the NIAAA coordinate in this concern with other relevant Federal agencies? I am thinking here of the Department of Education, for instance, which might be a natural point of contact with the universities, colleges, or the Substance Abuse and Mental Health Services Administration, for instance?

Dr. KINGTON. Absolutely. We have coordinated with the Department of Education, with the Substance Abuse and Mental Health Services Administration, with the Office of National Drug Control Policy, and with the Justice Department. We have had collabora-

tions with a large number of different agencies and we think that is essential to actually address the problem.

Obviously, as an agency within the National Institutes of Health, our focus is on the research agenda. Just to echo what Dr. Goldman had mentioned, one of the areas where we really need better research is looking at environmental changes, simple things such as reinstating Friday classes. On many college campuses, drinking begins a day earlier because Friday classes have been eliminated. Yet, we have not had rigorous scientific evaluations to assess those types of changes.

Another simple change is switching from students as residential advisors to adults as residential advisors, just shifting the type of people who are living in the dorms with students.

So those are the areas that we are focusing on. We are particularly interested in improving the scientific base for changing the environment, and we work closely with all of the relevant agencies in the Federal Government. We think that is essential.

Chairman LIEBERMAN. Let me ask each of you just a couple more questions. Again, I said at the outset that I do not know that this series of hearings will lead to specific legislative proposals, but there was one made earlier. I wonder if you have any other suggestions for legislation that would respond to this problem.

Dr. KINGTON. Our focus, obviously, is on the research base, and to the extent that we can have the resources to expand the amount of research that we can do on these areas where there is anecdotal evidence but not solid scientific evidence, we will be in a better position to make sure that the interventions that are done are effective, because one of the great frustrations now is that college presidents do not have all the information they need. We pull together the best evidence that we have so that they can make the best decisions given the evidence. But if we can expand the evidence base, we will be in a better position of telling them not only what the choices are, but what the effect would be. So that is the thing that we think would be most effective for improving the science base.

Chairman LIEBERMAN. In other words, resources for research. I invite you to think about it and let the Committee know or let me know what the dimensions of that would be, what kind of needs you have.

Also, I think you said earlier in your opening statement that you disseminate your work widely and directly to college and university administrators.

Dr. KINGTON. This is the packet of material that was pulled together and we are sending it to every college and university in the country and we actually have been delighted with the response. We have had calls asking for hundreds of the packets of information——

Chairman LIEBERMAN. Good.

Dr. KINGTON [continuing]. And we are gearing up to distribute it even more widely. The website has also been a great media for distributing information.

Chairman LIEBERMAN. Dr. Hingson, any other ideas for legislation?

Dr. HINGSON. Yes, a couple of things to say. First, there has been research that indicates that comprehensive community programs

can reduce alcohol problems. These are programs where we organize across different departments of city government, the health department, the schools department, the police department, parks and recreation, engineering, and have people in city government work with concerned private citizens, the Chamber of Commerce, the PTA, Mothers Against Drunk Driving, people who care about these issues.

A number of these studies have shown that among college-age—they have not specifically identified college students, but among college-age, they can reduce the access of young people to alcohol, they can reduce their alcohol consumption, they can reduce hospital emergency department assault injury admissions, motor vehicle crashes, alcohol-related crash deaths. So just as we need to work cooperatively at the Federal Government across agencies, we need to do the same thing at the community level.

One particular piece of legislation that I think would be important to look at, in over 30 States in the United States, there are laws that permit insurance companies to withhold reimbursement for people who have been injured under the influence of alcohol. If we think about that, that is a terrible disincentive for medical care providers in emergency department settings and trauma centers to test for the problems that are leading patients to wash up on their shores to begin with.

Connecticut, by the way, has a model law that I think the rest of the country ought to consider with regards to reporting and testing for alcohol problems and requiring that that be entered into medical records. So I think you could look to your own State for legislation that I think would be a great benefit. In only about a third, 20 percent of trauma centers is there routine testing for alcohol going on. Only about a third of primary care physicians systematically query their patients about their drinking. So we need to move across entire communities, including the medical community, to have legislation that would favor taking a look at this problem rather than sort of hiding it under the rug.

Chairman LIEBERMAN. Very interesting. Dr. Goldman.

Dr. GOLDMAN. I do not have a specific recommendation for legislation, but I would like to underscore one point that I think would be important to come down from Washington and become a more generally agreed upon standard, and it underscores what I said earlier, which is we would never introduce a new medication to market without extensive testing. But routinely, problems come along, we see problems, such as with college students, someone comes along and markets a package. College presidents and administrators are sort of up against the wall to do something about it. They listen to a story and they buy into it. Then what happens is nothing much changes and everybody gets frustrated.

What we need to do is underscore not just the idea of research in the sense of breaking new ground, but what we need is research in the sense of evaluations. Every school that does its own program needs to evaluate the consequences of that program to see what works, to see the parts that might work and the parts that do not work, to keep upgrading and moving it in a progressive direction.

It cannot just be because somebody has made a decision that we will buy into this program and now that program is on campus and

we are those who now take care of the problem because we have this program. That cannot be accepted as the standard any longer. We have to move toward an evaluation standard.

Dr. HINGSON. Sir, if I could make one final point——

Chairman LIEBERMAN. Go right ahead.

Dr. HINGSON. I think that there is a bill in Congress to roll back the tax on beer. The preponderance of scientific evidence indicates that price, if you increase the price of alcohol, that reduces consumption. Young people have less discretionary income, so they are particularly likely to be affected by this. Not every study shows this specifically among college students, but if we think about the issue of the younger people are when they start to drink and start to drink heavily, that lead to alcohol problems not only in college but throughout adult life, I think we have every reason not to cut back on the amount of tax that we have on alcohol.

Chairman LIEBERMAN. I want to thank the three of you very much for the work that you are doing, also for your testimony. We would like to keep in touch with you as this Committee's inquiry goes on. Thanks very much.

I will now call on the second panel: Drew Hunter is the Executive Director of BACCHUS and GAMMA Peer Education Network; Chief Robert Nolan, Chief of Police of the Hamden, Connecticut, Police Department; Dr. Daniel Reardon, a parent; and Dr. John Welty, the President of California State University at Fresno.

Thanks to all of you for being here. Dr. Reardon, thank you for coming forward after the tragedy you have been through. I appreciate very much your willingness to testify. I know it will be helpful to the Committee and I am sure it will be helpful to others who will hear about it, so we would welcome your testimony now.

TESTIMONY OF DANIEL P. REARDON, D.D.S.,[1] PARENT

Dr. REARDON. Thank you very much, Mr. Chairman, and thank you for inviting me to this hearing. All I can say is that I would truly prefer not to be here to discuss the issues of binge drinking on college campuses and I prefer that my son Daniel be alive and that he be finishing up his examinations at the University of Maryland and that he and I would be discussing plans for the summer, for next year, and for his future.

For him, there really are no future plans. He died on Valentine's Day this year and he died in an environment to where it was a fraternity hazing and he was basically killed by his friends in an initiation for fraternity. That is a specific subculture of this issue, but it certainly happened in the greater culture of binge drinking and the use of alcohol amongst our youth in our society. So that is really the issue that I want to talk to, is the issue of the pervasive culture of alcohol.

As a parent, and both myself and Danny's mom were very much aware, certainly starting in grammar school and through the middle years in high school, of the extent of alcohol and drugs with our youth, but what I have to say is that the real concern of Danny's mom and I was the use of illegal drugs. I have got to say that alco-

[1] The prepared statement of Dr. Reardon appears in the Appendix on page 56.

hol really did not come up on the radar screen, up until my son's death.

What is extraordinary about this is that, literally, in the weeks following my son's death, is that five parents in this similar group of friends and two patients in my dental practice came up to me to share with me the brushes that their sons had with acute alcoholic poisoning and almost the potential death of their sons. This absolutely stunned me and I realized that I was not alone in this and that people were not aware and talking about this problem.

Of course, other groups and this distinguished panel of experts here, I am now becoming—I am not an expert in this, I am just a dad whose son has died as a result of this, but people are sharing these horrific statistics to which I, sending my son off to school, was just totally ignorant of, and he was certainly not aware of it, either, and I know he did not go off to college to die.

So the experts are sharing the statistics of the rampant use of alcohol in colleges and I think this is extraordinarily important and I think it is important that light is being shed on this problem and that universities must move out of their denial. I am glad to hear that there are universities that are moving out of this denial.

I went to Holy Cross College in Worcester, Massachusetts, and I just found out this weekend, that a student was assaulted and killed walking up a set of stairs on the campus. I mean, this is just awful. I know the tragedy that those parents are going to experience, going to retrieve the body of their dead son.

And what is extraordinary about this is that this is happening to the best of our youth. This is not a subculture. This is the best of the best with parents who have the resources to educate and give the very finest to their children and they are dying in these statistics of 1,400 a year.

I think what astounded me was to find out that 40 percent, or whatever the statistic, it is just horrific, are getting blind drunk once a week. I could not believe this. And the number of children in high schools that get drunk once a month, I think it is 25 percent. I was absolutely unaware of this.

And so this is a social problem that is not happening just to the disenfranchised. It is happening to the best of our youth, from families that desire the best for their children and have the resources to provide it. Something is really wrong here.

I am not an expert in these issues. I am only an expert on the anguish of sleeping on the floor of an ICU unit for 6 days while my son died, lay dying, which was every parent's nightmare and was totally preventable.

So I have had a chance over the last several months to think about this and I think that universities—just as businesses have employee assistance programs—is that we need some type of student assistance program to help kids who are in trouble. But there has to be education and the kids have to know that they can call someone when someone is in trouble.

I think that universities and fraternities need to control the environments they create. I think that the role of fraternities and sororities need to be seriously evaluated as to how they foster any educational role on university campuses and why, after so many

years of knowing about this problem, they have done so little to prevent the tragedies.

I am glad that the Federal Government is looking into this and becoming aware of the problem. It is a massive problem. Finally, I think the Federal Government is going to have to look at the role that they have in allowing the type of advertisements that the liquor industry has on TV. I have become very sensitized to this in the last 3 months, of what these advertisements are like.

The thing is that my son was a level-headed kid. He wanted to go into the Foreign Service. He wanted to study economics. He wanted to be part of the Federal Government, and he is never going to have that experience.

And so all I can say as a parent is that I am very glad that at a national level this is coming into the consciousness of the government and the people, and thank you very much for having me here.

Chairman LIEBERMAN. Thanks, Dr. Reardon. Thanks very much. Dr. Welty.

TESTIMONY OF JOHN D. WELTY, Ed.D.,[1] PRESIDENT, CALIFORNIA STATE UNIVERSITY, FRESNO

Mr. WELTY. Mr. Chairman, thank you for this opportunity and inviting me to participate in today's hearing. Tragedy often results in a call to action and it was the death of a student in the fall of 2000 at Chico State in California that caused Chancellor Charles Reed to appoint a 21-member committee consisting of presidents, vice presidents, faculty, students, and alumni of the California State University to look at our alcohol policies and prevention programs.

The problem of student drinking is a complex one, as we have heard, but the question that was posed to the Committee which I chaired was simple and straightforward—how can we prevent any more tragedies? We set for ourselves goals that were perhaps bold and ambitious, but we knew from the outset that our impact was far-reaching because our system has 388,000-plus students, 42,000 faculty located in 23 communities in California.

We began our work in December 2000. We began by meeting with State and national experts who provided us with research and insights into the best practices across the country. From these discussions, it became clear that presidential leadership would play a critical role if we were to address this issue. It was made clear that California State University presidents must make this a priority on their campuses in a very demonstrable way. The "Be Vocal, Be Visible, and Be Visionary" statement from the national Presidents' Leadership Group established by the Higher Education Center for Alcohol and Other Drug Prevention is an example of what our committee envisioned.

We also stressed the importance of developing a comprehensive alcohol policy at each of our campuses which would be aligned with this new systemwide initiative, and we also emphasized that once policies were developed, they must be consistently enforced. Student involvement in policy planning and program implementation

[1] The prepared statement of Mr. Welty with attachments appears in the Appendix on page 58.

was also identified as a very important part of our deliberation, and, in fact, students were major participants in the work which we undertook and made a major contribution to our end product.

We also learned that it was important to have on our campus well-trained staff and that treatment programs needed to be available for those students who need them. And then we also learned that it was important that we gather data in a very systematic way to assess the nature and extent of the problem on our campuses.

As a result of this work, we focused on six key areas: Comprehensive policies; consistent enforcement; education and prevention; training, intervention, and treatment; assessment; and then, finally, the development of adequate resources to sustain a long-term and comprehensive effort on our 23 campuses.

We also as a committee recommended that our campuses look at using the social norms approach as a prevention model, not exclusively, but as one key component. Peer education programs, about which you will hear shortly, were also stressed, along with the establishment of a broad range of campus and community partnerships that involve all stakeholders in the planning and implementation process.

In July 2001, our Board of Trustees adopted the recommended policy, and in addition, the Chancellor and trustees committed $1.1 million for this current academic year to begin to implement the policies.

Immediately following this effort, each of the campuses were expected to create a Campus Advisory Council that consisted of key stakeholders on the campus, and also members of our community, law enforcement, prevention folks, and even owners and operators of local liquor establishments. The policy also stressed the importance of these partnerships and placed an emphasis upon enforcing existing laws, decreasing the use of alcohol in the promotion of business and community events, reducing underage sales, and drastically curtailing promotions that encourage excessive drinking, such as happy hours and two drinks that can be bought for the price of one. We also focused on expanding alcohol-free recreational events for young people, both on and off campus.

I mentioned earlier that one of the recommendations adopted by the board was that of a social norms approach. We undertook for all of our staff a conference sponsored in conjunction with BACCHUS and GAMMA this year that provided training in this area.

But it is important, I think, to recognize that we took one additional step, and that was we partnered with six State of California agencies ranging from Alcohol Beverage Control to Highway Patrol, Office of Traffic Safety. That partnership has now yielded $2 million in support for programs on our campuses that will be very important as we implement this effort.

Finally, I would like to comment on three suggestions that I might have regarding how the Federal Government might be able to assist in the efforts that we have undertaken.

First, it is clear that we have much to learn regarding this complex and challenging problem and Federal support for high-quality and comprehensive research is desperately needed.

Second, we desperately need to encourage individuals to enter careers in alcohol and other drug prevention and treatment.

And finally, I urge you to evaluate existing programs that are currently funded and to change criteria in such a way that would allow institutions of higher education and governmental agencies to work together in partnerships to address this problem. Currently, there is a prevention from the ability to work together because of various regulations and restrictions.

As a system, our California State University is committed to continue to address this problem. We know we have just begun, but our goal is to ensure that the last call will no longer be the final call for any of our students. Thank you.

Chairman LIEBERMAN. Thanks, Dr. Welty. That is a very impressive report. While my mind is focused on it, give me an example, if you can, of some existing Federal law or regulation that is preventing the kind of cooperation that you wisely would like to see.

Mr. WELTY. I certainly would be happy to follow up in a little more detail, but I think we found that in many grant programs, there are restrictions that either do not allow cooperation between a research program and campuses or other types of restrictions that narrow the focus of a program, which then does not allow for a comprehensive view of this issue on the campuses. I will certainly be happy to follow up with some specific examples.

Chairman LIEBERMAN. Thanks. That would be great. We are going to leave the record of the hearing open for 2 weeks after today for submissions of that kind, or if any of the other Members of the Committee wish to ask some questions.

I am really personally proud to welcome Chief Robert Nolan here. I have known the Chief for a long time. He is a distinguished member of the greater New Haven community, where I have lived for more than four decades now, and has been on the front lines of dealing with this problem in response to, particularly, a series of tragic alcohol-related deaths and injuries at one particular school of higher education in Hamden, Quinnipiac University. Chief Nolan, thanks for being here.

TESTIMONY OF ROBERT F. NOLAN,[1] CHIEF OF POLICE, TOWN OF HAMDEN, CONNECTICUT

Chief NOLAN. Thank you for inviting me, Mr. Chairman. The invitation was really appreciated by me to have the opportunity to discuss this very serious issue of binge drinking on college campuses.

Recent tragedies involving college students in my own community have prompted my department to work even more closely with university officials on several fronts to help curb what is a serious national public health and safety problem. While I have three universities within my jurisdiction, I would like to limit my testimony this morning to providing you with an overview of the close working relationship my department has forged with the university known as Quinnipiac University of Hamden, Connecticut.

Before the current academic year, a year during which three Quinnipiac students were killed in alcohol-related accidents and an officer was seriously injured when struck by a student driving under the influence coming out of a house party, and a number of

[1] The prepared statement of Chief Nolan appears in the Appendix on page 77.

injuries occurred to individuals as a result of other alcohol-related accidents, my staff and I began meeting with Quinnipiac's management team.

Through an open exchange of data and ideas, we have developed what I feel is a model for university and law enforcement relations as it pertains to alcohol abuse by college students. And yet, despite our educational and enforcement efforts, we were unable to avoid three families having their lives irreversibly changed when they lost their loved ones.

As someone previously mentioned, they have met with the loved ones and mothers and parents of some of these students that were killed or injured in accidents. I have had probably the worst times in my career of 31 years having to speak with parents. I am, however, convinced that without the proactive steps we have taken in the areas of education and enforcement, even more fatalities or injuries could have resulted.

I would like to share with you some of the programs currently in place as well as some additional measures that together we can take to address this national crisis.

The Hamden Police Department's Street Crime Unit, along with our community police officers, present alcohol-related programs to the students at the university on a continuous basis throughout the academic year. The university also extends alcohol awareness and educational programs in resident halls that house Quinnipiac undergraduates. These educational programs are provided continually with special emphasis during National Collegiate Alcohol Awareness Week.

In my opinion, the Quinnipiac University administration deals diligently and cooperatively with our department and responds with disciplinary action. This extends especially to students who violate the alcohol policy. Incidents of alcohol abuse off-campus are also dealt with in a swift and effective manner. This is particularly important inasmuch as these problems seem to have escalated in our town since students have been moved off campus. The recent relocation of senior students to off-campus housing certainly seems to have a direct correlation to the increase in alcohol-related accidents.

The sophistication of fake ID operatives is staggering. Standardization of licenses or State or Federal identification cards and the ability of issuing jurisdictions to share information is imperative. A fake ID was found in the possession of a Quinnipiac student who was killed in an alcohol-related motor vehicle accident last month when his car, traveling at excessive speed, hit a tree and became airborne twice.

Checkpoints have been proven as an effective deterrent to DUI. Increased funding for personnel and vehicles would allow local enforcement officials to expand checkpoints as they are not only a means of apprehending and enforcing, but also we find them a good manner in which to continue to educate students about the dangers of drinking and driving.

Other programs that we have in place at the present time which the university has assisted us with is we use undercover officers going into the house parties and, in turn, making available to us the information needed to obtain search warrants which we serve

on these particular homes, either college-owned or private homes that house students.

The Hamden Police Department, in conjunction with Quinnipiac University, intends to implement additional programs in the effort to combat this problem, such as expanding the safe ride program which was developed, offering the police department's availability as a means of transportation with no questions asked when an individual may have to drive under the influence to get back to their housing. We are attempting to work with local taxicab companies to establish a reasonable reduced fare to transport students under these conditions, as well. These programs will be considerably more effective and widespread with the existence of Federal grant or State grant money.

In addition, the Town of Hamden's Department of Police Service has reached an agreement with Quinnipiac University whereby in the beginning of the fall semester 2002, two police officers will be assigned specifically to the college campus, 7 days a week, through different shifts. They will be used in a similar manner as the school resource officers are being used in public schools at the present time. They will interact with students and administrators in an effort to continue to educate and eradicate alcohol-related issues.

Let me close by saying that I am not here today advocating prohibition. We cannot kid ourselves about the widespread abuse of alcohol by underage students. The ability to eliminate the consumption is almost impossible. We will continue to strive to reduce alcohol consumption, eradicate binge drinking, and eliminate DUI cases, most important, save lives. Additional education programs and enforcement efforts by the university and the Town of Hamden Police Department will be effective tools in this fight.

I urge my colleagues throughout the country to form a campus-community coalition, work together with the colleges and universities in their community to increase awareness of binge drinking and promote personal responsibility among college students, the ultimate solution to this national problem. Thank you very much, Mr. Chairman.

Chairman LIEBERMAN. Thank you, Chief. That was excellent testimony. Is there any activity, to the best of your knowledge, for instance, in the National Association of Chiefs of Police along the lines you have talked about?

Chief NOLAN. There has been discussion. Since research has brought it to the forefront as it has, which, unfortunately, our particular town found out through experience, we are finding that we are having more injuries, accidents, and deaths from this particular problem than the illegal drug activity.

Chairman LIEBERMAN. That correlates with what Dr. Reardon said. The numbers at Quinnipiac are just stunning and really unsettling. I have been using the number four and you said three, but I think it is three deaths in this academic year and then I think there may have been one in the year before.

Chief NOLAN. In a combination of motor vehicle accidents and alcohol poisoning, we have had over the last several years approximately five.

Chairman LIEBERMAN. And just to highlight something you have said, your observation is that the problem is more intense as the number of students living off-campus increases.

Chief NOLAN. Quinnipiac, due to expansion, has moved almost, if not all, of their senior and graduate students off campus. We have found in going back and reviewing our records that the accidents and problems with DWI began to increase substantially as this took place.

Chairman LIEBERMAN. Dr. Welty, while we are on this, is the pattern that Chief Nolan has described of the campus-community relationship, here in this case between the university and police department, typical of what is happening in California under the State University system plan that you have discussed?

Mr. WELTY. It is a key part of our plan and it actually, with the support we have now received from the State agencies, they are encouraging highway patrols, and city police to work with us much more closely. As we reviewed this problem, it is clear to us that integration needs to occur in each community if we are going to be effective.

Chairman LIEBERMAN. Thanks. Drew Hunter, thanks for being here. Tell us about your organization and what we can do to be helpful.

TESTIMONY OF DREW HUNTER,[1] EXECUTIVE DIRECTOR, BACCHUS AND GAMMA PEER EDUCATION NETWORK

Mr. HUNTER. All right. Mr. Chairman, it is a great honor and privilege to be here, as well. I guess I get to close for the panel.

I am here today as the Executive Director of the BACCHUS and GAMMA Peer Education Network, a 27-year-old student leadership organization focusing on alcohol abuse prevention and related student health and safety issues. We presently have affiliates on more than 1,000 colleges and universities and our organization is all about partnerships and we have been working on this issue since the last time the NIAAA spoke out on this, which was their 50 Plus 12 project in the early 1970's, and that was actually the founding of much of what our organization has begun.

Before getting to the heart of my remarks, I am pleased that there was a panel from this College Task Force of the NIAAA. Their recent report on college drinking is a significant achievement because it supports many of the strategies that our organization has been advocating for some time, including the importance of engaging student leadership on this topic through peer education. This report will be very helpful in the upcoming academic year as we press our host campuses for more attention to this important issue. Being that there were no students on the panel today, I will try to play that role, despite my advancing age.

From my experience, there are really four key components of a successful campus alcohol prevention program that need most attention. The first is a strong need of a commitment from campus presidents and their administrations. Simply stated, college presidents and their administrations must prioritize their commitment

[1] The prepared statement of Mr. Hunter appears in the Appendix on page 81.

and resources to work on this issue so that it is truly a vital part of the campus mission.

I am pleased to share time on this panel with Dr. John Welty, President of Fresno State. Having personally participated in the CSU effort led by him and Chancellor Reed, I am comfortable that his testimony covered this comprehensive approach in greater detail, so I will move on.

But before I do, it is important to note that despite all the publicity this issue has received, we know there are many colleges and universities that still do not support a full-time alcohol educator or staff person dedicated to these efforts. We know there are many campuses that have higher budgets for one-time events, like homecoming, than they do for year-round alcohol education program. And we know that there are some colleges and universities that have solid alcohol policies written in their student handbook, but the policies are seldom put into practice on campus, and that is where our troubles begin.

As I say to you, as long as this remains true, then it is also true that reducing alcohol-related harm is not central to those campuses' missions, and this disparity in addressing the issue is why we need leadership from the top down, and again, I want to commend Dr. Welty and the CSU system.

No. 2 is a strong campus policy and the willingness to enforce that policy. As usual, whenever you are faced with a complicated case here in Washington, the answer is not automatically that more policy is needed. Nor is a federalized one-size-fits-all national policy going to work for the diverse number and types of institutions out there. But it is the commitment to use the policies that are already in place that will solve many of our problems. This is what our campuses need to do on an individual basis to better address this issue.

At the risk of creating a sound bite, campus policies and student service programs really can be narrowed down to a simple message that needs to get out to our students and their families, the simple message of get smart, get help, or get out.

What I am talking about here is the need to get smart. If a student gets confronted for underage drinking or drinking in a high-risk fashion, the campus needs to first give them a chance to get smart. We must start by forcing these students to get mandatory education on the alcohol issue.

Then get help. If a student continues to break policy a second time, we need to respond in a caring and compassionate way by offering that student a chance to get help. We need to meet with these students and, where permissible and appropriate, engage their parents in the discussions and offer these students assessment services and counseling.

And finally, to get out, and this is sometimes a tough one. But if students continue to drink in a high-risk fashion and are unwilling to change their behavior, we have to have the power to say, get out. Being dismissed from school would get their attention and may influence their understanding that they have bigger problems. And as importantly, it says to the rest of the student body, this type of behavior is not acceptable here.

No. 3, any successful program must include student peer education. Everyone working with young people knows that we have to impact students in their peer groups. We need to engage students to be leaders, role models, activists, and caring friends when it comes to stopping alcohol abuse. When students do get involved in the issue through peer education, there are some things that we can count on.

We know that peer educators make healthier choices themselves and they are comfortable confronting others about high-risk behaviors. We know that a significant percentage of students say they would rather talk to a peer instead of a professional counselor about troubling issues. And we know that students learn a great deal about the culture of the institution from watching their peers for clues of what is acceptable and what is not.

Therefore, we must continue to advocate and support these peer educators as a vital part of the alcohol education process. Let us face it. They are there long after the administrators have gone home for the day. They can make a difference when it is needed.

And finally, No. 4, we need to market healthy norms to our students. It is simply a fact of life that you will get much more attention with a headline or lead story that says, "Students Are Out of Control and Dying," than you will with one that says, "Most Students are Doing Just Fine." But you know what? The real truth of the matter is that most college students balance their bottles and books. According to the American College Health Association data, significantly more students leave our institutions due to health and financial problems than drinking problems.

Social norms, as highlighted by Dr. Welty, is a prevention tool that works by using actual student behavior to market the healthy norms, such as broadly sharing a wide variety of messages that the majority of the students are making healthy choices.

Where this has been used, such as institutions like Hobart and William Smith College in New York, they saw a 40 percent drop in their high-risk drinking over the course of just 4 years. Northern Illinois University saw a 44 percent drop over the course of 10 years.

Chairman LIEBERMAN. What kinds of programs were those?

Mr. HUNTER. These are social norms-based programs, which are marketing campaigns looking at the actual student data, and then they develop widespread marketing campaigns from the time you enter campus to the time you graduate, marketing health, really trying to promote an environment or a culture on the campus that the majority of the students do not drink in ways that cause harm to themselves or others.

Chairman LIEBERMAN. Is it marketing health generally or is it specifically dealing with the dangers of alcohol?

Mr. HUNTER. The dangers of alcohol primarily is where we have seen this, though you are beginning to see this approach using a variety of other issues, including tobacco, illicit drugs, and on diversity and acceptance issues in higher education, as well.

Chairman LIEBERMAN. And again, these programs cover all the students. This is not just kids who have had some problem.

Mr. HUNTER. No, these are broad. This would be literally from the moment you enter the campus, you will see the same type of

advertising or marketing you might see on broader topics or whatever. You will see messages, posters, websites, all sorts of stuff promoting the broader health of the student body, using the student data that they have taken from the established surveying techniques, and it was also highlighted in the NIAAA report as one of the areas to look at.

Chairman LIEBERMAN. Just go over then, again, the results that you cited.

Mr. HUNTER. Sure, and there are a large number of campuses that have done this, but highlighting two, Hobart and William Smith College saw a 40 percent drop in their high-risk drinking over the course of 4 years, and that is the binge drinking definition that was talked about earlier. Northern Illinois University saw a 44 percent drop over the course of 10 years using this technique, and I will say this technique is part of their comprehensive program——

Chairman LIEBERMAN. So these colleges may do other things, as well, perhaps cooperating with local law enforcement?

Mr. HUNTER. Absolutely. In fact, the Northern Illinois University, they have gone to law enforcement and looked at their data. Not only have they reduced the reporting of these high-risk drinking levels, but then they have also seen the concurrent drops in a lot of the reported crimes and injuries and things of that nature, including, I believe, sales of alcohol in the community in some of those areas.

Chairman LIEBERMAN. Have you finished your testimony?

Mr. HUNTER. Actually, I had one more point I was going to make, but then——

Chairman LIEBERMAN. Go right ahead. I interrupted you.

Mr. HUNTER. No, I appreciate your input.

Finally, I do want to address something that we have heard a few times today and that is when we spend too much time highlighting the problem, college students binge drink. We mistakenly are feeding into the misperception that this is what campus is really like, which is why many of us in the higher education community refrain from using the popular yet misguided term "binge drinking" in describing student alcohol use.

First of all, when you think of going on a binge or being a binge drinker, what comes to mind is someone who really needs help, who is out of control. Yet the current definition of four drinks if you are a woman, five drinks if you are a man, during one sitting in a previous two-week period does not necessarily match that perception. In addition, the definition conveniently labels one-half the students, nearly one-half of the students as being high-risk while ignoring the very factors that contribute to alcohol intoxication and risk. The overuse of the term "binge drinking" has really become a joke on campuses as far as many students and really some administrators are concerned.

It would be more productive if we would focus our efforts to talk about those students who drink and put themselves or others at risk by engaging in unsafe behaviors. When engaged, college students are likely to support efforts to reduce drinking and driving. They want to reduce incidents of sexual assault on their campuses.

They want to reduce noise in their living areas, and they want to deter vandalism and violence on campus.

We have had great luck in making students part of the solution on these issues, but we have to engage them in the process and bring them along with us. Thank you very much.

Chairman LIEBERMAN. Thanks, Mr. Hunter.

Chairman LIEBERMAN. You know, it is interesting. You quoted at the end something I saw in your prepared testimony and I was going to ask you about, which is the statement, "when you think of going on a binge, what comes to mind is someone who really needs help, who is out of control. Yet the current definition of four drinks for a woman and five for a man during one sitting in the previous 2-week period does not necessarily match the perception." What do you mean? I think most of us would assume that is a lot of alcohol at one sitting.

Mr. HUNTER. Sure, and please forgive me. In a 5-minute testimony, you cannot always go into the details you would like and we would be the last organization to not talk about this as a very serious problem. It is what we are about. It is what we do.

But the problem with the binge drinking definition as it is currently put out there, and it has been useful as a benchmark when we are looking at measuring programs, but it does not put some of the factors that impact intoxication, or as our Chief of Police over here would talk about, things that you can measure from a BAC. Sure, five drinks in an hour is a lot of alcohol and virtually any one of us on this panel would be at a level where we would be looking at a BAC where we would not be safe to drive a car.

But the definition does not ask about time. It does not ask about size of the person drinking, whether they have eaten, a lot of the factors that will involve your BAC. So what it does is it conveniently captures as large a portion of students as possible for purposes of raising attention to this issue. But the same student that may drink those five drinks in an hour and starts seeing their BAC going off the chart, the student next to them may drink those five drinks over a 6- or 7-hour period watching two sporting events. The definition has no way of breaking that out and is why a lot of researchers will not use it and why a lot of students discount it.

Chairman LIEBERMAN. I see. So if we can focus, it is the one sitting part of the definition that is bothering you because you would prefer to judge it by some standard of blood alcohol content.

Mr. HUNTER. Correct, because I think that would be something that we clearly could say that at this level of BAC, these types of things are likely to happen. And I just think sometimes, particularly if you are looking at the social norms approach which has shown some effectiveness, the more we highlight the problems going on, the more students who are coming to the campus believe they have to drink that way to fit in.

Chairman LIEBERMAN. Yes.

Mr. HUNTER. And that is really part of the peer acceptance formula that causes some problems.

Chairman LIEBERMAN. What is your reaction to the discussion we had with the last panel on distinguishing binge drinking, whatever you want to call it, from the broader problem of alcoholism in our society, or is there a distinction?

Mr. HUNTER. Well, the binge drinking definition, as it is used, I do not think is a gauge for alcoholism. The problem with, again, the term "binge drinking" is that people assume when you are talking about a binge, you are talking about an out-of-control episodic blackout type drinking, which, again, is not necessarily—some of the students in that binge drinking definition may go ahead and do that that evening, but it is not, again, the 40 percent. A significantly lower percentage of the students would be qualifying in that.

At the college age, it is rarer to have the full alcohol dependency diagnosed, but certainly these types of patterns, unchecked and unchallenged in college, can lead to the development of alcoholism over time, and some of our college students do come to us already with full alcoholic tendencies, needing of treatment and other services, and more of our campuses need to provide those services and assessments and help us find those and get them out of the system and properly treated early on.

Chairman LIEBERMAN. Dr. Reardon, I agree with everything you said, but one of the things you said earlier, stunned me, as well as the 40 percent of students who say that at one point or another they were binge drinkers. What year was your son in at the University of Maryland?

Dr. REARDON. He was in his freshman year.

Chairman LIEBERMAN. Freshman year. To the best of your knowledge, this was not a situation where he had what might be called an ongoing drinking problem?

Dr. REARDON. No.

Chairman LIEBERMAN. This was exactly the nightmare we are discussing, which was an episodic or momentary situation where he drank to excess?

Dr. REARDON. Well, he was in a fraternity at that time and he was pledging.

Chairman LIEBERMAN. Yes.

Dr. REARDON. And the Sunday before, he told me that in this initiation, there would be no alcohol. So to get that phone call at 5 o'clock in the morning on Friday morning, it was, of course, every parent's nightmare, my nightmare.

Chairman LIEBERMAN. Right. Go ahead.

Dr. REARDON. But further than that, it is a culture, it is a subculture of what is going on in campuses, and it appears that what happened that evening—and it is under investigation, I do not have all the facts, but it appears that after a certain amount of alcohol consumption is that a beer funnel was put into his throat and then a half-a-quart of bourbon was poured down his throat. And then when he passed out with the fire barn or whatever, the EMT 200 yards away, no one called.

And this is something that you said, Mr. Hunter, is the ability—and also Dr. Welty—is that kids can get help and that there were kids in that fraternity who were afraid to call either because Danny would get thrown out of school or they would get thrown out of school, and so they let him pass out.

Chairman LIEBERMAN. What has the response been of the university so far?

Dr. REARDON. None.

Chairman LIEBERMAN. Really?

Dr. REARDON. I have had no contact.

Chairman LIEBERMAN. None at all?

Dr. REARDON. I received a letter from the president of the university and he stated that every now and then, a kid's luck runs out and Danny's luck ran out. I thought it was just a terrible response to his death.

Chairman LIEBERMAN. To the best of your knowledge, no disciplinary action has been taken against the fraternity?

Dr. REARDON. The fraternity, the house has been suspended.

Chairman LIEBERMAN. It has. And is the university doing the investigation or are the police doing it or both?

Dr. REARDON. It is being investigated by the Prince Georges County police, and I believe the university police are cooperating with the official investigation by P.G. County.

Chairman LIEBERMAN. Am I right that this just happened in February?

Dr. REARDON. This happened in February, on February 8, yes.

Chairman LIEBERMAN. Let me ask you, just to talk a little bit more, you spoke during your opening statement about whether there is anything you would—of course, this just came out of the darkness of night with you, but whether there is anything you would tell parents of kids now to look for or demand from their universities and what you would hope colleges would do to try to protect other kids from this kind of tragedy.

Dr. REARDON. Given the amount of time that Danny's mom and I spent on this issue with our kids, I really do not think that parents can really effectively intervene once the kids go off to college. And I have got to say that what Dr. Welty is saying, and also Mr. Hunter, as to how they are trying to respond and help kids, I think this is absolutely critical and I know that none of that existed on the University of Maryland campus, and so I am very pleased to hear that this is happening.

Chairman LIEBERMAN. You and Dan's mom had talked to him and your children about alcohol abuse?

Dr. REARDON. Yes. But I do have to say is that our focus really was not on alcohol.

Chairman LIEBERMAN. Yes.

Dr. REARDON. We were much more concerned about the use of marijuana in high school.

Chairman LIEBERMAN. I bet that would be the case of most parents in America.

Dr. REARDON. Yes. It just was not on the radar screen.

Chairman LIEBERMAN. Thanks, Dr. Reardon.

Dr. REARDON. You are welcome.

Chairman LIEBERMAN. Dr. Welty, what about the extent to which—I mean, you have given us a case where the California University system had a death and just committed itself to doing everything it could to make sure nothing like that happened again and you are dealing with a large, very prominent, high quality system. How would you describe the extent of awareness and commitment to do something about this problem we are talking about, alcoholism, binge drinking on the campuses, among your peers throughout the country, among the administrators of the colleges and universities in America?

Mr. WELTY. I think there is variation, but I would say, based on my experience in four other States, there is concern about this issue. I do think that one of the things that we need to focus more clearly on, and has been mentioned already, and that is the need for a comprehensive approach to this issue. It is not just having a policy, but it is a policy that is enforced, complemented by a strong education and treatment program, and then an ongoing review of how we are doing. I do think there is a need, probably, for us all to be continually reminded of the importance of this issue, but I do think it is a concern among certainly my counterparts across the country.

Chairman LIEBERMAN. Does the California State system have a plan for evaluating results under the program you put into effect?

Mr. WELTY. Yes, we do. There is a requirement that each campus reports to the board every 2 years, both evaluating what we have done but also looking at the progress that we are making addressing the issue on our campuses. This is our first year, so next year will be the first of those reports.

Chairman LIEBERMAN. Do I understand correctly that your campus and others in the system are using the social norms approach that Mr. Hunter described?

Mr. WELTY. Yes. Most of our campuses are using that approach, again, not as the only effort but as one of several efforts that are being undertaken as part of the prevention and education program.

Chairman LIEBERMAN. Chief, did you want to add something?

Chief NOLAN. I totally agree with the other gentlemen on the panel, but there are a couple of areas that we found in Hamden. One, I prefer not to use the word "campus." In our experience, the least amount of problems are on campus. It is off campus that we have the problems with the students. So it is more a university-student problem. What takes place on the campus usually does not create the problem off the campus. The deaths take place off the campus. The accidents and injuries take place off the campus.

I think, I know I have and I know Dr. John Lahey has, it finally became aware to us that there are several groups that have to work together. There has to be the community, the police department, the college administrators, and the parents. I have been at meetings and conferences where people try to bear all the responsibility to the parents or to the college or to the police department. It is a combination of all.

I know there are certain areas that colleges have problems. One of these accidents involved a student, and when I met with the parents, they had no idea that this student had an ongoing problem with alcohol binge drinking. To this day, I cannot imagine the shock when autopsy reports came back for this poor woman, none whatsoever.

It should be incumbent upon the universities to make parents aware of this if there is an ongoing problem or if they are having a problem with their child. There are certain things that come into play on privacy and what have you. This young man or person may still be alive if the parent had been aware of the situation.

Chairman LIEBERMAN. Right.

Chief NOLAN. That is the area that I become concerned, where we have found with several of the universities we have met with

that they want to keep everything in-house. They want to keep it very quiet. That is not going to work. It is just not going to happen. And to take disciplinary action or have policies governing the students' activities off campus, I think is as important, if not more important than on campus. I know of universities in our area that if the incident takes place off campus, no action is taken against the student on campus. It is not their responsibility, not their concern. They have major problems with that.

Chairman LIEBERMAN. Those are very important points. Obviously, we send a message of how seriously we take something if we attach a penalty to it.

Mr. Hunter, what is your impression about—your program is on a lot of campuses around the country. Maybe the ones you are on answer the question I am going to ask, but my impression is exactly what Chief Nolan has just said, that there are colleges and universities that are in denial to one extent or another about this, either because it is such a difficult problem, human problem, or it is dismissed as just what happens, unfortunately, tragically, to kids when they are in college, or they do not want to publicize it because they are concerned about the impact on the school's reputation. What is your experience with all that?

Mr. HUNTER. I think there is a certain amount of difference campus to campus, and the reason, even though I was asked to be here specifically on the topic of peer education, that I wanted to reiterate the leadership needed from the college presidents is because so many more things happen when you get the college president involved.

I could tell you scores of campuses and dedicated student leaders and prevention professionals that were operating in a vacuum and literally holding bake sales to raise money to do the types of programming, to get people more aware of alcohol poisoning, try to change policies on campus so that students are not discouraged from addressing a passed-out student and getting them help because of fear of getting in trouble.

That is one of the issues we have tried very hard to push, is that if a student has drunk themselves to the point where they are passed out, where there is any concern over their health, get them help immediately. We are trying to get amnesty-type policies in the residence halls so the students that do that then are not in fear of being penalized or for the student themselves. At least we have gotten the student to the hospital and addressed the situation.

But it varies a lot campus to campus. The awareness to the issue is huge, and in this day and age, there is no excuse, I think, for presidents not to be making this a central part of their mission because we have got to protect the lives of the students and the people in the community where our campuses are. It seems to be getting a lot better, but funding, particularly in these days with State cutbacks, I expect next year is going to be a very hard funding issue for a lot of institutions and programs like ours are the ones that you start seeing impacted because we are not always seen as the core of the academic mission of the campus.

Chairman LIEBERMAN. Are programs usually funded by the universities themselves?

Mr. HUNTER. Yes. Our peer education groups, in order to be affiliated with us, must have a faculty or staff advisor of the campus, who is employed by the campus, working with the group. It must be a recognized student organization, either through the student government or through whatever student affairs department would be hosting it, and their funding generally comes from their health education-type budgets or student government or student activities fees. But when they have to rely on just student activities fees, often they are doing supplemental fundraising, which make it very hard for them to have the type of resources to address the issues that they want to dedicate themselves to.

Chairman LIEBERMAN. Thanks. I am very pleased to have been joined now by Senator Tom Carper, my colleague from Delaware, an important member of the Committee who was, before coming to the Senate, the Governor of Delaware. Senator Carper.

OPENING STATEMENT OF SENATOR CARPER

Senator CARPER. Mr. Chairman, thanks so much, and thank you for holding this hearing. To our witnesses today, we appreciate very much not just you joining us but your efforts in these areas.

The issue of binge drinking comes close to home for a lot of us. My wife and I are raising two boys, 12 and 13, and the only binge drinking we worry about in our house is chocolate milk shakes right now, but in a few years, we will probably have some further worries to take into account.

I went to graduate school at the University of Delaware, but I went to Ohio State as an undergraduate and was a member of a fraternity there which actually runs a national campaign that focuses on trying to reduce the incidence of drinking among its members. But at my old fraternity house at Ohio State about a year or so ago, we had a student who died, I think in a room that I used to live in when I was an upperclassman at Ohio State. So this is one that comes close to us, and I think he died from a combination of drinking and taking drugs. Our chapter has since been closed at Ohio State and we will have to see what happens in the future, but that young man's life has been snuffed out. This one comes close to home.

At Ohio State and the University of Delaware and all kinds of colleges around the country, we have not only students from the United States of America, but we also have students from other countries. We similarly have American students abroad in colleges throughout the world.

I was wondering if we have some sense of whether colleges and universities in other countries face a similar kind of problem with binge drinking. Is this strictly an American phenomenon or is this something that is happening on college campuses around the world?

Chief NOLAN. If I could just—and it is not scientific or a study, I happened to be at a meeting with some representatives from law enforcement overseas and asked that specific question. The only answer they really had, they certainly do have some problems related to drinking, but they do not see it as we do. The only reason they could give me was that in certain areas, they are brought up in a different culture, and in many cases are exposed to alcohol at

a much earlier age than here. Their reasoning was that when they got to the point of university, it was not a big deal to them. It was not something that they had the first opportunity to experience and they do not run into as many problems. Whether that is factual, true or not, that is the explanation I was given by law enforcement people from overseas.

Senator CARPER. Yes, sir. Thank you.

Dr. REARDON. Senator, my son last year at age 18 traveled to Europe by himself and he visited 15 countries and I tied up with him in Budapest. One of the things he said to me, as a student, he was really astounded at the European students. He said, well, they seem to have this alcohol thing—he used the word "booze"—he said they seem to have this booze thing under control. He said, why is it so crazy back home? And I said, well, that is an issue when you come back to the United States you are going to have to deal with because it really is crazy. So he was very aware of this and aware of the difference. He lived with a Swiss family and he traveled throughout all of Europe. So I think that is a significant question to answer. Why is it out of control here, or why are these issues——

Senator CARPER. Did he have any observations, any thoughts as to why that is the case?

Dr. REARDON. No, it was just one of these casual statements. But the other thing Mr. Hunter is saying is that there are universities that really are working on this and there are other universities that are not. The extraordinary thing about the University of Maryland is that there was a death also in a fraternity house just two houses down from where my son died just 5 months previous to this. So it seems as if on some campuses, the death of a child is OK. I am listening to Dr. Welty here and one child dies and everyone comes down like a SWAT team, that even one child is too much. I just think that is an extraordinary approach. I wish every campus in the United States would look at this with the severity that one child's death is just simply too many.

Senator CARPER. Mr. Hunter.

Mr. HUNTER. Back on the international issue, our organization is an international organization. We work with a network of more than 100 campuses in Canada, a network of campuses in Mexico dealing particularly with the impaired driving issue there, and then Australia, New Zealand, and a few other scattered places around the country.

The differences in how they do their program tend to be more drinking age related, that their college students are already of legal age to drink in those countries, so they always have to amend the types of stuff we do here because we are obviously concerned a bit more with the illegality factor when we put our stuff together.

I think Canadian institutions, from some of the data I have seen, have seen very similar issues that we are, and because of the rural nature of a lot of the colleges in the Canadian area and the drinking to major cities, they are doing quite a bit on the impaired driving.

But what we have not seen as much, and granted, it is still a fairly rare instance here in the United States, but the alcohol poisoning, drinking themselves to death type situation does not seem

to be as apparent in other countries, which may or may not be the fact that their cultures seem to have ingrained it more in their everyday life versus the extreme behaviors that we see. I think a lot of our students are going out and drinking in the community in a very fast and irresponsible manner, partly because they are afraid Chief Nolan's people will be finding them and arresting them. So much of our drinking goes on in unsupervised, unlicensed, unregulated environments that I think that is certainly part of the concern that we are seeing.

Senator CARPER. Have you all had a chance to look at the incidence of binge drinking by foreign students who come to this country, who come from different cultures? How do they behave? Do they behave similarly or differently from Americans who have grown up here within our own culture?

Mr. HUNTER. I am not aware of any specific studies or data to that. Ancillary, I do not think foreign students are causing the majority of the problems on our campuses that we are seeing.

Senator CARPER. My guess is you are probably right. Anyone else, any thoughts? What I am getting at here is, is this a peculiarly American problem? We have laws that are designed, State laws that I helped to enact and Federal laws that we have enacted, too, that are designed to try to make sure that young people do not consume alcohol. They cannot buy it until they are 21 years of age. A lot of times, we find that young people are getting alcohol anyway, drinking illegally, sometimes under those ages, and sometimes 21 and older drink excessive amounts of alcohol.

Meanwhile, over in Europe and other places, where apparently, and I have heard this anecdotally as well, families introduce their young people to wine or to other alcoholic beverages at an earlier age, and as a result, there is less fascination with it when kids turn 18, 19, 20, or 21.

My sense is, my gut tells me this is something that we need to be aware of and to be mindful of. I say that as an old Southern Baptist who grew up in a teetotaling family and who still does not consume much more than a glass of wine from time to time.

One other issue I would like to raise, Mr. Chairman, if I could, with these witnesses is the issue of identification. I do not know if you have already talked about that or not. Have you?

Chairman LIEBERMAN. Chief Nolan talked somewhat about a program that they have put into effect in the area to deal with fake IDs, but it is a relevant question.

Senator CARPER. We have spent a fair amount of time in these halls since September 11 talking about identification—a national identification card. I have said in a number of responses to the media who have asked me if I thought it was a good idea, I said if those ID cards were not much better than the fake ones that kids are using at the University of Delaware, or other college towns, to purchase alcohol, it may not provide all that much in the way of enhanced security.

What are your thoughts with respect to improved IDs, biometrics or whatever they call them? What is the term for the ID cards that use some part of our physiology, biometrics?

Chief NOLAN. The ID situation is probably one of the largest part of the problem that we have in our area. To give you an example—

also another part of the ongoing program we have—we check the local establishments, the bars, at least twice a week, sometimes more often. We have been in barrooms that would hold maximum tight 50 people and find 35 to 40 of them with fake IDs, underage drinkers, students in the particular establishment. This one in particular, I can tell you, videotapes the people coming through the door, checks the IDs, makes them sign an affidavit, and he has told me that he is ready to just shut the doors. The IDs are so well done that our officers have a hard time sometimes.

I maintain, especially after September 11, that there should be some type of standardization for a driver's license nationally and/or national ID cards with either a metallic strip or bar-coding where an establishment can run it through just like a credit card and immediately know whether it is a legitimate ID and the age on it.

The other thing we are doing is we are changing some of the charges. Prior to this, and again, this is where I think parents would help a university, if we find them with a false ID, they were charged with procuring liquor by a minor or what have you, which is nothing of a major charge. We are starting to bring forgery charges against them or altering of government documents, which creates a court situation, because we are getting so inundated by these problems.

The other charges, we have had parents actually, where we charged individuals underage with—an example I can think of is two cases of beer. The individual was charged with possession of alcohol by a minor. We had complaints filed against the officers and what have you for violating the individual's rights and the parents actually came to the university and wanted the two cases of beer given back to their son, who was 18 years old.

So I think that is where we have a gap here, that everyone, all three entities have to work together. But IDs are a major problem, a major problem, and that is where it all starts, that they can get into the establishments, they can go into the liquor stores and purchase whatever they want. I cannot blame the business. It is a business problem also. I can tell you, I will show you some of these IDs and I defy you to tell me that they are phonies.

Senator CARPER. Are there any best practices that you could point us to, either States or cities or counties, where they are doing an especially noteworthy job in this regard?

Mr. WELTY. I am familiar—and actually, a number of campuses use student IDs that are bar-coded now for a variety of purposes, which allows students to deposit so much money to purchase food, those kinds of things. We are actually exploring through our council that I mentioned earlier, as a result of a request from some of our local bar owners of allowing—essentially, they are using a reader in their establishments which would automatically allow them to determine whether the student is of age or not. Again, I think that is something that is worked out best in a local community environment. But the technology, I think, does exist where that is possible to do.

Chief NOLAN. As the Doctor said, most of it is already available. I know the State of Connecticut's driver's licenses are all bar-coded at the present time. They just have not moved forward to a point

where an establishment can easily read this, which the technology is available and it is really not all that expensive to get into.

So I think it has to be looked at on a national basis for not only the alcohol problems but for other problems and something set up where it would work nationally. But I would assume most States have the identification process in place, it is just starting to use it.

Senator CARPER. Mr. Chairman, thanks, and again, to each of you, thank you for your good work in this regard. Thank you.

Chairman LIEBERMAN. Senator Carper, thank you. Thanks for taking the time to be here and for your interest in this problem.

I thank each of you. You have been very helpful. We have learned a lot. I hope we have drawn some attention to the problem. The statistics are shocking, and Dr. Reardon, thanks for having the strength to come and make these numbers painfully real. If I had to say in one sentence what we ought to try to be about, it is to have a national policy that engages universities, educators, parents, students, and law enforcers to ensure that no parent has to experience the nightmare that you have been through. Your willingness to come and talk to us about it today brings us a little bit closer to that.

We are going to go on with these hearings and have at least one more. There have been some references to the alcohol industry. I want to call them in at the next hearing. It would probably be good to have a student, maybe one who had a close call or is involved in campus work on this subject. We are thinking of having somebody who is either from the entertainment industry or can comment on the messages that may be sent by the entertainment culture about substance abuse, including alcohol.

And then perhaps a medical professional. We had a call after I announced these hearings in Connecticut from a doctor in the emergency room at Yale-New Haven—a hospital, unfortunately, that has treated a few of the students who have come in from the universities in the area and the hospital has some opinions.

I urge each of you to think—and as I said, we are going to leave the record of the hearing open for 2 weeks—I want to see if we can get the Federal Government to be helpful here, to be constructive. There have been a few interesting ideas specifically regarding more funding for particular programs. Just be very aggressive about giving us your best ideas.

In the meantime, I thank you for your time and for all you have contributed today. For now, we will adjourn this hearing.

[Whereupon, at 11:35 a.m., the Committee was adjourned.]

APPENDIX

PREPARED STATEMENT OF SENATOR BUNNING

Thank you, Mr. Chairman.

I think we all agree that binge drinking is unacceptable and risky behavior. The report by the Task Force of the National Advisory Council on Alcohol Abuse and Alcoholism has some disturbing statistics.

It says that:

- 1,400 college students die each year from alcohol-related injuries;
- 2.1 million students drove under the influence of alcohol last year; and
- more than 600,000 students were assaulted by another student who had been drinking.

Unfortunately, alcohol abuse can lead to abuse of other substances. According to a survey by the Substance Abuse and Mental Health Services Administration at "HHS", underage binge drinkers were seven times more likely to use illegal drugs than underage kids who were not binge drinkers.

That same report said that in 2000, almost 7 million children under the age of 21 were binge drinkers.

We obviously have a problem with some of our students being able to control their behavior and knowing when to say when.

And we also have a problem with underage children having easy access to alcohol.

I don't know if these kids are getting alcohol from older students or from going to parties or even using fake ID's in bars and liquor stores, but as long as kids who shouldn't be drinking can easily get beer and liquor then we really have little or no control over the system.

Unfortunately, there isn't an easy answer to solving this problem. However, getting these children back on the right track will require an effort by all of us, including parents, teachers, schools, local communities, and the students themselves.

I want to thank our witnesses for being here today, and I am hoping that they will shed some light on what else we need to be doing to keep our young people safe.

Thank you.

Testimony
Before the Committee on Governmental Affairs
United States Senate

Under the Influence: The Binge Drinking Epidemic on College Campuses

Statement of
Raynard Kington, M.D., Ph.D.
Acting Director
National Institute on Alcohol Abuse and Alcoholism
National Institutes of Health
U.S. Department of Health and Human Services

For Release on Delivery

Expected at 9:30 a.m.
on Wednesday, May 15, 2002

Good morning Mr. Chairman and members of the Committee.

My name is Raynard Kington, and I am the Acting Director of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) at the National Institutes of Health.

Thank you for inviting me to discuss an extremely important public health issue – excessive and high-risk drinking among students at our Nation's colleges and universities.

Last month, NIAAA's Task Force on College Drinking released important new data. You may have seen, as did much of the Nation, the troubling statistics detailing dangerous drinking behavior by college students and its consequences for both drinkers and those who don't drink but must suffer the results of others' drinking. We see that the harm as measured each year -- 1,400 estimated deaths, 500,000 injuries, 600,000 assaults, and 70,000 sexual assaults -- caused by excessive college student drinking is profound. Greater, perhaps, than any of us might have guessed. The release of this information garnered significant news coverage, reaching over one-half of the American public -- an extraordinary figure by any measure; public interest is high.

The scientific evidence of the size of the problem presented in our report is only reinforced by the regular press coverage of deaths on college campuses throughout the country. News stories in the past several months have reported on the tragic deaths of students at Quinnipiac University in Connecticut and at the University of Maryland. These deaths highlight the consequences of college drinking for families, for colleges and universities, and for the peers and friends of these students. Much healing is needed and action must be taken.

What did not receive as much attention in the media as the scope of the problem is what can be done about it by communities, college presidents, parents, students, and others. The Task Force did not want to cite another major health problem in America without focusing on ways of addressing that problem.

The Task Force -- chaired by Dr. Mark Goldman, Distinguished Research Professor of Psychology at the University of South Florida (and a member of this panel), and University of Notre Dame President Father Edward Malloy -- was formed in 1998 by the National Advisory Council on Alcohol Abuse and Alcoholism, amid growing concern about college drinking as well as the identification of gaps in our knowledge base regarding effective interventions.

The Task Force was charged with examining all available scientific data, commissioning studies to close the gaps in our knowledge, and recommending research-based solutions.

The report moves beyond the sheer number of college students engaged in high-risk drinking and focuses on the tremendous overall societal burden created by high-risk drinking on campus. We focus on the consequences of college drinking, but also provide tools to help college presidents address this problem.

The Task Force on College Drinking is unique in that:

- It's the first project of this breadth and depth that brings together college presidents and researchers – the Task Force report is the collective effort of college presidents, researchers, and college and high school students.

- It's the first NIH report on college drinking, producing 24 commissioned papers on all aspects of

this issue. In addition to the publication of Dr. Hingson's study in the *Journal of Studies on Alcohol*, eighteen of those papers were published in a special supplement to that journal.

- It's the first report to offer research-based recommendations to college presidents.

- The Task Force has produced a variety of products that reach out to and address the needs and interests of a wide range of audiences. These include college presidents, researchers, parents, college students, and peer educators.

- We have launched a new Web site, www.collegedrinkingprevention.gov, which includes full-text versions of all of these products plus other useful information. Since April 9th, the site has logged over 1.2 million "hits," an important measure of public interest. It has also won seven awards.

- Finally, the Task Force sets forth a comprehensive research agenda to ensure that future interventions also are based on scientific evidence. We are currently spending approximately $7 million to study these issues, with an additional $8 million proposed over the next two fiscal years.

As we discuss this problem, we need to be very clear about one thing: while many college students do not misuse alcohol, and many do not drink at all, a culture of high-risk drinking prevails on many college campuses.

This may come as no surprise to many of you. In fact, for some of these campuses with cultures of high risk drinking, a typical response to this might be: "Drinking has always been part of the college tradition and always will be."

But high-risk drinking, and its often tragic consequences, are preventable. We refuse to accept a single alcohol-related death, a single assault, a single case of date rape as inevitable.

As a result of the NIAAA Task Force on College Drinking, we now know not only how injurious college drinking is to our sons and daughters, but also that there are steps we can take on our campuses and in our communities, to address this problem – today – even as we continue to learn more about the problem and its solutions.

Is our work done? Absolutely not.

- We are planning to conduct regional workshops around the country. This is one way to maintain the involvement of those college presidents who participated in the Task Force's work. As a matter of fact, one of the Task Force's Presidents, Susan Resneck Pierce of the University of Puget Sound, will host the first of these regional workshops next fall. Robert Carothers, President of the University of Rhode Island has been invited to host a regional meeting for the New England states.

- We will produce additional brochures and other information for different audiences such as high school guidance counselors and communities.

- We will expand research collaborations with universities, such as a project we are funding with 16 campuses in the California State systems (jointly funded by the Substance Abuse and Mental

Health Services Administration).

- We will seek to increase coordination with other Federal agencies and other partners, such as the Department of Education, Governors' Spouses and the Robert Wood Johnson Foundation.

This is just the beginning of what promises to be a long-term effort. "Changing the culture" does not come quickly or easily.

We urge all college and university presidents to apply the recommendations in the Task Force Report. NIAAA is sending the report and all related materials to every college and university in the country. We challenge society to no longer ignore the consequences of drinking on our Nation's campuses.

Thank you again for inviting me.

TESTIMONY

Magnitude of Alcohol-Related
Mortality and Morbidity
Among U.S. College Students
Ages 18-24 and
Strategies for Prevention

U.S. Senate Committee on Governmental Affairs
May 15, 2002

Ralph Hingson, Sc.D.
Professor
Associate Dean for Research
Boston University School of Public Health

My name is Dr. Ralph Hingson. For the past three years I have participated in a Task Force of college presidents, researchers and students convened by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) to 1) review the magnitude and dimensions of college student drinking problems in the United States and 2) to explore what prevention and treatment strategies have been tested and found in scientific research to reduce those problems.

I would first like to review the methods and key findings from a paper I wrote that was published last month in the Journal of Studies on Alcohol entitled "Magnitude of Alcohol-Related Mortality and Morbidity Among U.S. College Students Ages 18-24". Then I will identify the major types of interventions demonstrated by scientific research to reduce alcohol problems among persons ages 18-24.

In our paper we sought to 1) determine the number of alcohol-related traffic and other unintentional injury deaths among 18-24 year old part time and full time college students and 2) estimate the numbers of 18-24 year old college students who engaged in a variety of behaviors after drinking that pose health risks. Prior survey research studies had identified the percentage of college student respondents who engage in alcohol-related risky behaviors but did not provide estimates of the numbers of students who engage in these behaviors.

To derive these estimates we examined multiple data sources.

1) The U.S. Department of Transportation Fatality Analysis Reporting System that examines the number and ages of alcohol-related traffic deaths in the United States.
2) The mortality files of the U.S. Centers for Disease Control, which annually records the numbers and ages of unintentional injury deaths in the United States.
3) The U.S. Department of Education data on the numbers of 18-24 year old undergraduate college students.
4) U.S. Census Bureau data on the total number of 18-24 year olds residing in the United States.
5) A review published in 1999 in the Annals of Emergency Medicine by Smith et al. of alcohol involvement in unintentional injury deaths identified in over 300 medical examiner studies published in scientific literature over the 20 year period from 1975-1995.

6) The 1995 CDC National College Health Risk Behavior Survey of 2 and 4-year college students. Of 4,838 students surveyed 3,077 were ages 18-24.
7) The 1999 Harvard School of Public Health College Alcohol Survey of 12,317 full time four-year students ages 18-24 at 128 U.S. colleges and universities.
8) The 1999 National Household Survey of Drug Abuse sponsored by the Substance Abuse and Mental Health Administration. This survey interviewed 66,706 persons in a representative sample of the U.S. population including 19,438 respondents ages 18-24 of whom 6,930 were enrolled in college.

The article that details the methods of these surveys is included in your packet from NIAAA.

We estimate based on the information contained in these data sources that in 1998 there were approximately

1,400 alcohol-related unintentional injury deaths among U.S. college students of which

1100 were alcohol-related traffic deaths.

Further, when we examined the percentages of college students 18-24 who indicated they experienced alcohol-related health problems or engaged in alcohol-related behaviors that pose health risks and then multiplied those percentages by the populations the surveys represent, we found that among college students ages 18-24, 3.3 million drank at least 5 drinks one or more times in the past month.

In addition, in the past year:

2.1 million drove under the influence of alcohol

500,000 were injured because of drinking

400,000 had unprotected sex because of drinking

100,000 had sexual intercourse when they were so intoxicated they were unable to give consent

Further, the drinking college students not only put their own health at risk:

Over 600,00 college students were hit or assaulted by another drinking college student,

and 70,000 were a victim of a sexual assault or date rape by another drinking college student.

Even though a higher percentage of college students drink heavily and drive under the influence of alcohol than same age persons not in college, only 1/3 of 18-24 year olds are enrolled in college. Thus, while there are 1400 18-24 year old college students who die from alcohol-related unintentional injuries, 3200 18-24 year olds not in college also die from these injuries. While 2.1 million college students ages 18-24 drive after drinking each year, so too do 3.3 million non-college 18-24 year olds.

The numbers of individuals who die from alcohol-related injury and who engage in risky alcohol-related behaviors quite frankly exceeded my expectations, and prompt me to reach two immediate conclusions. First, we must improve our data systems on alcohol-related deaths. Every unnatural death should be tested for alcohol and whether this individual was a college student should be recorded. No matter how conservative our estimation procedures, direct test results would be preferable. One of the reasons we have made progress in reducing alcohol-related traffic deaths over the past two decades is because most fatally injured drivers are tested for alcohol and we can measure whether the number of alcohol-related traffic deaths declines in states that pass new laws to reduce drinking and driving.

Second, we need to expand treatment and prevention programs to reduce college drinking problems. In addition to individual counseling approaches that have been demonstrated in numerous experimental studies to reduce alcohol problems, there are environmental changes that will also reduce the alcohol-related death toll in this age group. These include:

- Enforcement of the legal drinking age of 21, and laws making it illegal to drive after any drinking if one is under 21. These laws exist in every state.
- Administrative license revocation (the law in 40 states).
- Lowering the legal blood alcohol limit to .08% (the law in 32 states).
- Mandatory screening and treatment of persons convicted of driving under the influence of alcohol (the law in 23 states).
- Primary enforcement safety belt laws (the law in 18 states).

Increasing the price of alcohol and reducing the numbers of liquor outlets near colleges will also reduce drinking problems.

Moreover, we need colleges and their surrounding communities to work together in comprehensive partnerships to address this problem. If campuses crack down but surrounding communities are lax, the problem will be pushed out into the community. Conversely, tougher policies and enforcement by communities if not also pursued by colleges will only drive the problem back onto campuses. Finally, if students are involved as one of the partners in this process they will be less likely to regard these restrictions as authoritarian and paternalistic and more will be willing to comply with them.

Alcohol is the leading contributor to the leading cause of death among college youth and all youth ages 1-34, unintentional injury. Fortunately, we know a great deal about how to reduce these deaths and if we apply what we already know we can substantially reduce the burden these problems place on our society. We can reduce not only the health and social problems heavy drinking college students create for themselves, we can also help protect those students who choose not to drink from the risks to their health and well-being posed by college students who drink to excess and behave irresponsibly after drinking.

U.S. Senate Committee on Governmental Affairs

Hearing on College Drinking Prevention

May 15, 2002

Testimony of Mark Goldman, Ph.D.

Distinguished Research Professor and Director
Alcohol and Substance Abuse Research Institute
University of South Florida

Good morning Mr. Chairman and members of the Committee, and thank you for inviting me here today.

My name is Mark Goldman, and I am a Distinguished Research Professor of Psychology at the University of South Florida in Tampa, Florida. I was a co-chair of the Task Force on College Drinking.

Clearly, we have reached a stage where a serious national conversation has begun, and I applaud you for taking the lead in this effort with today's hearing.

Because Dr. Kington already has summarized the Task Force's goals, and Dr. Hingson has provided a comprehensive picture of the consequences of college drinking, I will address a few overarching points that make the essential link between the report of our Task Force and the needs of American society. In this context, I will then provide you with a brief summary of the Task Force's conclusions, and how these conclusions and recommendations can be helpful to colleges and universities.

Although I hear and read the numbers reported by Dr Hingson on a regular basis, I am struck each time when I consider the shattered lives, shattered dreams, and the potential left unfulfilled. In my role as Task force co-chair, I have had the opportunity to meet directly some of the parents tragically affected by these events, and, because I have children of my own in this age range, I resonate to their stories. But as we review the litany of frightening statistics, we must take care not to miss the forest for the trees. In the area of college drinking, we must remain cognizant of the bigger picture painted by these individual statistics. Simply put, this is an enormous public health problem in America today -- a problem that has remained stubbornly consistent for decades.

Alcohol is tightly interwoven into the social fabric of college life, bringing with it enormous social, economic, and personal consequences for our children – consequences, we are learning, that are probably more extensive than any of us imagined. I cannot emphasize enough that it is a culture -- *our* culture, which we face. At best, this culture seizes some of our best and brightest, robbing them of their academic potential and placing them in situations that may haunt them for the rest of their lives. And it affects virtually all members of the college community, including non-drinking students who are often victimized, even in ways often overlooked, such as the inability to study in their dorms due to loud partying outside their doors. At worst, this culture takes their lives from them -- right then and there. These circumstances cannot be dismissed, therefore, as simply a "rite of passage" or an inevitable part of college life.

For policy makers and legislators, however, there is an equally important, although much less obvious point to remember as well. Despite the conclusiveness with which many researchers present their findings, much work remains to be done. Certainly, there is an abundance of small-scale, university-specific studies. And there is ample anecdotal evidence and case studies – which document the kind of apparently isolated events commonly used by the media to bring this issue to the public's attention.

But in almost all areas of college drinking -- from how widespread the problem is – to the factors that place individuals at most risk for problems -- to what types of interventions work best -- there is a paucity of research that adheres to the highest levels of methodological rigor, the kind of rigor that is essential if research is to be truly informative for decision-makers. Encouraging

college presidents, policy makers, and even researchers themselves to demand this standard of scientific rigor is one of the critical aspects of our Task Force report.

Rigorous scientific research has the potential to break the terrible cycle we see repeated time and time again: a tragic death followed by a large amount of money "thrown at" the problem, with little or no evaluation. Few of these efforts achieve any lasting results, administrators become frustrated, policy-makers cynical, students apathetic -- and college drinking remains as an apparently intractable problem.

So now that I've told you about the forest, let me take a few moments to focus on some of the "trees," the specific recommendations from our Task Force.

For Presidents and their staff, the Task Force offers two very useful recommendations:

- First, the Task Force recommends an overarching framework for organizing alcohol prevention and intervention programs. The purpose of this organization, which is called the "3 in 1 Framework," is to create a comprehensive program that focuses simultaneously on multiple levels – individuals, the student population as a whole, and the surrounding community. Individual programs can be presented one-to-one, or in small groups, and are labor and time intensive, but may be best for individuals already experiencing difficulties. Reaching the student population as a whole involves media campaigns, and thoughtful creation and enforcement of rules. At the community level, all interested parties must be joined in an effort to modify the community attitudes and circumstances that unwittingly support these activities. But each of these approaches must be used *in concert*; problems are likely to arise in any domain not included in the plan.

- Second, the Task Force recommends specific strategies that may be used within each of these levels. Strategies should be tailored to the unique needs and characteristics of each school. The recommended strategies are divided into 4 Tiers: 1) Effective -- these approaches have been designed for, and tested with, college audiences, and are empirically supported; 2) Effective with general populations – these approaches have been designed for, and tested in other community settings, but have not yet been implemented and tested in university settings. Previous research does suggest, however, that these approaches are likely to be effective in university settings as well; 3) Promising – These approaches make logical sense, but have either been minimally tested in a rigorous fashion, or are yet untested; and 4) Ineffective – these approaches (some widely used) have been tested, and results suggest they are ineffective when used in their current configuration. Planners must choose from these alternatives (and other yet to be developed possibilities) those approaches likely to make an impact on their communities, and *then evaluate outcomes*. We would never allow a medication to be commercially used without testing, but that practice is regularly followed in connection with college drinking programs.

In the companion Handbook on Planning and Evaluation, presidents and their staffs are also offered specific nuts and bolts instructions on how to make these choices.--.how to implement sound programs immediately.

For the research community and NIAAA in particular, the Task Force identified a variety of knowledge gaps that offer new and expanded research opportunities, and called for the communication of results as broadly as possible. And, it emphasized the bridging of the gap that all too-often exists between researchers and policymakers.

I believe that all of these steps, *taken together*, will move our field and our Nation forward in coming to grips with a pervasive public health problem. I'm proud of the role I was able to play as co-chair of this Task Force, and am very excited about the future research and activities that will be based on our work.

The path we need to follow is relatively clear - but it is not easy or inexpensively found. We need the public will and the leadership of legislators to provide the resources needed to continue this important work. And we need to acknowledge the disparity between the size of the problem and resources currently devoted to the organizations designed to address it. NIAAA is a relatively small institute, but one that must cope with a huge societal problem.

Thank you.

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May 29, 2002

Honorable Joseph Lieberman, Chairman
Committee on Governmental Affairs
United States Senate
Washington, D.C. 20610-6250

Dear Senator Lieberman:

As co-chair of the College Drinking Task Force organized by the National Advisory Council on Alcohol Abuse and Alcoholism, it was my great pleasure to provide testimony in the first of a series of hearings you are conducting on "The Binge Drinking Epidemic on College Campuses." It is increasingly clear that this is an important public health problem, and you are to be commended for engaging the issues involved. I also greatly appreciated the opportunity to meet you personally.

At the end of the hearing you invited follow-up comments, and I would like to make two points in this regard.

1) As the committee considers college drinking issues and the contributions of the College Drinking Task Force, it is important to reiterate the fundamental goals and objectives of this project. News reports and policy interest in these issues generally have focused on learning more about the amount that students drink, leading to the use of terms like "binge" drinking, and on whether the amount has been increasing, leading to words like "epidemic." In the hope of initiating a fully informed national conversation about these issues that might lead to changes that could make a real impact on an all-too-persistent and pervasive problem, the College Drinking Task Force deliberately broadened its focus.

To this end, we went beyond reports of alcohol consumption alone, to examine the *consequences* of excessive student drinking for those who drink, *as well as* for those who do not. This more comprehensive review of both drinking and its consequences led to consideration of a wide variety of student health and safety issues, including deaths, injuries, assaults, sexual aggression, and vandalism. And, the College Drinking Task Force did not stop after documenting the extent

of the problem. The report from the College Drinking Task Force also offered a series of research-based recommendations to presidents and administrators on strategies for making the college environment safer and more conducive to learning. In addition, a series of recommendations were made to the research community on the gaps in knowledge that need to be filled through future research. Once again, I would like to underscore that research is the key, and in particular, sophisticated research that uses methods developed over many years for gathering reliable information. The problem of college drinking is all-too-often addressed by unsubstantiated "experts" or faddish approaches that have never been tested. History has taught us that such approaches will eventually fail, and leave us with continuation of the original problem, plus further demoralization about the possibility of improving the situation.

2) Throughout the report, the College Drinking Task Force members reiterated that comprehensive approaches to this problem are most effective. By extension, any governmental involvement should also be inclusive, involving multiple agencies working in a complementary manner. You asked for suggested legislative changes and increased funding needs. Considering the complex nature of the problem at the 3,600 colleges and universities across the country, and the number of complementary roles various Federal agencies may play, an increased investment of approximately $100 million, dispersed across NIAAA, the National Highway Traffic Safety Administration (NHTSA) at the Department of Transportation, the Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Justice (DOJ), as well as the Department of Education, would be reasonable. A distinction needs to be made between basic research that brings new general knowledge of processes that influence college drinking behaviors and how to counter that behavior, and evaluative research that tests specific implementations of the general knowledge in the unique environments of each college campus; both types of research must be implemented. To connect general knowledge with programs for specific implementation also requires support for dissemination efforts and consultation. Only thoughtful coordination among the Federal agencies noted above ultimately can carry out all phases of the needed activities.

The additional funds would allow for implementation and testing of a variety of recommendations of the College Drinking Task Force, and for the development of innovative approaches that would emerge as existing strategies are researched. As just a few examples, we could test: (a) the use of parental notification of student alcohol problems, (b) the creation of substance-free residential halls, (c) increased enforcement of underage serving laws, (d) brief interventions and motivational interviewing techniques for students with drinking problems, (e) collaborations of a campus and its surrounding community agencies, (f) programs sponsored by and targeted for athletes and Greek societies, (g) the use of post-graduate adults as resident assistants, rather than student peers or advanced undergraduates, and, (h) the widely advocated "social norming" approach, which is listed by our Task Force as (only) promising at this point, due to insufficient high-grade supporting research. In addition, we could improve existing data infrastructures (e.g., Fatal
Accident Reporting System, FARS) so that colleges and universities gain access to information that will help them continually monitor the level of alcohol-related problems and the effectiveness of interventions to reduce them. Finally, we could provide essential additional knowledge of the

role of alcohol in Historically Black Colleges and Universities (HBCU), the impact of alcohol promotion and retail outlets on nearby campuses, how student perceptions of their peers' drinking influences their own consumption, and the role of alcohol in sexual assaults on college campuses.

Again, thank you for the opportunity to appear before your Committee, and the further opportunity to provide additional input for the record.

Sincerely,

Mark S. Goldman, Ph.D.
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Director of the Alcohol & Substance Use Research Institute

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May 12, 2002

I would prefer not being here today to discuss the issues of binge drinking on college campus. I would prefer that my son, Daniel, be alive and that he be finishing up his examinations at the University of Maryland and that he and I would be discussing his plans for the summer and for next year and for his future. For him there are no future plans and for his mother and me there remains a future without our son. He died on Valentine's Day. His cause of death was acute alcoholic poisoning. This occurred in a fraternity sanctioned by the University of Maryland during an initiation into the fraternity. These events occurred as the national media, press, magazines and television, were beginning to report on studies delineating the extent of the problem of binge drinking on campuses was impacting our youth.

My son's death appears to have occurred as a direct result of a hazing by the fraternity to which he was pledging. So the circumstances of his death do not fall directly under the rubric of "binge drinking", however his death occurred in the widespread culture of alcohol consumption on college campuses. Fraternities are a subculture of that culture. It is to the larger issues of alcohol consumption amongst our youth to that I want to discuss.

Since the death of Daniel, five parents in this similar group of friends have come up to me to share with me their brushes with acute alcoholic poisoning and the potential deaths of their sons. To learn so quickly after Daniel's death that so many families have had experience with excessive alcohol ingestion and came so close to a pain that is unimaginable is disturbing. I am just a parent. I am not an expert in these issues. However, those who are experts in this field have been sharing with me their statistics as to how rampant this problem is with our youth. I have come to learn that fraternities have been aware of these risks for too many years, and they have done very little about it. This has been for me equally disturbing.

So, I am pleased that light is being shed on this problem; that universities must move out of their denial of the extent of these problems on their campuses, and that the United States Government must fully investigate this phenomenon since too many children are dying or suffering permanent injury and that the best of our youth, on all of the campuses across the United States are rendering themselves – by conservative estimates 40% to 50% - blind drunk once a week.

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This is a chilling statistic.

This social phenomenon is not something that is happening to the disenfranchised – it is happening to the best of our youth from families that desire the best for their children and have the resources to provide it.

Something is very wrong.

I am not an expert on these issues. I am only an expert on the anguish of sleeping on the floor of an ICU unit for six days while my son lay dying, but my sons' death, which is every parents nightmare, was preventable.

Thus, as a parent, and not as an expert, I feel the following:

- Universities and fraternities need to recognize that binge drinking is a severe problem
- Universities and fraternities need to control the environments they create.
- The role of fraternities and sororities need to be seriously evaluated as to how they foster any educational role on university campuses, and why, after so many years of knowing about this problem, they have done so little to prevent these tragedies.
- The Federal Government will need to look at its role in supporting universities through the funding of student assistance programs.
- The Federal Government will need to look at the use of television to sponsor liquor advertisements that are directed towards youth.

Parents do not send their children to college to die. The pain that Danny's Mom and I have suffered is unimaginable to anyone who has not lost a child.

Last year, Daniel traveled through Europe and he visited 15 countries. Upon his return, he stated to me how he noticed how European peers seemed to have a handle on alcohol and that everything was so crazy back in the United States. I remember telling him that this was an issue he would have to deal with. The irony is that he is now dealing with this through his death. It is my hope that his death will serve a larger purpose and that no parent will ever have to go through what Danny's Mom and I have gone through. It is my hope that Danny's death will bring about a much higher awareness of the extent of this problem, and that Universities and fraternities will institute concrete changes to prevent this tragedy from ever destroying a young child's life again.

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Statement for the Record of John D. Welty
President, California State University, Fresno
Before the
Senate Committee on Governmental Affairs

May 15, 2002

Mr. Chairman, Ranking Member Thompson, and members of the committee, thank you for inviting me here today to testify on the topic of "Under the Influence: The Binge Drinking Epidemic on College Campuses."

Tragedy often results in a call to action. Such was the case on October 7, 2000, with the alcohol-induced death of Adrian Heideman, an 18-year-old student at California State University, Chico. This incident was preceded a week earlier by an incident of alcohol poisoning at San Diego State University, and then followed ten days later by another near-fatal case of alcohol poisoning, also at San Diego State.

These were not the first deaths, nor near deaths, related to alcohol abuse on California State University (CSU) campuses. Nor are alcohol-related tragedies confined to California or the CSU system. Alcohol abuse by students at colleges and universities is a national problem, and the death of Adrian Heideman at Chico State prompted our Chancellor to a call for immediate action.

In December of 2000, Chancellor Charles B. Reed appointed a 21-person committee of presidents, vice presidents for student affairs, students, faculty, staff and alumni to review the CSU's alcohol policies and prevention programs. The problem of student drinking on college campuses is complex, but the question posed to the committee was simple and straightforward: How can we prevent any more tragedies?

The task we set for ourselves was bold and ambitious, but we knew from the outset that the potential for impact was far-reaching. The California State University is the largest public system of higher education in the country, with 23 campuses, 388,700 students, and 42,000 faculty and staff. The development and implementation of a comprehensive and system wide alcohol policy and program would go a long way toward changing the culture of student drinking on our 23 campuses.

The system wide Committee on Alcohol Policies and Prevention began its work in December of 2000. We began by meeting with state and national experts who provided us with research and insights into best practices across the country. From these discussions it became clear that presidential leadership would play a critical role on each of our campuses. First and foremost, it was made clear that CSU presidents must make this issue a priority on their campuses in a demonstrable way. The "Be Vocal, Be Visible, and Be Visionary" statement from the national Presidents' Leadership Group established by the Higher Education Center for Alcohol and Other Drug Prevention is an example of what our Committee envisioned. The Committee also stressed the

importance of developing comprehensive alcohol policies at the campus level, policies that would be aligned with the new system wide initiative. In addition, the Committee emphasized that it was essential that alcohol policies be consistently enforced.

Student involvement in policy planning and program implementation was also identified as a significant factor in the success of our initiatives. In addition, through these consultations with state and national experts, it became clear that prevention and education programs must be offered by well-trained staff, and that treatment programs should be available to all students who need them. We also learned that it was important to gather data in a systematic way, in order to assess the nature and extent of the problem on our campuses, as well as the success of our policies and programs.

As a result of these initial consultations, the Committee continued its work with a focus on six key areas: comprehensive policies; consistent enforcement; education and prevention; training, intervention and treatment; assessment; and the development of adequate resources to sustain a long-term and comprehensive effort on our 23 campuses.

The Committee also recommended that the system adopt the "social norms approach" as a prevention model. The "social norms" approach uses informational campaigns to correct students' misperceptions of drinking attitudes and behaviors on their campuses. Peer education programs were also stressed, along with the establishment of a broad range of campus and community partnerships that involve all stakeholders in the planning and implementation process.

In July of 2001, following a review of the Committee's recommendations, the Board of Trustees unanimously adopted a comprehensive alcohol policy for the entire CSU. In addition, the Chancellor and Trustees committed $1.1 million to support programs and planning efforts across the 23 campuses. Each campus received $25,000 to begin the implementation of new programs and initiatives, with the agreement to match this amount from campus funds. Decisive leadership and the allocation of targeted resources were critical to move this effort forward.

Immediately following the adoption of the new CSU Alcohol Policy, each campus was charged with establishing a Campus Advisory Council to lead the planning and implementation efforts. On my own campus, at California State University, Fresno, our Advisory Council has representatives from student government; athletics; fraternities and sororities; residence life; faculty; staff and administrators in student affairs; campus health professionals and counselors; university police; alumni; a representative from our Parents Association; and several community representatives - including local bar owners; alcohol beverage vendors and distributors; local law enforcement officials; and a Drug and Alcohol administrator from the Fresno County Human Services system, a significant prevention organization in our community.

The new CSU Alcohol Policy stresses the importance of university partnerships with the external community, with an emphasis on working together to enforce existing laws; decrease the use of alcohol in the promotion of business and community events;

reduce underage sales; and drastically curtail promotions that encourage binge drinking, such as "happy hours" and price promotions, where two drinks can be bought for the price of one, or promotions such as "women drink for free" nights. We also need to expand alcohol-free recreational events for young people both on and off campus. The new Alcohol Policy also recommends that campuses develop partnerships with our K-12 colleagues, and with community-based youth organizations in our regions. To be effective, our strategies must extend beyond the campus itself and encompass the larger, surrounding community.

I mentioned earlier that one of the recommendations adopted by the Board was the implementation of a "social norms " approach as the key prevention model on our campuses. Last year, the CSU co-sponsored the National Conference on Social Norms with the Bacchus and Gamma Peer Education Network in southern California. This year Bacchus and Gamma will hold its National Conference on Social Norms in Philadelphia (July of 2002). Many of the CSU's faculty, staff and students attended last year's conference, and we will send additional representatives to this year's national meeting.

Social norms marketing methods have yielded impressive reductions in alcohol abuse on a growing number of university campuses. Studies have found that students tend to greatly overestimate the amount of drinking that occurs among their peers, and then fashion their own behavior to meet this perceived norm. Campuses are now conducting "social norming" campaigns to correct students' misperceptions of peers' drinking habits.

The social norms approach also advocates peer education programs, with students educating and encouraging fellow students on responsible and safe approaches to alcohol use. Many of these new programs and initiatives target first-year students on college campuses, as well as other students who are identified as members of high-risk groups.

I indicated earlier that one of the recommendations adopted by the Board of Trustees was the need to develop adequate resources to fund the many new and innovative programs that are necessary to reverse the problem of alcohol abuse on our campuses, and in our communities. I am pleased to report that in February of 2002, a memorandum of understanding was signed by six state agencies and the CSU system to address the problem of alcohol abuse among university students. The six state agencies include: Business, Transportation and Housing; the Department of Alcohol Beverage Control; the Department of Alcohol and Drug Programs; the California Highway Patrol; the Department of Motor Vehicles; and the Office of Traffic Safety. This new partnership will focus on a broad spectrum of activities, including educational efforts, prevention programs, and enforcement activities both on and off the campuses. Both regional and statewide approaches will be used, and the CSU will work with agency partners to cooperate on a legislative agenda that addresses issues related to alcohol abuse and its consequences.

The state agencies involved in the partnership have committed approximately $2 million in grants to fund a number of initiatives on several CSU campuses. Several of the

initiatives are designed to strengthen the enforcement of underage drinking laws, as well as a "Sober Driver Initiative" for all CSU campuses. This new relationship with our state agencies will help us make a real difference in the lives of our students, and in the lives of the citizens of our communities.

In conclusion, let me say that the Trustees of the California State University have adopted a policy that will ensure that positive changes are made and consistently monitored. Each campus is required to report to the Chancellor and the Board every two years on how well they are meeting the desired outcomes. The adoption of the new CSU alcohol policy establishes a clear framework for policies and programs that are now being implemented on all of our 23 campuses.

I would also like to offer several suggestions that the Committee might consider regarding how the federal government might be able to assist us with our efforts.

First, it is clear that we have much to learn regarding this complex and challenging problem. Federal support for high quality and comprehensive research is desperately needed.

Second, we desperately need to encourage individuals to enter careers in alcohol and other drug prevention and treatment. Policies that encourage people to enter these careers, along with support for their training, would make a significant difference in efforts to deal with this problem.

Third, I urge you to evaluate the programs that are currently funded, and to change the criteria so that institutions of higher education and governmental agencies would be required to work together in partnerships to address the problem of student alcohol abuse. There are too many examples of failure to collaborate which results in the ineffective use of federal dollars that are passed on to the states.

Mr. Chairman, I want to thank you again for this opportunity to testify on the efforts of the California State University to address the problem of student drinking on our campuses. I commend the Committee for convening a panel to discuss this important issue that is pervasive and persistent on our nation's campuses. As a society, we must not, and should not, ignore the consequences of student alcohol abuse. The California State University stands ready to work with the Members of this Committee to ensure that the "last call" will no longer be the final call for any of our students.

Mr. Chairman, that concludes my prepared statement. I would be happy to answer any questions that you may have at this time.

COMMITTEE ON EDUCATIONAL POLICY

Alcohol Policies and Prevention Programs Committee Report

Presentation By

John D. Welty
President
California State University, Fresno

Summary

Tragedy often results in a call to action. Such was the case on October 7, 2000, with the alcohol-induced death of Adrian Heideman, an 18-year-old student at California State University, Chico. This incident was preceded a week earlier by an incident of alcohol poisoning at San Diego State University, and then followed 10 days later by another near-fatal case of alcohol poisoning, also at San Diego State. These were not the first deaths nor near-deaths at CSU campuses related to alcohol poisoning. Something new was needed.

In the aftermath of such incidents, California State University Chancellor Charles B. Reed took immediate action, appointing a committee of presidents, students, vice presidents of student affairs, faculty, staff and alumni to review the CSU's alcohol policies and prevention programs. *(See **Appendix A** listing committee members.)* The question was simple and straightforward: How can we prevent any more tragedies? "We cannot look at alcohol abuse as just a way of college life. We need to increase education and awareness of the problem and then find solutions that really work and not just come up with policies that sit on a shelf. Our children's lives are at risk, and universities need to make every effort to prevent any more lives from being wasted," Chancellor Reed said when appointing the committee.

The committee began its work in December 2000. Chaired by California State University, Fresno President John Welty, the committee has met a half-dozen times. Divided into six subcommittees, the members concentrated on broad policies that would be realistic and effective at CSU's 23 unique campuses, which range from a few predominantly residential institutions with a traditional 18-22-year-old student population, to the majority with large, non-traditional, commuting populations with an average age in the mid-to-late 20s.

Background

Alcohol abuse on college and university campuses is not a new issue. To reduce abuse, it must be addressed in a comprehensive manner. To determine the latest research on the topic, the committee began by meeting with state and national experts who made presentations on the issue from legal, law enforcement, prevention, treatment and training perspectives. *(See **Appendix B** listing presenters.)*

A few overarching points were developed after these discussions: (1) First and foremost, CSU presidents must make this issue a priority in a demonstrable manner. The "Be Vocal, Be Visible, Be Visionary" statement from the Presidents' Leadership Group formed by the Higher Education Center for Alcohol and Other Drug Prevention is an example of what the committee envisions; (2) all campuses should develop comprehensive policies that are consistently enforced; (3) prevention and education programs must be offered by a well-trained staff; (4) students must be involved in policy planning and execution to a significant degree; (5) treatment programs must be available for those students who need this assistance; and (6) data must be gathered systematically to determine the nature and extent of the problem as well as the success of policies and programs.

In congruence with the mission of higher education, prevention programs should recognize and promote individual student responsibility. Thus, programs should be developed that encourage students to make behavioral decisions based on critical thinking and the best knowledge available to them.

In addition, a campus culture must be developed that encourages and supports healthy behavior. The Social Norms approach, which through informational campaigns seeks to correct widespread student misperception of peers' drinking, has proven to be effective. Students must be engaged in this effort and success can be achieved through the use of peer educators, such as the program developed by the BACCHUS and GAMMA Peer Education Network.

The committee has adopted the following principles that it believes should direct the development of all policies and programs at CSU campuses.

Guiding Principles

- Provide a safe and secure environment for all students
- Encourage student health and wellness in an environment supportive of learning
- Promote healthy choices for students

- Enforce laws and policies consistently concerning the use of alcohol
- Support safe, legal, responsible, moderate consumption of alcohol for those who choose to drink; do not punish responsible, legal behavior
- Encourage students to take responsibility for each other; Good Samaritan behavior should be supported and recognized, and students should be supplied with the tools to help others practice safe and responsible behavior
- Provide assistance, if appropriate, to those students who need support, treatment, and services
- Involve students in all steps of the process and program development
- Focus alcohol abuse prevention efforts on campus and community environments since the university is part of the surrounding community that influences students' behavior
- Use social norms principles and peer education as core components of an education and prevention program.

General Recommendations

1. The Chancellor should require campuses to develop comprehensive alcohol policies and programs which include, at a minimum, policies which are consistent with the campus mission, a commitment to holding individuals and student organizations accountable for their behavior, and a commitment to offering effective education programs which are assessed on a regular basis.
2. Each campus should communicate alcohol policies to new students and their parents before and when they arrive on campus.
3. Each campus should create a university-wide alcohol advisory council, including community membership, which annually develops and reviews goals, assesses the effectiveness of the campus program, and makes recommendations to the president. These councils should be under the direction of the vice presidents for student affairs.
4. Each campus should gather data every two years to determine if its policies and programs are achieving the desired outcomes. Findings should be reported to the Chancellor and the Trustees.
5. The CSU should sponsor conferences in which campuses share best practices, policies and programs as well as feature state and national experts. As a first step, the CSU should co-sponsor the National Social Norms Conference with the BACCHUS and GAMMA Peer Education Network on July 18-20, 2001, in Anaheim, California.
6. State laws should be reviewed by the campus alcohol advisory councils and recommendations made to trustees and presidents for any changes that can enhance and support campus policies.

7. The CSU should devote an additional $1.1 million to this effort with the Chancellor providing up to $25,000 Challenge Grants to each campus, with the campus required to match the amount.

Specific Summaries and Recommendations

The Alcohol Policies and Prevention committee divided its work into six areas, which are briefly summarized for this agenda item. The six areas are: (1) Policies; (2) Enforcement and Legal Issues; (3) Education and Prevention Programs; (4) Training, Intervention and Treatment; (5) Assessment; and (6) Resources.

(1) Policies:

It is critically important that campuses develop and subsequently enforce their alcohol-related policies so that the entire campus community, as well as prospective students and their parents, businesses, vendors and others working with the campuses, know what is expected.

General Recommendations
Campuses should:

- Include in their alcohol policy the following: (a) a succinct philosophical statement unique to each individual campus; (b) a summary of federal, state and local laws; and (c) institutional regulations
- Develop a CSU listserv of the chairs of each campus' alcohol advisory council that would allow for information sharing. Arrange for these representatives to meet at and attend one alcohol education conference/workshop/seminar each year
- Actively enforce existing "age 21" laws on campus, which help decrease alcohol consumption
- Consider the development of innovative and safe late-night and weekend programming alternatives on campus for students
- Communicate campus alcohol policies to new students and their parents before and when they arrive on campus
- Develop a collaboration/partnership among scholars, researchers, and health and student affairs professionals to develop and implement research driven programs to advance existing efforts to understand and change dangerous drinking behaviors and other issues affecting college students
- Designate campus representative(s) who are charged with ensuring that all students, faculty, staff and administrators receive Drug-Free Schools and Campuses Act (DFSCA) policy information.

Specific Recommendations

A. *Vendor Advertising and Industry Funding*

- Develop appropriate institutional controls regarding alcohol beverage industry funding and sponsorship of institutional and student-sponsored events
- Adopt a policy that might state, "Alcoholic beverage trademarks or logos must be clearly subordinate to the sponsored event itself. Similarly, the name of an alcoholic-beverage manufacturer or product may not be connected to the name of the institutional event or facility, but may be promoted as a sponsor of the event"
- Develop awards and other incentives to encourage student organizations and athletic programs to utilize other funding sources and positive promotional campaigns for events that are not alcohol related.

B. *CSUMentor and Web Information*

- Develop a template for campus alcohol policy information on CSUMentor that would ensure that similar alcohol policy related information would be available about each CSU campus
- Add an introductory statement on CSUMentor about the CSU system's concerns regarding the use of alcohol by students. Place the CSU Alcohol Policies and Prevention Programs Committee's philosophy and guiding principles statements on this site
- Provide a "hot button" on the CSUMentor website specifically labeled alcohol policies to make it easier to find alcohol related information
- Develop links from the CSUMentor Alcohol Policies information sections to alcohol education information and resources.

(2) Enforcement and Legal Issues:

The primary objectives of alcohol enforcement should center on the health and welfare of members of the campus community; the promotion of legal and responsible behavior; an environment supportive of learning; and should facilitate the prevention, assessment, early intervention, and treatment of alcohol-related problems.

Recommendations

Campuses should:

- Provide an educational program to make students aware of the risks attendant on illegal and irresponsible consumption of alcohol
- Inform and distribute to students all campus alcohol-related regulations and policies
- Reinforce legal and responsible student behavior

- Enforce campus rules as well as state and local laws and regulations. For example, post the most relevant penal code sections on campus websites
- Inform students that being under the influence of alcohol is no excuse for inappropriate behavior. All sanctions will apply
- Develop campus rules and policies through appropriate governance procedures
- Partner with the community and law enforcement agencies to provide a safe off-campus environment, to enforce applicable legal sanctions, and to encourage legal and responsible behavior among students.

(3) Education and Prevention:

The abuse of alcohol poses a threat to the health and academic success of CSU students, but prohibition of alcohol is not a realistic response to the problem of abuse. There is no single response to the issue of alcohol abuse that will "solve" the problem. Multiple interventions are required to bring about desired outcomes. Each campus should design programs that are appropriate for their institution and for each student subgroup. There is no "One size to fit all."

General Recommendations
Campuses should:

- Convene an advisory council to examine issues of alcohol use by students. The group will identify appropriate and realistic behaviors related to alcohol use, consistent with the institutional culture and mission
- Include in their councils full campus representation from student affairs; student activities; Greek life; residential life; public safety; public affairs; faculty; campus alcohol educator; student health center; psychological services; student representatives (including athletes); foundation; dining services, or if appropriate, holder of university liquor license; community members, which may include alumni, local business owners, neighborhood bar owners, and residents
- Use the assessment data to develop a plan to address issues raised during the assessment.

Examples of programs that could be included in campus plans include the Social Norms approach, media campaigns aimed at students, creation of appropriate alcohol-free activities on weekend nights and BACCHUS and GAMMA Peer Education Network chapters. The programs that are developed should be tied to student organization and activity requirements, and may include those aimed at the leadership of organizations who may use alcohol (*e.g.*, fraternity, sorority, residential students). Faculty should consider infusing their curriculum with alcohol-related topics, such as having a marketing class develop a project aimed at new underage student programs.

Specific Recommendations

(A) *Faculty/Staff Advising for Clubs/Organizations:*

- Institute annual orientation programs for organization advisors and for student officers that outline expectations, information on alcohol use/abuse, as well as other policies and issues
- Include expectations of members, officers and advisors in the annual student organization registration documents that must be signed by both student organization officers and the faculty/staff adviser
- Develop alcohol and risk management education programs for student organization officers
- Develop a roster of faculty/staff with interests, expertise and who are available to provide in-class discussions/lectures or meet with groups of faculty, staff or students regarding alcohol use/abuse and related issues
- Train all those who regularly interact with students, such as faculty advisors, resident advisors, coaches, peers, faculty and student affairs professionals, to understand and identify alcohol related problems and to link students with intervention services.

(B) *Alcohol Education Centers & Counseling/Psychological Services:*

- Assess existing counseling/psychological services, campus wellness centers, peer education programs and health education programs and determine how best to provide enhanced alcohol-related services
- Develop a source and distribution means for alcohol education materials
- Include alcohol use and abuse information in the training of all campus peer advisors and residential staff.

(4) Training, Intervention and Treatment:

As history has amply illustrated, virtually every attempt to regulate human behavior by enacting and enforcing policies without the appropriate support programs to effectively implement them has resulted in less than desired outcomes, or all-out failure. What is essential to the success of these efforts is to develop effective training, intervention, and treatment programs that will work on the 23 unique campuses. Those with younger residential populations (traditional campuses) would be expected to have greater and more comprehensive training program elements than those campuses that serve older commuter populations (commuter campuses). The greater the risk of alcohol abuse and irresponsible alcohol consumption, the more comprehensive should be the training elements, and the greater the training responsibilities that should be shared across the campus community.

Recommendations

Campuses should:

- Assess their individual needs and determine what level of training should be developed and followed to meet those needs
- Adopt, at a minimum, a level one (basic) training program, which includes a campuswide understanding of alcohol-related behaviors, new student and parent orientation sessions, and social norms training for selected campus officials
- Develop and implement level two and three training programs if the campus assessment process determines that there are significant numbers of higher-risk student groups (for example, Greeks, athletes and large residential populations) for which training should be mandated. Faculty and community resources should be involved at these levels
- Determine at each level which campus offices and individuals should be involved to best meet the needs of students. For example, at level one, student affairs, campus police and counseling services staff, new students and parents; at level two, resident housing directors, associated student organizations, and faculty advisors; at level three, community leaders, local businesses, national support organizations
- Develop procedures for intervention protocols based on the severity of student behavior. At all levels, the campus president is directly responsible for specifying who should act where intervention is merited
- Designate campus health and counseling professionals as core resources for intervention treatment services
- Develop and maintain current community agency providers that can be of benefit to students
- Support and appoint a team to attend CSU conferences on alcohol-related topics to learn the latest techniques and best practices to assist students.

(5) Assessment:

It is vital that campus pronouncements about student attitudes and behavior related to alcohol be based on carefully gathered facts rather than speculation. The same holds for assumptions guiding alcohol-related policy and program development. Assessment of program effectiveness can only be accomplished by employing the best available evaluation procedures and instruments. With implementation of the federal Drug-Free Schools and Campuses Act of 1989, all colleges and universities receiving federal funds have been required to maintain alcohol and other drug prevention programs and to review their effectiveness at least every two years. This mandate, combined with growing academic interest, has resulted in the development of a host of

publications and instruments related to student alcohol and other drug use and prevention programs.

Recommendations
Campuses should:

- Assess their policies and programs every two years to determine if they are meeting established outcomes. Findings should be reported to the Trustees and Chancellor
- Include in their assessments the following characteristics:
    1. Patterns of Student Alcohol Use
    2. Consequences of Alcohol Use
    3. Alcohol-Related Beliefs and Perceptions
    4. Protective Behaviors
    5. Environmental Influences
    6. Effectiveness

*(See **Appendix C** for an expanded report.)*

(6) Resources:

The CSU is the largest four-year university system in the country, and ought to leverage its size in obtaining resources for the campuses to fund programs supporting the Social Norms approach and other education and prevention programs. There are several levels of possible funding sources: federal; state; foundations/corporations; county governments; and campus budgets.

Recommendations
Campuses should:

- Devote sufficient campus resources to ensure program effectiveness
- Develop a plan to enhance existing activities using the $25,000 Challenge Grants created by Chancellor Reed to be matched by each campus
- Report to the Trustees and Chancellor at the end of each year what was accomplished with the funds.

The Chancellor's Office should:

- Assist the campuses by providing a systemwide grant writer to seek out opportunities and write proposals
- Sponsor an annual meeting of the chairs of the campus alcohol advisory councils and other staff and faculty involved in this effort to share best practices. The vice presidents for student affairs shall assume responsibility for this annual meeting

- Investigate funding sources at all levels and assist the campuses in applying for grants and contracts from such places as The National Institutes of Health National Institute on Alcohol Abuse and Alcoholism; U.S. Department of Education; U.S. Department of Health and Human Services; California Department of Education; Department of Alcohol and Drug Programs; Alcohol Beverage Control (ABC); California Wellness Foundation; Robert Wood Johnson Foundation; the Mott Foundation; Anheuser Busch; and Miller Brewing Co.

The use and sometimes abuse of alcohol on university campuses is a national issue. How to deal with the issue is especially complicated on some California State University campuses where the majority of students are of legal drinking age. It is equally complicated at residential campuses with their younger populations. There is no easy solution or "one way" of doing things. What the Alcohol Policies and Prevention Programs Committee is recommending is a comprehensive review of existing campus policies, creation of a campus advisory council dedicated to the issue, development of realistic goals with an assessment component, enforcement of local and state laws and strong presidential leadership that sets the campus tone. The full subcommittee reports, as well as documents related to student records and disciplinary regulations and enforcement options, will be available on the CSU website for review. The committee is continuing to refine this document, and will bring a final report to the Board of Trustees at the July meeting.

Alcohol Policies and Prevention Programs Committee Members

Dr.	John D.	Welty	President (Committee Chair)	CSU Fresno
Dr.	Tomas A.	Arciniega	President	CSU Bakersfield
Dr.	Manuel A.	Esteban	President	CSU Chico
Dr.	James E.	Lyons Sr.	President	CSU Dominguez Hills
Dr.	Stephen L.	Weber	President	San Diego State University
Dr.	Robert L.	Caret	President	San Jose State University
Dr.	Judy	Sakaki	Vice President for Student Affairs/Dean of Students	CSU Fresno
Dr.	Shirley	Uplinger	Vice President for Student Affairs	CSU Sacramento
Dr.	Walt	Schafer	Professor of Sociology	CSU Chico
Mr.	Larry	Adamson	President, CSU Alumni Council	Midnight Mission Corp.
Mr.	Jeff	Iverson	CSU, Chico Associated Students	CSU Chico
Ms.	Jamie	Hernandez	CSU, Fresno Associated Students	CSU Fresno
Mr.	Leo	Davila	San Jose State University Associated Students	San Jose State University
Ms.	Veronica	Shippy	Cal Poly SLO Associated Students	Cal Poly San Luis Obispo
Mr.	Roger	Eagleton	CSU, Bakersfield Associated Students, Inc.	CSU Bakersfield
Mr.	Jason	Rollingson	San Diego State University, Associated Students	San Diego State University
Mr.	Shaun	Lumachi	CSSA, Associated Students, Inc.	CSU Sacramento
Mr.	Clint	Freeland	Student	CSU Northridge
Mr.	Abe	Meltzer	General Counsel, Chancellor's Office	Office of the Chancellor
Ms.	Colleen	Bentley-Adler	Public Affairs, Chancellor's Office	Office of the Chancellor
Mr.	Ross	Miyashiro	Academic Affairs, Chancellor's Office	Office of the Chancellor

Presenters at meetings of the Alcohol Policies and Prevention Programs Committee

Dr. Jim Moon, vice president for student affairs, California State University, Chico

Ms. Renee Twigg, Network of Colleges & Universities Committed to the Elimination of Drug and Alcohol Abuse, and Director, Student Health Services, California State University, Long Beach

Mr. Jerry Jolly, Assistant Director, Alcoholic Beverage Control (ABC) – Northern Division

Mr. Michael Haines, M.S., Director of the National Social Norms Resources Center, Northern Illinois University

Mr. Drew Hunter, Executive Director of the BACCHUS and GAMMA Peer Education Network

Dr. Linda C. Lederman, Director of the Communication and Health Issues Partnership for Education and Research at Rutgers University

Assessment (full report):

It is vital that campus pronouncements about student attitudes and behavior related to alcohol be based on carefully gathered facts rather than speculation. The same holds for assumptions guiding alcohol-related policy and program development. Assessment of program effectiveness can only be accomplished by employing the best available evaluation procedures and instruments.

With implementation of the federal Drug-Free Schools and Campuses Act of 1989, all colleges and universities receiving federal funds have been required to maintain alcohol and other drug prevention programs and to review their effectiveness at least every two years. This mandate, combined with growing academic interest, has resulted in the development of a host of publications and instruments related to student alcohol and other drug use and prevention programs.

Purpose of Assessment:
Alcohol-related assessment can be used to address several questions such as: What are patterns of student alcohol use? Are there discernable differences among various student groups as to use of alcohol? What are the personal consequences of alcohol use? What are student, faculty, and staff beliefs and perceptions of student alcohol use, and how do these compare with actual use patterns? What are the patterns of protective behaviors that reduce high-risk drinking and its harmful effects? What environmental factors in the campus and the community encourage and discourage high-risk drinking? How effective are policies and programs in preventing underage and high-risk student drinking?

Campuses should use the broad categories below to research what is occurring on their campuses:

1. Assessing Patterns of Student Alcohol Use
In decision-making about alcohol prevention policies and programs, it is vital that campus leaders have accurate information about a number of facets of student alcohol consumption, including, for example, frequency of consumption, amount of drinking, location of drinking, etc. Also campuses should determine demographic factors such as age, year in school, gender, club membership, etc.

2. Assessing Consequences of Alcohol Use
During the past several years, researchers studying student alcohol use have developed survey questions that yield useful self-report data of harmful personal consequences of alcohol use. For example, that includes public misconduct, arrest, damaged property, personal injury, fighting, psychological problems, driving under the influence, and performing poorly in classes.

3. Assessing Alcohol-Related Beliefs and Perceptions
Measuring beliefs and perceptions has taken on greater importance in recent years as a result of the social norms movement throughout the country. As noted elsewhere in this report, misperceptions of peers' drinking may be an important factor driving high-risk drinking among college students. To assess the degree to which this may be true on a given campus, it is important that data be collected on student beliefs about peers' drinking. Commonly used questionnaire items measuring such perceptions include: How often do you think the average student on your campus uses alcohol? Overall, what percentage of students here do you think consume no alcoholic beverages at all? Overall, what percentage of students here do you think consumed five or more drinks in a row on at least occasion in the last two weeks? On any given occasion, how many drinks are most typically consumed by you and by others in each of the following places? Give your best estimate.

Campuses also might find it useful to survey beliefs and perceptions of faculty and staff related to student alcohol use, since this part of the campus social environment might also perpetuate upward misperceptions of student drinking.

4. Assessing Protective Behaviors
Several recent social norms campaigns have focused on identifying protective behaviors that students sometimes engage in to minimize risk of over-consumption and its harmful consequences, then publicizing the frequency of such behavior through social marketing techniques. Examples include these items: When I go out drinking, I ... stop drinking at least one to two hours before I go home; eat before and during the time I am drinking; alternate with non-alcoholic beverages; have a designated driver.

5. Assessing Environmental Influences
Patterns of student alcohol consumption are influenced by a host of factors in the surrounding social environment. These include societal influences (e.g., alcohol advertising), community influences (e.g., degree of enforcement of underage drinking and open container laws, and number of bars near campus), and campus influences (e.g., relative availability of alcohol-free weekend evening activities, and relative prevalence of misperceptions of peers' drinking). Since a comprehensive, effective alcohol prevention approach must target environments as well as individual attitudes and conduct, it is vital that assessment focus on key features of those environments.

Campuses might assess a number of aspects of the community that are likely to influence patterns of student alcohol consumption—and therefore represent potential targets of environmental change. Examples are these: (a) Laws and ordinances regulating underage

drinking, open containers, drinking and driving, keg parties, noise, special holidays, false IDs, and serving alcohol to minors, and purchasing alcohol for minors. (b) Patterns of cooperation

between community and campus law enforcement agencies. (c) Number of bars and off-sale outlets within given radius of campus. (d) Frequency of drink specials.

A number of features of the campus environment also need to be assessed. Examples are:
(a) Expressed concern by the campus administration about the alcohol issue and support for prevention-type programs; (b) Campus life and the availability of on-campus social activities on weekend evenings, athletic and recreational opportunities, Greek life, alumni activity and health and counseling services. (c) Alcohol policies: content, awareness, support and communication of policies, rules, and regulations. (d) Alcohol availability and promotion: ads in campus newspaper, radio, TV; sale of alcohol on campus; alcohol-related merchandising at campus bookstores; alcohol sponsorships of campus events. (e) Enforcement: role of campus police in alcohol enforcement and their coordination with other campus units and outside agencies; residence hall rules and penalties for alcohol violations; student judiciary processes and contact with parents over violations. (f) Academics: lack of Friday classes; weekend library hours; dissemination to faculty of sources of funding of studies related to alcohol and student culture; encouragement of faculty focus on alcohol issue in classes where relevant to discipline; focus on alcohol issue in orientation of new students and their parents and new faculty.

(6) Assessing Effectiveness
Assessment should include measuring the effectiveness of policies and programs in preventing underage, excessive, and high-risk student drinking. At a minimum, it is recommended that campuses conduct annual or bi-annual surveys of student consumption patterns, attitudes, and perceptions, as well as their protective behaviors to assess the total impact of the campus environment on desired outcomes such as reducing the amount of underage and high-risk drinking and increasing healthy behaviors within the student body. Where possible, it is recommended that the outcomes of specific policies or programs be assessed using standard evaluation designs and instruments as appropriate.

Examples of assessment instruments will be included in the July report to the Trustees.

TOWN OF
HAMDEN
Department of Police Services
2900 Dixwell Avenue, Hamden, CT 06518 (203) 230-4000

Robert F. Nolan
Chief of Police

Testimony of Robert Nolan
Chief of Police
Hamden Police Department
Hamden, Connecticut

Under the Influence: The Binge Drinking Epidemic on College Campuses

Submitted to the Senate Committee on Governmental Affairs

May 15, 2002

Mr. Chairman and distinguished members of the Committee on Governmental Affairs, thank you for the invitation to discuss the very serious issue of binge drinking on college campuses. Recent tragedies involving college students in my own community have prompted my department to work even more closely with university officials on several fronts to help curb what is a serious national public health and safety problem.

While I have three universities within my jurisdiction, I would like to limit my testimony this morning to providing you with an overview of the close working relationship my department has forged with Quinnipiac University in Hamden, Connecticut.

Well before the current academic year - a year during which three Quinnipiac students were killed in alcohol related accidents, an officer was seriously injured when struck by a student driving under the influence, and a number of injuries occurred to individuals as a result of alcohol-related accidents - my staff and I began meeting with Quinnipiac's management team, including its president, Dr. John Lahey. Through an open exchange of data and ideas, we have developed what I feel is a model for university and law enforcement relations as it pertains to alcohol abuse by college students. And yet, despite our educational and enforcement efforts, we were unable to avoid three families having their lives irreversibly changed when they lost a loved one. I am, however, convinced that without the proactive steps we have taken in the areas of education and enforcement, even more fatalities might have resulted.

EDUCATION

I would like to share with you some of the programs currently in place as well as some additional measures that, together, we can take to address this national crisis. In addition to a strict alcohol policy that is clearly and prominently printed in the Student Handbook, Quinnipiac University

has developed extensive educational programs on its campus. Each year begins with entering freshmen attending a mandatory program on alcohol awareness during orientation. The program educates new students about the University's policies and procedures and how alcohol can negatively impact their lives during their years at Quinnipiac. This effort continues for first year students in what is called the Clusters Program, designed to help students understand the effects of alcohol while informing them of University resources and information for those in need of help. The University also extends alcohol awareness and education programs into the residence halls that house 3,000 of Quinnipiac's 4,600 undergraduates. In addition, the Hamden Police Department's Street Crime Unit along with our community police officers present alcohol-related programs to students at the University continually throughout the academic year. Guest speakers, including panels of representatives from Mothers Against Drunk Driving (MADD) and Alcoholics Anonymous make very focused presentations about the dangers of binge drinking. These educational programs are provided continuously with special emphasis during National Collegiate Alcohol Awareness Week.

The Office of Student Affairs has developed a relationship with an outside agency, Atlantic Health Services, which provides the University with a professional who conducts alcohol assessments. The assessment serves as a blueprint for treatment and on-going intervention if necessary. Atlantic Health trains the University's Residential Life staff including Residence Hall Directors and Resident Assistants.

I would emphasize that alcohol consumption is no worse on Quinnipiac's campus than on any other campus in America. Quinnipiac statistics mirror those in the recent report by the National Institute on Alcohol Abuse and Alcoholism that reveals binge drinkers account for nearly 70% of all the alcohol consumed by college students.

ENFORCEMENT

In my opinion, the Quinnipiac University administration deals assiduously and cooperatively with our department and responds with disciplinary action in the most effective manner of any college or university I know. This extends especially to students who violate the alcohol policy. A monetary fine, three hours of Alcohol Education Class and two hours of community service directly related to alcohol education and awareness are the first line of sanctions imposed by the University. If a student is involved in a second violation, the fine is doubled, a mandatory alcohol assessment is performed, three hours of Alcohol Education Class is required and parental notification is undertaken by the Assistant Dean of Student Affairs. Both Dr. Lahey and I feel strongly that parental notification is essential in these cases and we applaud Congress for amending the privacy laws to allow such notification. Equally important is the fact that incidents of alcohol abuse off-campus are also dealt with in a swift and effective manner. When students of legal drinking age were arrested last year for running a party that included under-aged students at their off-campus, privately owned home, Dr. Lahey and his staff were quick to dismiss them from the University. This is particularly important inasmuch as these problems seemed to have escalated in our Town since students have been moved off-campus. The recent relocation of senior students to off-campus housing certainly seems to have a direct correlation to the increase in alcohol-related accidents.

Our country also suffers from an identity crisis. False identification is the first step in securing alcohol. Students who have attended Quinnipiac's Alcohol Education classes this year have shared the following information:
Most students have fake ID's
Most have purchased ID's in New York for $40-$60
Most can purchase alcohol with this ID and are not carded once they are known by package store personnel

This information is not unique to Quinnipiac. The sophistication of fake ID operatives is staggering. Standardization of licenses or a state or federal identification card, and the ability of issuing jurisdictions to share information is imperative. Furthermore, technological advances that would allow clubs, bars and package stores to scan a standardized license would provide a foolproof method for insuring that only students of age would be able to buy alcohol. One of my officers alone has made 12 arrests for possession of alcohol by a minor at package stores in the first five months of 2002. He seized 8 fake ID's and referred two of the stores to the Liquor Control Commission. Additionally, our officers continue to check local drinking establishments and on two recent occasions at one small local bar, 32 individuals were arrested on February 13, 2002, charged with possession of liquor by a minor; and on March 24, 2002, another 44 individuals were arrested on alcohol-related charges and all were students.

A fake ID was found in the possession of a Quinnipiac student who was killed in an alcohol related motor vehicle accident last month when his car, traveling at excessive speed, hit a tree and became airborne twice.

Our work is not done. A number of my officers have attended the Quinnipiac University Alcohol and Drug Task Force meetings on five occasions recently to discuss the possible expansion of University imposed sanctions for students who are arrested with fake ID's in unannounced raids. The University has recently implemented shuttle bus service to nearby downtown New Haven, a popular spot for college students. The shuttle service is solely funded by the University and is used extensively by students, particularly during extended weekend hours. This "safe ride" program was implemented immediately following another fatal accident. This time a 21 year old female Quinnipiac student who was returning to campus after being with friends at a New Haven nightclub, was killed when the Ford Explorer she was riding in flipped several times and ejected her out of the vehicle. Ironically, she was the only one in the vehicle of legal drinking age.

Checkpoints have been proven as an effective deterrent to DUI. Increased funding for personnel and vehicles would allow local law enforcement officials to expand checkpoints as they are not only a means to apprehend and enforce, but also a manner in which we can continue to educate students about the dangers of drinking and driving. These stops provide officers with the opportunity to speak with students and utilize the chance to further impress upon them the seriousness of driving under the influence. Our checkpoints in the Town of Hamden have actually been welcomed by Quinnipiac students. On one recent weekend, we found that 85% of the cars we stopped in a University neighborhood had designated drivers, a practice many adults should consider. Unfortunately, binge drinking does not only take lives strictly as a result of motor vehicle accidents. On November 20, 2001 a 20 year old Quinnipiac student who had just left a keg party at an off-campus private home was attempting to cross Whitney Avenue, a busy

state thoroughfare, when he was struck and killed by a motor vehicle. The blood alcohol level of the student pedestrian was .19% while the driver's was .000%.

The Hamden Police Department, in conjunction with Quinnipiac University, intends to implement additional programs in an effort to combat this problem such as expanding the Safe Ride program; offering the Police Department's availability as a means for transportation with no questions asked when an individual may have to drive under the influence to get back to their housing; and we are attempting to work with the local taxi companies to establish a reasonable/reduced fare to transport students under these conditions as well. These programs would be considerably more effective and widespread with assistance of grant money.

In addition, the Town of Hamden's Department of Police Services has reached an agreement with Quinnipiac University whereby, beginning in the Fall semester, 2002, two police officers will be specifically assigned to the college campus seven days a week for two different shifts. They will be used in a similar manner to school resource officers and will interact with students and administrators in an effort to continue to educate and eradicate these alcohol-related issues.

Let me close by saying that I am not here today advocating prohibition. We cannot kid ourselves about the widespread abuse of alcohol by under-aged students and our ability to completely eliminate consumption. We will continue to strive to reduce alcohol consumption, eradicate binge drinking, eliminate DUI cases and, most important, save lives. This will be accomplished with the continued assistance of a supportive Quinnipiac University administration. Additional educational programs and enforcement efforts by the University and Town of Hamden Police Department will be effective tools in this fight. I urge my colleagues throughout the country to form a campus/community coalition with the colleges and universities in their communities to increase awareness of binge drinking and promote personal responsibility among college students, the ultimate solution to this national problem.

Thank you, Mr. Chairman. This concludes my testimony and I welcome questions from the Committee.

Statement for the Record of
Drew Hunter, Executive Director
The BACCHUS and GAMMA Peer Education Network
Before the
Senate Committee on Governmental Affairs

May 15, 2002

Mr. Chairman, Ranking Member Thompson, and the members of the committee, it is a great honor and privilege to be invited here today to testify on the topic of "Under the Influence: The Binge Drinking Epidemic on College Campuses."

Let me begin by extending this thanks as well from Dr. Edward H. Hammond, president of Fort Hays State University and Chairperson of our Board of Trustees. He asked me to share his appreciation to this committee for inviting him to present and he regrets that he was unable to attend. I'm here today in my role as the Executive Director of The BACCHUS and GAMMA Peer Education Network, a 27 year old, student leadership organization focusing on alcohol abuse prevention and related student health and safety issues, with affiliates on more than 1,000 colleges and universities.

Before getting into the heart of my remarks, I'm pleased to see here today representatives from the NIAAA sponsored College Task Force. Their recent report on college drinking is a significant achievement that supports many strategies that our organization has been advocating for some time – including the importance of engaging student leadership on this topic through Peer Education. This report will be very helpful in the upcoming academic year as we press our host campuses for more attention to this important issue.

I have much to share about things that are working in higher education – and since your time is valuable and my time here is brief, let us get right to it. From my experience, there are four key components of a successful campus alcohol abuse prevention program.

The first is the need for a strong commitment from campus presidents and their administrations.
Simply stated, college presidents and their administrations must prioritize their commitment and resources to work on this issue – so that it is truly a vital part of the campus mission. I am pleased to share time on this panel with Dr. John Welty, president of Fresno State University. Having personally participated in the CSU effort led by he and Chancellor Reed, I'm comfortable that his testimony will cover this part of a comprehensive approach in greater detail, so I will move on, but before I do it is important to note that despite all of the publicity this issue has received:

- We know there are many colleges and universities that still do not support a full-time alcohol educator or staff person dedicated to these efforts;
- We know there are many campuses that have higher budgets for one time events like Homecoming than they do for year-round alcohol education programming, and;

- We know there are some colleges and universities that have solid alcohol policies written in their student handbook, but these policies are seldom put into practice on campus;

And I say to you as long as this remains true, then it is also true that "reducing alcohol-related harm" is NOT central to that campus' mission. This disparity in addressing the issue is why we need leadership from the top down.

Number Two: A strong campus policy and the willingness to enforce that policy. As is usually the case whenever you are faced with a complicated issue here in Washington, the answer is not that MORE policy is needed, nor is a Federalized "one size fits all" national policy going to work for all institutions – it is the commitment to use the policies that are already in place that will solve many of our problems. This is what our campuses need to do on an individual basis to better address this issue.

At the risk of creating a sound bite, campus policies and student service programs must send a simple message to students. **Get smart, get help or get out.**

Get Smart! When a student gets confronted for underage drinking or drinking in a high-risk fashion, we first need to give them a chance to get smart. We must start by forcing these students to get mandatory education on the alcohol issue.

Get Help! If a student breaks policy a second time, we need to respond in a caring and compassionate way by offering that student a chance to get help. We need to meet with these students and where permissible and appropriate engage their parents in the discussions and offer these students assessment services and counseling.

Or, Get Out! And if the student continues to drink in a high-risk fashion and is unwilling to change their behavior, we have to say "get out." Being dismissed from school would certainly get their attention and may influence their understanding they have problems. AS IMPORTANTLY, it says to the rest of the student body, this type of behavior is not acceptable here

Number Three: Any successful program must include student peer education. Everyone working with young people knows that we have to impact students in their peer groups. We need to engage students to be leaders, role models, activists and caring friends when it comes to stopping alcohol abuse.

I could spend the rest of the day telling you about campuses with successful peer education programs but time does not permit. When students do get involved in the issue through peer education there are some things we can count on.

- We know peer educators make healthier choices themselves and they are comfortable confronting others about high risk behaviors
- We know that significant percentage of students say they would rather talk to a peer instead of a professional counselor about troubling issues, and

- We know that students learn a great deal about the culture of the institution from watching their peers for clues of what is acceptable and what is not

Therefore, we must continue to advocate and support these peer educators as a vital part of the alcohol education process. Let's face it, they are active in the campus social scene long after administrators have gone home for the day. They can and do make a difference when it is needed.

And finally, number four. We need to market healthy norms to our students. This is a hard one because what I'm about share will provide no TV ratings, or headlines. It is simply a fact of life that you will get much more attention with a headline or lead story that says "Students Are Out of Control and Dying" than you will with one that says "Most Students Are Doing Just Fine." But you know what? The real truth of the matter is that most college students balance their bottles and books, and that most first year students become second year students who eventually graduate. According to the American College Health Association data, significantly more students leave our institutions due to health and financial problems than drinking problems.

Social Norms in prevention works by using actual student behavior data to market healthy norms, such as broadly sharing messages that:

Most students (68%) have not driven a car after drinking.
Most students (74%) go out drinking one night a week or less.
And, when they do go out, most students (60%) drink five or fewer drinks when they party.

And when we use social norming theory as part of the campus alcohol response, when it is done well and campus-wide, we see great changes like at:

Hobart and William Smith College, which saw a 40% drop in high-risk drinking over the course of 4 years, or, Northern Illinois University which saw a 44% drop over the course of 10 years, or the Prevention Collaborative in Minnesota which saw a 14% drop in drinking and driving in just one year.

And finally – when we spend too much time highlighting the problem "College Students Binge Drink!" we mistakenly feed into the misperception that this is what campus life is really like. Which is why many of us in higher education refrain from using the popular, yet misguided term "binge drinking" in describing student alcohol use. First of all, when you think of going on a binge, of being a binge drinker, what comes to mind is someone who really needs help, who is out of control. Yet, the current definition, of 4 drinks if you are a woman, 5 drinks if you are a man, during one sitting in the previous two week period does not necessarily match the perception. In addition, the definition conveniently labels nearly one half of the students as being at high risk while ignoring the very factors that contribute to actual intoxication and risk. The term binge drinking has become a joke on campuses as far as students are concerned.

It would be more productive if we would refocus our efforts to talk about those students who drink and put themselves or others at risk by engaging in unsafe behaviors. When engaged, college students are likely to support efforts to reduce drinking and driving, they want to reduce incidents of sexual assault, they want to reduce noise in their living areas, then want to deter vandalism and violence on campus. We have had great luck in making students part of the solution on these issues.

And The BACCHUS and GAMMA Peer Education is doing everything we can to help them do just that. I am happy to answer any questions you may have. Mr. Chairman, members of the committee, this concludes my prepared remarks.

Thank you very much.

Task Force Materials
A Call to Action: Changing the Culture of Drinking at U.S. Colleges
What Parents Need to Know About College Drinking
What College Presidents Need to Know About College Drinking
What Peer Educators and Resident Advisors (RAs) Need to Know About College Drinking
High-Risk Drinking in College: What We Know and What We Need To Learn
How To Reduce High-Risk College Drinking: Use Proven Strategies, Fill Research Gaps
Reducing Alcohol Problems on Campus: A Guide to Planning and Evaluation
Task Force of the National Advisory Council on Alcohol Abuse and Alcoholism
Journal of Studies on Alcohol
College Drinking, What It Is, and What To Do about it: A Review of the State of the Science
www.collegedrinkingprevention.gov
NIAAA

College Students U.S.

	Age 18-24	Total
Unintentional alcohol related injury deaths	1,445	2,094
Alcohol related traffic deaths	1,148	1,666
Past year injury under influence of alcohol	504,000	654,545
Assaulted	633,000	855,405

OFFICE OF THE PRESIDENT

Main Administration Building
College Park, Maryland 20742
301.405.5803 TEL 301.314.9560 FAX

May 17, 2002

The Honorable Joseph Lieberman
United States Senate
706 Hart Senate Office Building
Washington, D.C. 20510

Dear Senator Lieberman:

Thank you for the opportunity to contribute to the record of the hearing you conducted on May 15, 2002, on the topic of binge drinking on college campuses. The comments below are stimulated by the testimony of Dr. Daniel Reardon, a parent of the student, Daniel Reardon, who tragically died on our campus as a result of excess alcohol consumption.

After the incident, University police met with Dr. Reardon at the hospital and explained that University police and county police would conduct a joint investigation, in accordance with standard procedures. Dr. Linda Clement, Vice President for Student Affairs, made repeated attempts to contact Dr. Reardon and Daniel's mother, but has not yet heard back from either of them. She was able to reach Daniel's brother, who facilitated our contact with the family. Senior Vice President and Provost, Dr. William Destler, and Greek Life Coordinator, Matt Supple, both attended the funeral and spoke to both parents, expressing their condolences on behalf of the University.

Over the past three years, we have accelerated efforts to educate our students about alcohol and to enforce existing laws governing alcohol. Our alcohol education programs relies heavily on "norms" training -- teaching students that normal behavior as exhibited by most students does not include binge drinking. Our program is considered a model by many other universities. I have enclosed materials about the program for your review. The University is a leader in the implementation of the HERO campaign to persuade bar owners to encourage designated drivers and legislators to enact stricter drunk driving laws. As a result of our strict enforcement of the law, alcohol citations have more than tripled on campus over the past three years. With the University in full concurrence, following Daniel Reardon's death, the national headquarters of the Phi Sigma Kappa fraternity revoked the local chapter's charter and the fraternity house was closed.

Although we have many good and positive initiatives to reduce irresponsible drinking, we are not satisfied. Vice President for Student Affairs, Dr. Linda Clement, has created a task force to study once again the issues of alcohol policy, programs and abatement on campus. We want to ensure that our approach is comprehensive. We take the issue of college student drinking

seriously and work to deal with it in any way that can be effective.

A copy of my letter of sympathy to Daniel Reardon's parents accompanies this letter. It was referenced on May 15, 2002 in the testimony.

Dr. Reardon's grief and anguish illustrate vividly the human toll and the unnecessary tragedy that often result from alcohol consumption by young people. I fully support your work to shine a light on this problem and to try to find a solution. Thank you again for the opportunity to contribute to the record of this hearing.

Yours sincerely,

C. D. Mote, Jr.
President

CDM:crf

cc: Dr. Linda Clement
Dr. William Destler
Mr. George Cathcart

UNIVERSITY OF
MARYLAND
OFFICE OF THE PRESIDENT

Main Administration Building
College Park, Maryland 20742
301.405.5803 TEL 301.314.9560 FAX

February 19, 2002

Dr. Daniel Reardon
4516 Windom Place, NW
Washington, DC 20016

Ms. Nancy McKemie
8404 Farrell Drive
Chevy Chase, MD 20815

Dear Dr. Reardon and Ms. McKemie:

With heavy heart I write to express my deepest condolences for the tragic loss of your son Dan. You are having every parent's nightmare. When my children were young, I spent many nights fearing the late night phone call that I hoped would never come. I suppose that I was anxious because I can remember many times in my youth when I did things that could have turned out tragically, but fortuitously did not. There is no replacing luck in life, especially to protect young men growing up. I regret deeply that good luck eluded Dan. It could have happened so easily to anyone.

I regret that I never had the opportunity to meet Dan because he was known as a bright and capable young man. I do hope to meet you one day. In the meantime, please accept my deepest sympathies for your wrenching personal loss and my prayers for the better days that surely lie ahead.

Yours sincerely,

C. D. Mote, Jr.
President

CDM:sb

University Alcohol Policies

- In mid-October, all undergraduate students at the University, received the **2001-2002 Student Alcohol and Other Drug Policy and Resource Guide** from the Office of the President. This eight page booklet contains the official student drug and alcohol abuse policy, prohibited activities involving drugs and alcohol, health risks, campus and community resources, substance abuse prevention, and treatment program information.

- The **Resident Life Alcohol Policy** defines our expectations regarding the use, possession or distribution of alcohol for students who live in campus residence halls. This policy prohibits the possession or use of alcohol by any student under the age of 21 or the furnishing of alcohol to any person known to be under the age of 21. Use of alcohol by a minor that becomes a behavioral issue and is brought to the attention of staff, normally results in a sanction of housing probation or warning; repeated violations can result in dismissal from residence halls. Distribution of alcohol to a minor normally results in dismissal from residence halls. First time offenders of the policy may elect to take a non-credit, two hour class entitled "First Step Alcohol Education," as an educational alternative to other sanctioning methods for violations of Resident Life's alcohol policy. The class targets first time offenders with the aim of reducing the likelihood that these students and their friends would become involved in future infractions of this policy.

- The **Office of Campus Programs Alcohol Policy** outlines our expectations for the use, possession or distribution of alcohol by students on University premises or at University sponsored activities (including events at Greek houses). This policy prohibits the possession or use of alcohol by any student under the age of 21 or the furnishing of alcohol to any person known to be under the age of 21.

- The **Greek Social Policy** states that all Greek functions are Bring Your Own Beverage (B.Y.O.B.). Individuals of legal drinking age are allowed to bring beer into an event, deposit it at the bar, and redeem tickets in exchange for drinks. Each chapter is allowed to invite guests to a function. Upon arrival each guest is requireds to sign in beneath the name of the member who invited them. IDs are checked and individuals who are of legal drinking age are marked accordingly. Students without an invitation are not to be admitted. The Greek System also uses Social Event Monitors to prevent infractions of the Social Policy. On Thursday, Friday and Saturday nights, a team of Greek leaders and graduate students walk to all Greek houses including those with scheduled parties to promote a safe and responsible environment. Social Policy compliance and sanctioning processes are administered exclusively by trained student leaders within the Greek System, not University officials. UM Greek organizations either own their own property or lease property from the University. We expect the organizations to manage their houses and do not staff them as we do our residence halls.

- Policies are established to define expectations, prevent violations and establish sanctions for infractions that can be assigned following reasonable due process. Depending upon the seriousness of a given situation, **individual sanctions for violation of University alcohol and other drug policies will include: expulsion, suspension, disciplinary probation, disciplinary reprimand, restitution, mandatory drug testing, dismissal from University housing, housing probation, work or research projects, and restrictions on further use of University facilities**. Generally, students charged with an alcohol violation of campus policy or state law must enroll in a six week educational intervention program. Students may be held accountable by both civil authorities and University authorities for acts which constitute violation of law and University policy.

ALCOHOL PREVENTATIVE AND EDUCATIONAL PROGRAMS

* Each fall the University sponsors its annual **Alcohol Awareness Week** which includes several events and activities designed to increase the students' awareness of alcohol abuse. RAs plan programs in the residence halls emphasizing the effects of alcohol and substance use. This year Alcohol Awareness Week is scheduled for late October.

* The **Health Center offers a variety of literature and educational programs** including "Where the Good Times Are," a guide to alcohol- free events and activities for college students in the Washington, DC metropolitan area. Any student group or RA can request a presentation by Health Center peer educators about a variety of alcohol issues.

* The University has a very active **GAMMA chapter** (Greeks Advocating Mature Management of Alcohol) which provides late night programs offering pizza and educational information. GAMMA also provides a number of educational sessions at Greek organizations throughout the year.

* Through the University's **Greek Vision Plan**, each chapter is required to hold at least one alcohol awareness program per year.

* The University continues to address a growing demand for safe and attractive alternatives to drinking. Three years ago the University embarked on a **weekend programming initiative** which continues. Each weekend during the semester we hold a number of alcohol-free programs on campus ranging from concerts each Friday evening to midnight movies in the Student Union.

* Finally, for recurrent abusers who express a desire for assistance, the University offers both **individual and group substance abuse counseling and chemical dependency treatment** including Alcoholics Anonymous and Narcotics Anonymous.

* The **Department of Public Safety** has received two sizable national grants totaling $275,000 to target underage drinking and irresponsible drinking. They are partnering with the Health Center to develop new programs and strategies.

Prepared by the Office of the Vice President for Student Affairs
April 3, 2002

Alcohol Talking Points

The University **is concerned** about the abuses of alcohol by young people, especially our students.

Solving the problem of underage alcohol abuse is a very difficult undertaking as we live in a culture where alcohol has such a pervasive presence. We know that in the end, what is involved is **responsible personal decision-making, a critical element of the human development process** that starts shortly after birth, continues for 16-18 years at home, and further continues at the University.

We encourage students to **think critically, make important decisions about their beliefs and values, and to act accordingly**. Through structuring formal and informal educational experiences for students, we help to prepare students for the world beyond college. We try to increase awareness of potentially harmful situations, and encourage safe, smart life choices. **Decisions about the use of alcohol are among the choices facing each student.**

As a starting point, the University of Maryland **does not support or encourage underage alcohol use, nor do we tolerate the excuse of drunkenness for any inappropriate behavior by anyone**. Of course, we are not capable of monitoring the personal consumption behavior of 33,000+ students. We do, however, seek to influence behavior first by clearly stating our expectations, and we do so in a variety of ways:

- In mid-October, all undergraduate students at the University, received the **2001-2002 Student Alcohol and Other Drug Policy and Resource Guide** from the Office of the President. This eight page booklet contains the official student drug and alcohol abuse policy, prohibited activities involving drugs and alcohol, health risks, campus and community resources, substance abuse prevention, and treatment program information.

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possession or distribution of alcohol by students on University premises or at University sponsored activities (including events at Greek houses). This policy prohibits the possession or use of alcohol by any student under the age of 21 or the furnishing of alcohol to any person known to be under the age of 21.

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- Policies are established to define expectations, prevent violations and establish sanctions for infractions that can be assigned following reasonable due process. Depending upon the seriousness of a given situation, **individual sanctions for violation of University alcohol and other drug policies will include: expulsion, suspension, disciplinary probation, disciplinary reprimand, restitution, mandatory drug testing, dismissal from University housing, housing probation, work or research projects, and restrictions on further use of University facilities**. Generally, students charged with an alcohol violation of campus policy or state law must enroll in a six week educational intervention program. Students may be held accountable by both civil authorities and University authorities for acts which constitute violation of law and University policy.

In addition to stated policy positions and enforcement procedures, the University has in place several **preventative and educational programs**:

* Each fall the University sponsors its annual **Alcohol Awareness Week** which includes several events and activities designed to increase the students' awareness of alcohol abuse. RAs plan programs in the residence halls emphasizing the effects of alcohol and substance use. This year Alcohol Awareness Week is scheduled for late October.

* The **Health Center offers a variety of literature and educational programs** including "Where the Good Times Are," a guide to alcohol- free events and activities for college students in the Washington, DC metropolitan area. Any student group or RA can request a presentation by Health Center peer educators about a variety of alcohol issues.

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* Through the University's **Greek Vision Plan**, each chapter is required to hold at least one alcohol awareness program per year.

* The University continues to address a growing demand for safe and attractive alternatives to drinking. Three years ago the University embarked on a **weekend programming initiative** which continues. Each weekend during the semester we hold a number of alcohol-free programs on campus ranging from concerts each Friday evening to midnight movies in the Student Union.

* Finally, for recurrent abusers who express a desire for assistance, the University offers both **individual and group substance abuse counseling and chemical dependency treatment** including Alcoholics Anonymous and Narcotics Anonymous.

* The **Department of Public Safety** has received two sizable national grants totaling $275,000 to target underage drinking and irresponsible drinking. They are partnering with the Health Center to develop new programs and strategies.

Our overarching goal is to encourage our students to comply with university standards and policies and take maximum advantage of the educational and social opportunities offered on our campus. We hope that they will get a valuable education, become invested in the campus community, and develop into responsible adults who will go out and make a difference in the world.

We remain committed to promoting students' health and safety in as many ways as reasonably possible. We adjust our response to underage drinking year to year as new, more effective ways of informing and educating students emerge. However, the educational experience of students benefits from a collaborative approach. Parents, students, University staff and faculty must work together to facilitate each student's individual and social development and education.

Data and Trends:

- In a National College Health Assessment conducted on campus in 2001, 23.1% of all undergraduate students reported never using alcohol and 14.9% had not used alcohol in the last 30 days. Less than 1% of students reported daily alcohol use. **Message: Not all students use and abuse alcohol.**

- 64.2% of undergraduate students reported NOT consuming five or more drinks at one sitting during the past two weeks. **Message: Most students are not drinking excessively.**

- During the last school year, 23.8% of students usually or always chose not to drink alcohol at a party. 35.9% of students usually or always had a friend monitor their consumption, 62.2% of students usually or always kept track of how many drinks they consumed, 24.4% of students usually or always drank less than one drink per hour, and 38.4% of students usually or always avoided drinking games. **Message: When students do drink, they are exhibiting safe, responsible decision-making behavior.**

- **A comparison of UM survey results with a national survey of drug use among college students indicates that levels of alcohol use among UM students are similar to those found among college students nationwide.**

- 74.7% of UM student alcohol users reported first use before age 18. **Message: Patterns of student alcohol use and abuse begin before college.**

- **Student alcohol use has remained consistent over time - both nationally and on campus.**

Enforcement Efforts:

- Calendar Year 2000
  Total Alcohol Incidents - 130
  Total Alcohol Citations Issued - 239

- Calendar Year 2001
  Total Alcohol Incidents - 208
  Total Alcohol Citations Issued - 402

- Calendar Year 2002 (Year to date)
  Total Alcohol Incidents - 64
  Total Alcohol Citations Issued - 138

* Incident = event or party, Citation = individual student

There are numerous factors that have contributed to marked increases in reported alcohol violations. Most of these factors that have resulted in increased referrals and arrests of violators of the alcohol laws have been precipitated by the national attention being given to the abuse of alcohol on college campuses, and influenced by increased civil liability of institutions for failing to act to deter alcohol abuse.

The goal of the Department of Resident Life and Department of Public Safety efforts has been to subject these violators to formal and informal interventions designed to change behavior. In particular, Resident Life **doubled the number of Resident Assistant's per floor** in on-campus housing. This staffing increase has resulted in increased vigilance and enforcement of rules and regulations concerning the possession and use of alcohol and drugs in campus residence halls and has allowed Resident Life to closely monitor student activities

Resident Life has also placed **greater emphasis on staff training in the residence halls through joint training sessions with the Department of Public Safety** focusing on the identification of illicit behavior related to the use of alcohol and drugs. This heightened sensitivity to the use of drugs and alcohol in residence halls has necessarily resulted in higher numbers of Judicial Programs referrals and the solicitation of police intervention in parties that have gotten out of control.

Additionally, the **Resident Director position has increased to a full time staff position**. The Resident Directors now have heightened awareness of activities occurring within their residence halls and are more apt to intercede in instances where illicit drugs and alcohol are being used. The result of this factor has been an increase in staff/student confrontations on the use of illicit drugs and alcohol.

Department of Public Safety Initiatives

The Police Services Bureau launched an Alcohol Abatement Initiative at the beginning of the Fall 2000 semester. The initiative endeavors to reduce and curb alcohol abuse and binge drinking at the University of Maryland, as measured by alcohol-related incidents and offenses reported by the police. The initiative includes the following three facets:

Enforcement

- **Aggressive enforcement of alcohol-related laws and policies, particularly as they apply to underage drinking, fake ID's, drug use, and public drinking**. Enforcement of illegal alcohol parties in residence halls has been effectively managed through a new enforcement strategy known as "Controlled Dispersals" during which the police arrive at a room staging an illegal alcohol party and respond in a pre-planned manner designed to properly manage the incident.

Education

- **Proactive education of students concerning harmful consequences of alcohol abuse and underage drinking**. Besides traditional venues of education, including public presentations and the distribution of pamphlets and brochures, the initiative incorporates creative, non-traditional mediums for educating students. These include "Meet & Greets," alcohol-free social events, and athletic competitions which actively engage students with police in social, non-adversarial environments in which officers have an opportunity to provide students with information on alcohol abuse and underage drinking.

Community Networking

- **Identification of shared stakeholders; those other university departments who have a vested interest in the goals of the initiative, and who may offer resources and expertise toward accomplishing the stated goals**. This facet was primarily accomplished through the formation of an alcohol coalition that has met on a regular basis. Departments represented include: Public Safety, Health Services, Athletics, Campus Recreation, University Chaplains, Counseling Center, GAMMA, Resident Life, Campus Programs, Judicial Programs, and the Governor's Office of Crime Control and Prevention. The coalition has met three times since its formation in the fall.

Citations in lieu of Arrests:

The controlled use of citations in lieu of arrest gives police officers the ability to introduce District Court involvement in alcohol offenses without necessitating a custodial arrest. Individuals found in violation of alcohol offenses are charged on the scene and released on their own recognizance by the charging officer. Additionally, this tool has been used successfully in dispersing parties in which underage drinkers are found. The method has been so expedient, that it is not unusual for a "controlled dispersal" team to arrive at a major party, write citations to all violators at the party, and be back in service on community patrol within a 30-minute period. **This method has been used effectively, and accounts for increases in arrest statistics,** during alcohol related problems at home football games starting in the Fall 1999 football season. It became apparent that the historically accepted tailgates at the football games had become an excuse for full-scale parties in which attendees drank to excess. Problems associated with extremely intoxicated groups began to manifest in fights, alcohol poisoning, and other alcohol related injuries. The citation in lieu of arrest was used to bring these uncontrolled gatherings under control and this success is apparent in the reduction in alcohol related problems and incidents at these events. Use of this method at the football games is also a contributing factor in the increase in alcohol related arrests starting in 1999.

Judicial Programs referrals continue to be used extensively, and effectively, to curb alcohol abuse. All students arrested for alcohol violations are also referred to the Office of Judicial Programs as a matter of policy. The Department of Resident Life does the majority of Judicial Program referrals for alcohol violations and exclusively provides less formal interventions in the form of mandatory community service and alcohol/drug counseling.

The effectiveness of citations in lieu of arrest has been proven effective in dealing with problems at football games and in curbing alcohol violations in the fraternity areas on campus. After the Department of Public Safety began proactively using this tool at these two specific venues, **the alcohol problems at both the football games and the fraternity houses were drastically curtailed to the point that alcohol problems in these areas have gone from the norm to a sporadic occurrence**.

Prepared by the Office of the Vice President for Student Affairs
February 20, 2002

Statement Of
Catherine Bath, Program Director
Security On Campus, Inc.
http://www.campussafety.org/

"Under the Influence: The Binge Drinking Epidemic on College Campuses" hearing before the United States Senate Governmental Affairs Committee

Wednesday, May 15, 2002
342 Dirksen Senate Office Building

We at Security On Campus, Inc. (SOC) commend Senator Lieberman's and this committee's swift response to the epidemic problem of binge drinking on college and university campuses by convening a hearing on the subject. SOC is a national non-profit, grassroots organization devoted to making American college and university campuses safer places.

My son, Raheem, died of aspiration pneumonia in 1999 following a binge drinking incident. Raheem was in his junior year pursuing a double major in Engineering and Economics at Duke University when he died. At first his death was billed as "overwhelming pneumonia", but two months later, when another student landed in the same hospital with the same condition, alarmed Duke University administrators went public with the real cause of his death.

Raheem's death spurred a flurry of media attention over lax administrative college policies and the inadequacies of programs addressing student alcohol-related problems on campus. My son's death becoming so public forced me into making a decision whether or not to talk to the press. I decided to talk in an effort to spare other parents the nightmare of losing a child to alcohol-related causes.

When my son died, I looked for someone to blame, but after looking deeply and sincerely into my heart I realized that if I wanted to blame anybody it would be American Society for condoning drinking. You're not cool if you don't drink. That is the way it is for the most part, and all the beer advertising paints a glamorous picture of alcohol. It is dangerous, especially in excess!

I never thought I could lose my only son. Nothing in my life had prepared me for the nightmare of losing my wonderful boy! Raheem was a handsome, brilliant young man. He was my joy. I have a deep understanding of the "It can't happen to me" mentality - because I had it! I never dreamed that I would lose a child - that happened in other families, not in mine.

I feel that God has given me the opportunity to deal with my personal tragedy by becoming an advocate for societal change in attitudes toward alcohol. Security On Campus, Inc. provides the support for me to honor my son's memory by becoming an agent of positive change.

At Security On Campus, Inc. we track campus crime on a nationwide basis, and campus crime victims call us from across the country for advice. We get many calls from victims of sexual assault or rape. Often we find that alcohol is involved. We started seeing the picture of alcohol consumption by underage college students as a big part of the problem.

We produced two alcohol education documentaries that we have distributed to over 15,000 colleges, high schools and substance abuse counselors. Our goal is not to eliminate drinking. Our goal is to reduce the incidence of high risk drinking among college students.

Should we be surprised at the high percentages of college and high school students experimenting with alcohol and engaging in high risk drinking? Our children, just by the privilege of living in America and growing up watching TV – have been exposed to the alcohol industry's public service announcements most of their young lives. Other than the alcohol industry's public service announcements to party with beer, bond with beer, be fun, popular and successful with beer (Also Known As: beer commercials) they have had virtually no other education about alcohol.

S. 866, and the House companion H.R. 1509, the "National Media Campaign to Prevent Underage Drinking Act of 2001" remain stuck in committee. This society is set up in such a way that only the strongest, most exceptional individuals can possibly make an informed choice about alcohol. All of the efforts to affect some change in this culture are very grassroots and subverted at every juncture by the alcohol industry, a very powerful and cash rich presence and force at

every level, including governmental. In fact, the alcohol industry is lobbying hard right now, this week, to try and get H.R. 1305 passed in congress. H.R. 1305 is a bill to roll back the federal beer tax to its 1951 level. Ludicrous. We should be raising taxes on beer to discourage our students from binge drinking. Studies have shown that raising alcohol taxes will cut down on amount of alcohol consumed by college students. (Sloan, F. A., Reilly, B.A., & Schenzler, C. (1995). *Effects of tort liability and insurance on heavy drinking and drinking and driving.* Journal of Law and Economics, 38(1):49-77)

The liquor industry spends well over a billion dollars a year to rope in young viewers. (*1998 Beer Impact*, *supra* note 1, at 321 (Table 7-3)). Additional sources of data regarding alcohol advertising expenditures include *Liquor Handbook*, *Wine Handbook* and *Beer Handbook* (published annually by Adams Business Media). Especially targeted are our 16 - 25 year old young men. You can't watch a football game without watching many, many beer commercials. They have brainwashed so many young people to think that beer is the solution for problems in life. Beer is the solution for our socializing. The liquor industry has one objective for airing those commercials. To hook young people and hopefully make them a life long consumer of their highly addictive substances.

Drinking does cause permanent, irreversible brain changes to the still developing brain of under 21-year-olds. Alcohol is by far the drug of choice for young people in middle school, high school and college. It's legal for adults 21 years of age and older. Alcohol kills six times as many people as all the other illegal drugs combined.

Alcohol is a dangerous drug. Why are alcohol advertisers not required to issue a long list of warnings (the truth) on TV? Why are they allowed to advertise such a dangerous drug to our children at all?

Security On Campus, Inc. (SOC) was founded by Howard and Connie Clery as a national non-profit organization in 1987 to educate students and parents about the dangers of campus crime, assist other victims with counseling and legal assistance, combat alcohol and other drug abuse, and work to improve the level of security at campuses across the country.

In 1990 the Clerys and other families of victims persuaded the U.S. Congress to enact the "Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act" (originally the Campus Security Act) that requires colleges and universities to report campus crime statistics to their students and employees. We have been instrumental in the passage of more than 30 state laws and six federal laws. Our entire Board of Directors is made up of victims of violent campus crimes, 90% of which are alcohol and/or drug related. (80% are student-on-student crimes.)

Yes, we have saved lives and we can help you to save many more by working together.

Congratulations, and let us know how we can help you and your committee.

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