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ABSTRACT

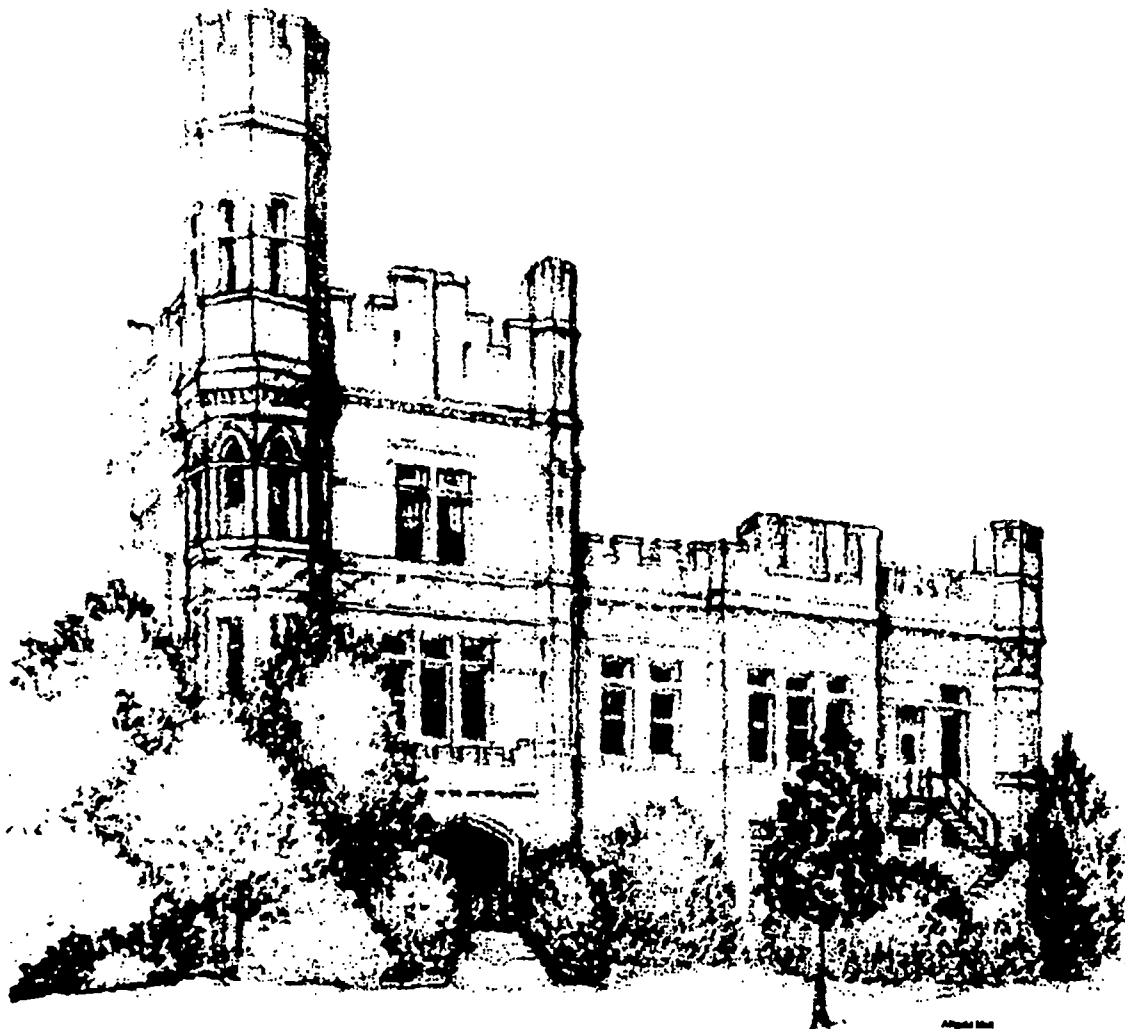
In response to the Drug-Free Schools and Communities Act of 1986 a national study of alcohol use on college campuses was undertaken from 1989 to 1991. The study used the Core Alcohol and Drug Survey which was administered to students at 56 four-year institutions and 22 two-year institutions for a total student count of 56,361. For a longitudinal analysis, matched samples from 37 institutions that completed both pre- and post-tests were used. Analysis of the data indicated that alcohol is the primary "drug of choice" of American college students; that often students are unsure of their colleges' stand on alcohol and drug policies; that only 47 percent believe that their campuses actually enforce their policies; that 33 percent of students do not want alcohol available at campus events and that 87 percent do not want other drugs available. Trends from 1989 to 1991 showed a slight decrease in the average number of drinks consumed per week, and in the number of alcohol binges in the last two weeks. In addition, there was a 33 percent increase in the number of students reporting an awareness of campus alcohol and drug prevention efforts. The document illustrates the findings with bar graphs and explanation. Appendixes contain the core instrument and a table showing characteristics of the population surveyed. (JB)

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ED 350 931

Alcohol and Drugs on American College Campuses

A Report to College Presidents



Alfred East

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Cheryl Presley

Cheryl A. Presley, Ph.D.
Philip W. Meilman, Ph.D.

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Introduction

The foremost responsibility of any society is to nurture and protect its children. In America today, the most serious threat to the health and well-being of our children is drug use.

—*Schools Without Drugs*, U.S. Department of Education, 1986

A Brief Background

The use of alcohol and drugs in the last 25 years has become a major societal problem. But in what ways? And at what costs? For years, research in the field of collegiate substance abuse was limited in its ability to make comparisons among campuses and over time. Until now it has been difficult to identify the nature, scope, and consequences of alcohol and drug use in ways that were useful for individual institutions and that would assist administrators in making informed decisions supportive of the educational missions of their campuses.

In response to the pressing need to address the problem of drugs on our campuses, the federal government implemented the Drug-Free Schools and Communities Act of 1986. This legislation, and the ensuing Amendments of 1989, set money aside for drug prevention initiatives in higher education. Based upon that mandate, the U.S. Department of Education's Fund for the Improvement of Postsecondary Education (FIPSE) Drug Prevention Program held its first competition for substance abuse prevention programs in 1987.

FIPSE-funded grantees soon realized that program accountability and the assessment of the campus environment with regard to the use of alcohol and other drugs was restricted due to the lack of an appropriate measurement instrument which could provide accurate information. Consequently, a committee of FIPSE grantees was organized and this committee, in turn, developed the Core Alcohol and Drug Survey. This reliable and valid survey instrument took a full year to develop. (See Core User's Manual, third edition.) The findings presented in this report are based upon Core Survey data collected in 1989–1991 by FIPSE-funded colleges and universities which were initially funded in 1989. This represents the largest database on the nature, scope, and consequences of alcohol and other drug use by students enrolled in colleges and universities.

The Database

In 1989, the Core Alcohol and Drug Survey was made available for the first time. Of the 105 institutions who received grant awards in 1989, 96 two- and four-year institutions administered the Core Survey. Seventy-eight institutions used random sampling techniques to collect their data and are represented in this report. Of those institutions, 56 were four-year institutions and 22 were two-year institutions. For ease of interpretation, data for two- and four-year institutions are reported separately where appropriate.

For the cross-sectional analyses shown in this report, baseline data from 56,361 students were collected and aggregated from all 78 institutions.

For the longitudinal analyses, the matched samples from 37 institutions that completed pre- and post-tests were used. The pre-test from the 37 matched samples included data from a total of 19,743 students and the post-test included data from a total of 14,542 students.

While only FIPSE-funded institutions initially funded in fiscal year 1989 are represented in this report, we wish to point out that the student demographics are similar to those of American colleges and universities generally, as reported by the National Center for Educational Statistics (NCES) during the same time period.

The Future

It is anticipated that this large database is the beginning of an even larger and more nationally representative database that will present the nature, scope, and consequences of alcohol and other drug use on the nation's campuses. This effort will help improve and support prevention policy and program decision-making.

A monograph which more fully describes this data set will be available in the fall of 1992.

Alcohol and Drugs on American College Campuses

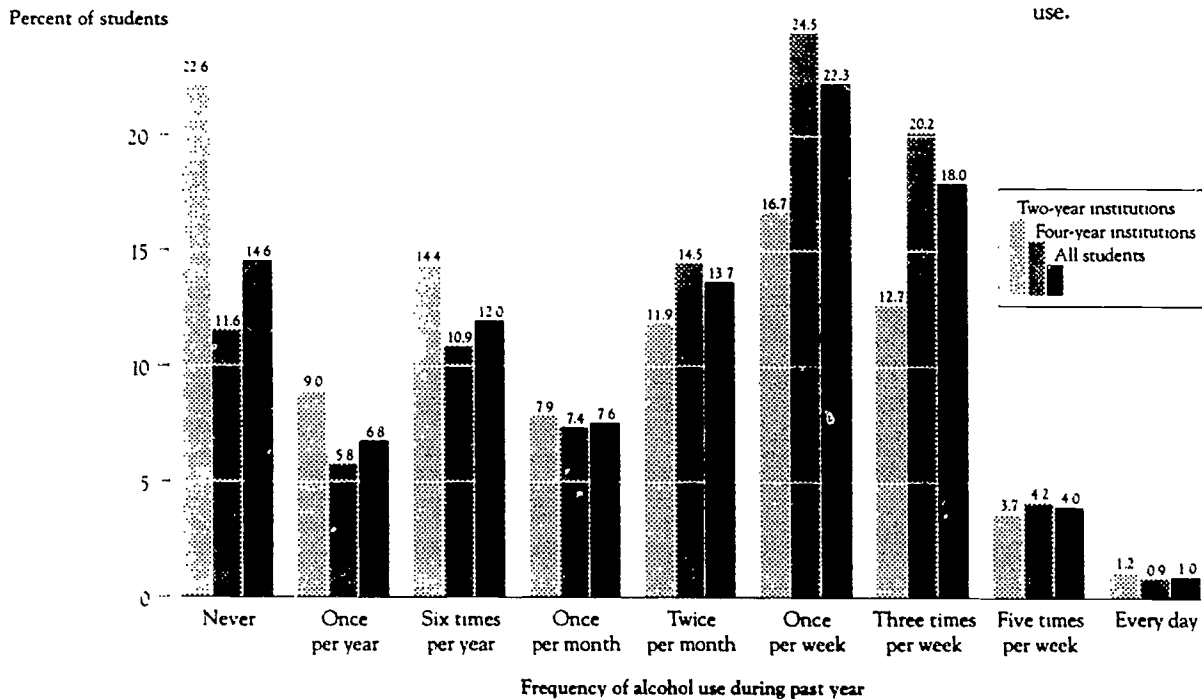
Alcohol

How often do students drink?

Alcohol is the most widely used drug on the college campus. Overall, as shown in Figure 1, 86% of the students reported using alcohol in the last year, and 45% of the students surveyed reported using alcohol on a weekly or more frequent basis.

Figure 1

Frequency of alcohol use.



How much do students drink?

Students across the nation in this survey reported consuming an average of 5.11 drinks per week. Note that 7.8% of the students indicated drinking an average of 16 or more drinks per week. Although not shown below, overall 41% reported that they did not drink alcohol in an average week. Figure 2 provides more detail.

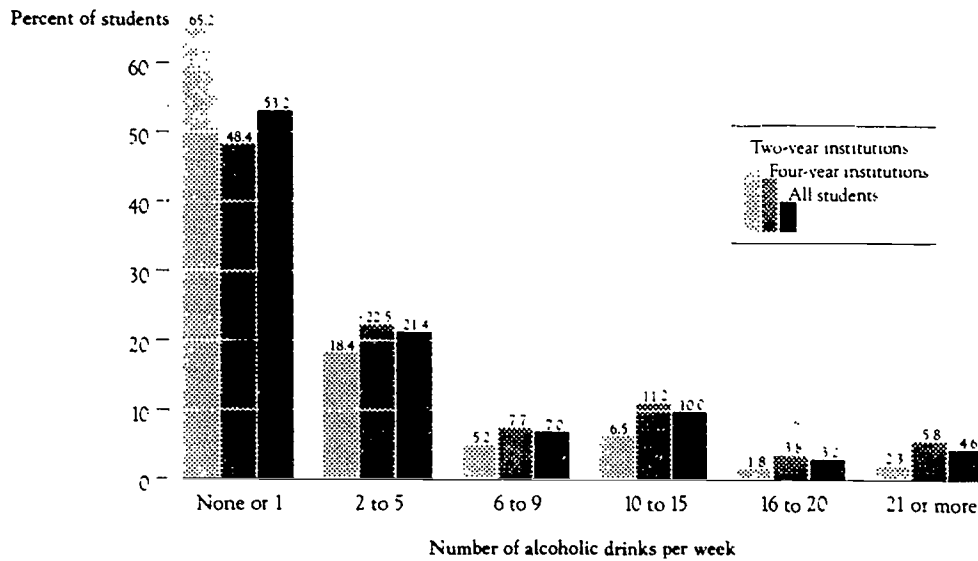


Figure 2

Average number of drinks per week.

What is the relationship between age, institution type, and drinking?

Figure 3 shows the relationship among three variables: type of institution, age of students (traditional vs. non-traditional), and the average number of drinks consumed per week. Note the major distinction between two- and four-year institutions. There is only a small relationship associated with age among two-year college students, but the relationship with age appears quite strong among four-year college students.

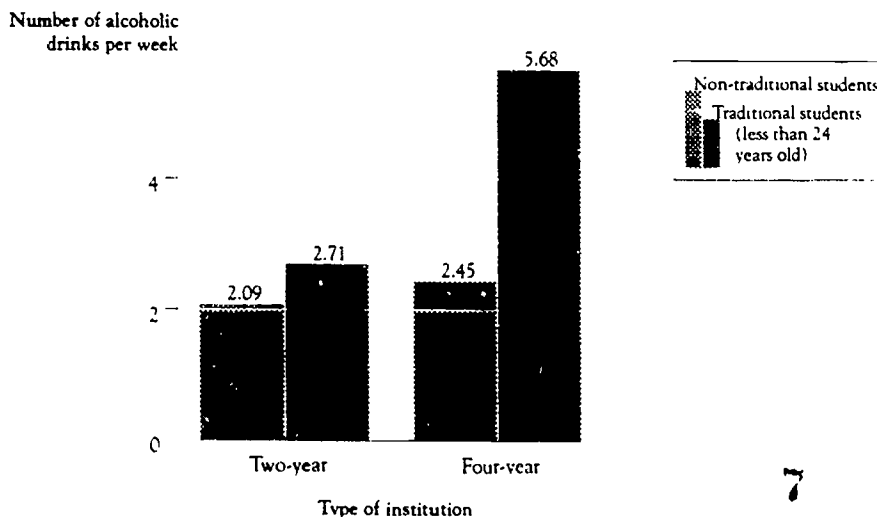


Figure 3

Average number of drinks per week by type of institution and student age.

Does the size of the school make a difference in the amount of drinking at four-year institutions?

Since there is only a small relationship between drinking and age among students at two-year institutions, the following illustration focuses on differences between traditional and non-traditional students attending four-year schools of varying sizes. (See Figure 4.) Alcohol consumption by non-traditional students is much lower than that of traditional students, and their drinking does not vary much by institutional size. For traditional students, however, it appears that institutional size makes a large difference, with students attending institutions of less than 2,500 consuming the most alcohol.

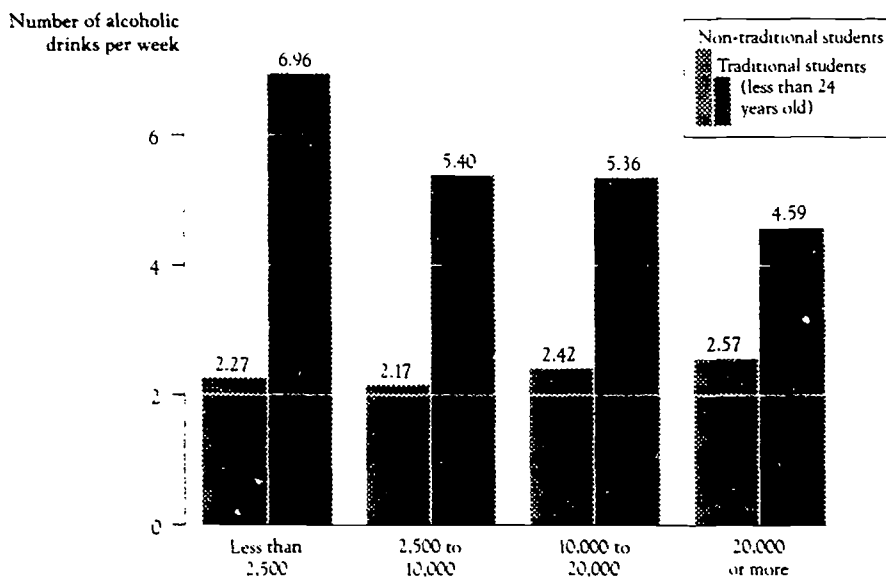


Figure 4

Average number of drinks per week by size of institution and student age (four-year institutions only).

How often do students binge on alcohol?

Overall, 42% of the students surveyed reported having binged in the last two weeks. (See Figure 5.) Binge drinking is operationally defined as the consumption of five or more drinks in one sitting. 28% reported having binged more than once in the last 14 days. 7% reported bingeing more than five times in the last two weeks. (This represents a minimum of 25 drinks per two weeks, and in all likelihood more.) Because binge drinking is frequently associated with residence hall damage, sexual assault, fights, and drunk driving, this finding should be of particular concern to higher education administrators.

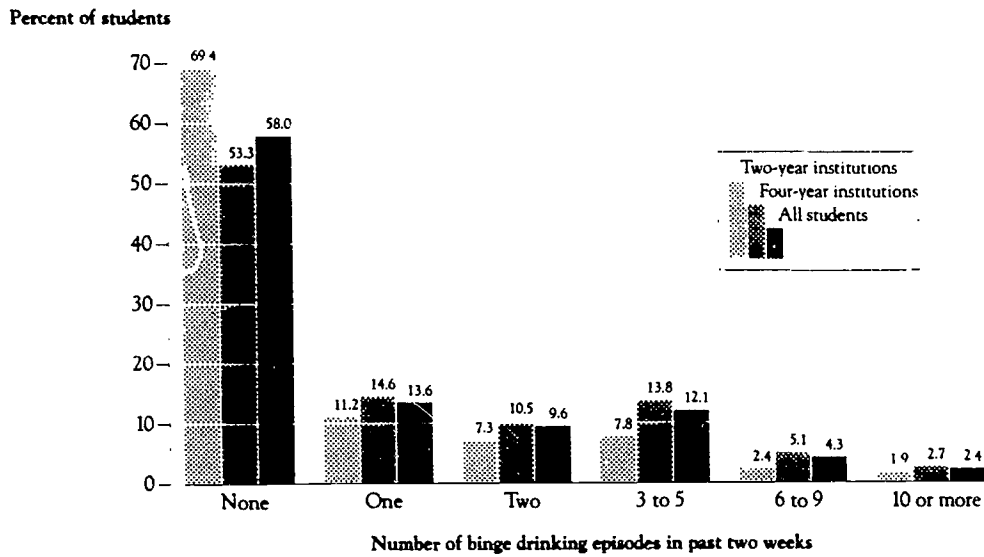


Figure 5

Frequency of consuming five or more drinks (binge drinking) in the last two weeks.

Are there differences between men and women?

Many times averages hide important differences between groups. This is true with respect to binge drinking and gender—which has important ramifications for counseling and prevention programming. As you will note in Figure 6, there are gender differences that become more pronounced as the frequency of binge drinking increases.

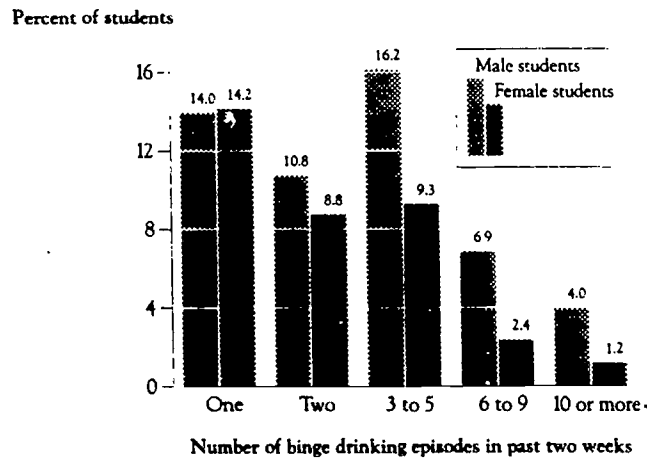


Figure 6

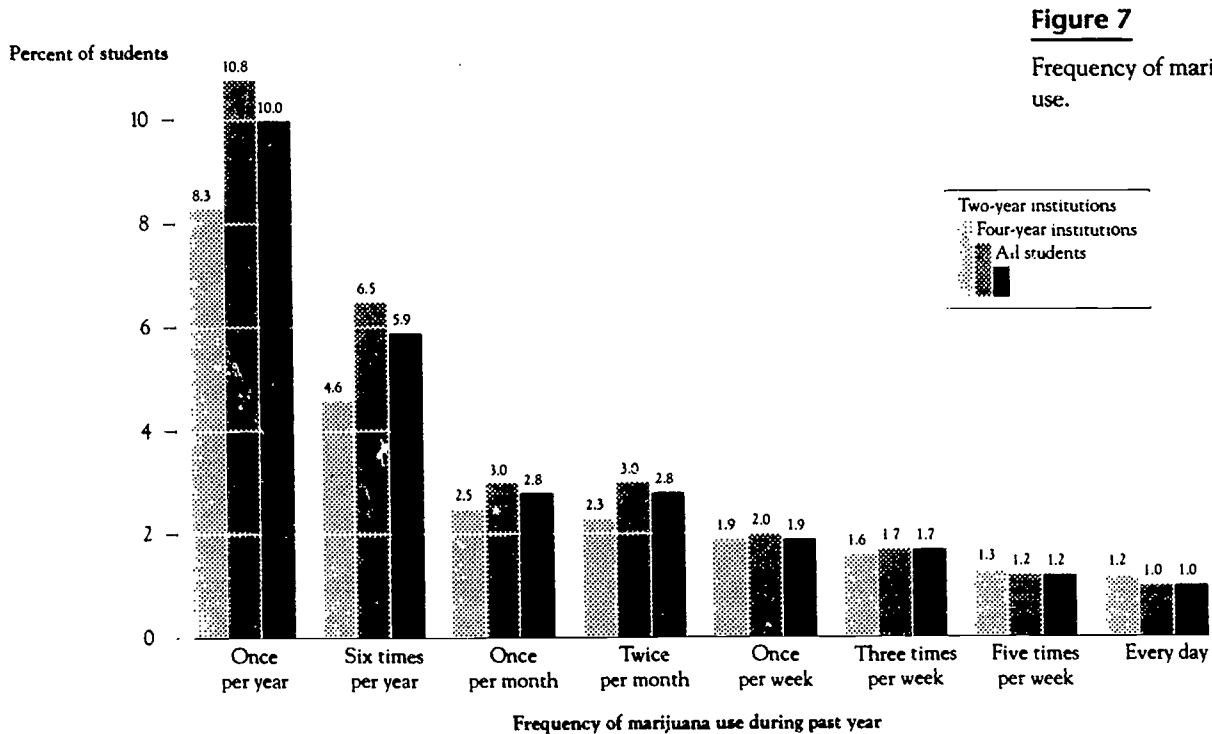
Frequency of binge drinking in the past two weeks by gender.

Marijuana

How often do students use marijuana?

Data indicated 73% of the students reported no use of marijuana in the last year. Figure 7 shows that 21% used marijuana on a less-than-weekly basis and 6% used marijuana on a weekly or more frequent basis.

Frequency of use at high rates has been shown to be associated with short-term memory loss, impairment of brain cell functioning, and problems with sequencing ability, time-sense, and depth perception. These symptoms have a significant negative impact on the learning process.



Additional Drugs of Concern

There is significant national concern over the use of cocaine due to its addictive potential, its expense, and its association with crime. As shown in Figure 8, 6.1% of the students participating in the survey reported cocaine use in the last year, with most use occurring on a less-than-monthly basis.

Figure 8 also lists the percent of students reporting use of various other drugs within the previous 12 months, specifically hallucinogens, amphetamines, sedatives, inhalants, designer drugs, steroids, and opiates.

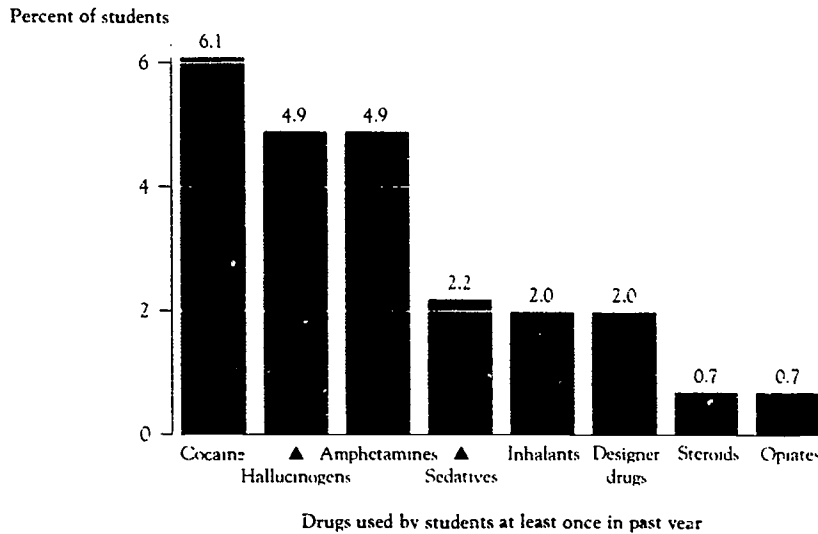


Figure 8

Percent of students using other drugs.

Academic Achievement and Alcohol Use

Figure 9 describes a clear relationship between alcohol use and grade-point average (GPA). As you will note, more frequent involvement with alcohol is accompanied by lower GPAs. This association should be of immediate concern to administrators, faculty, and students.

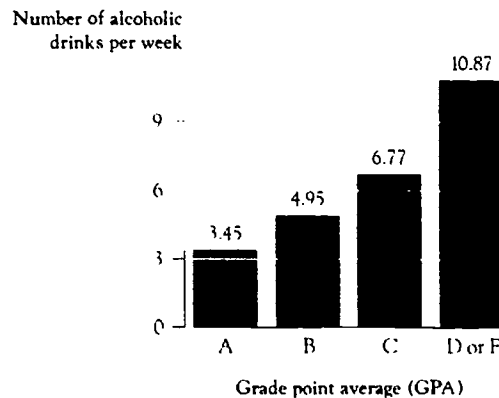


Figure 9

Average number of drinks per week by GPA.

Other Consequences of Alcohol and Drug Use

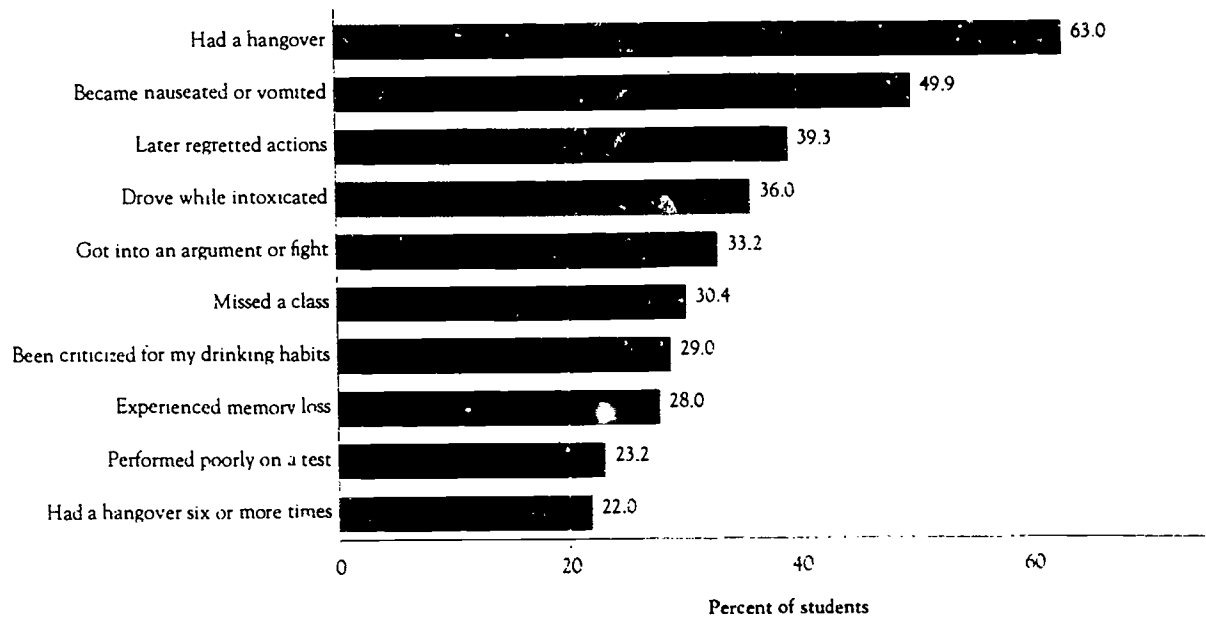
How does alcohol and drug use affect student behavior?

Administrators are concerned with alcohol and drug use because of its potential to disrupt the educational process and the quality of life on campus. Of 17 possible choices in the Core Survey, the ten most frequently noted negative consequences reported by students are described in Figure 10.

Figure 10

Negative consequences of alcohol and drug use within the past year.

Consequences resulting from drinking or drug use experienced by students at least once in past year



Other studies have shown that the consequences of behaviors such as those listed in Figure 10 have had considerable impact on retention, academic failure, dormitory damage, sexual assault, and use of health care facilities.

In addition to the data shown in Figure 10, it is interesting to note that 12% of the students indicated that they believed they had a substance abuse problem.

Where do students use alcohol, marijuana, and cocaine?

On the Core Survey, students indicated the location of their use of alcohol, marijuana, and cocaine. The places of principal use are described in Figures 11 and 12. Please note that due to multiple response options the frequencies reported may exceed 100%. Also note the large differences associated with opportunities for campus use between two- and four-year institutions.

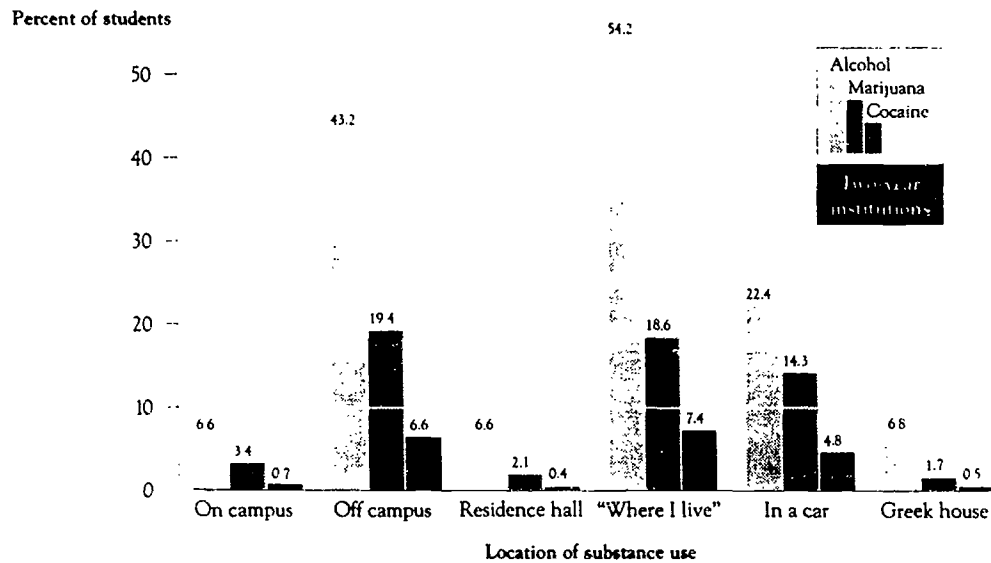


Figure 11
Location of substance use (two-year institutions).

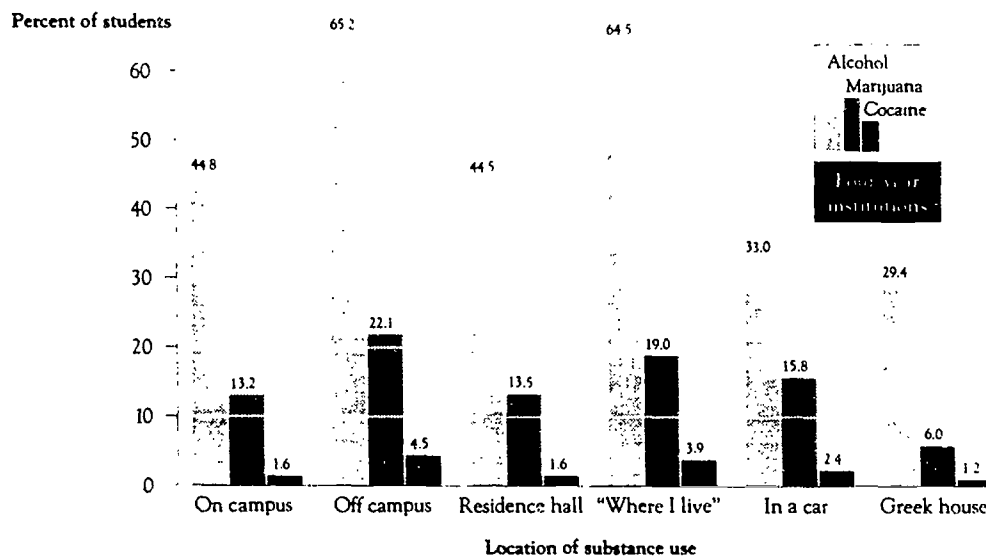


Figure 12
Location of substance use (four-year institutions).

Students' Perceptions of Campus Alcohol and Drug Policies

With the advent of the Drug-Free Schools and Communities Act of 1986 and its subsequent Amendments of 1989 which took effect October 1, 1990, all campuses have been federally mandated to have alcohol and drug policies and to enforce them. This created a need among higher education administrators to consider the extent to which policies and prevention programs have impacted the campus environment and student behavior. Figures 13 through 16 reflect the extent to which such policies and programs were visible to students in the baseline 1989-1990 academic year.

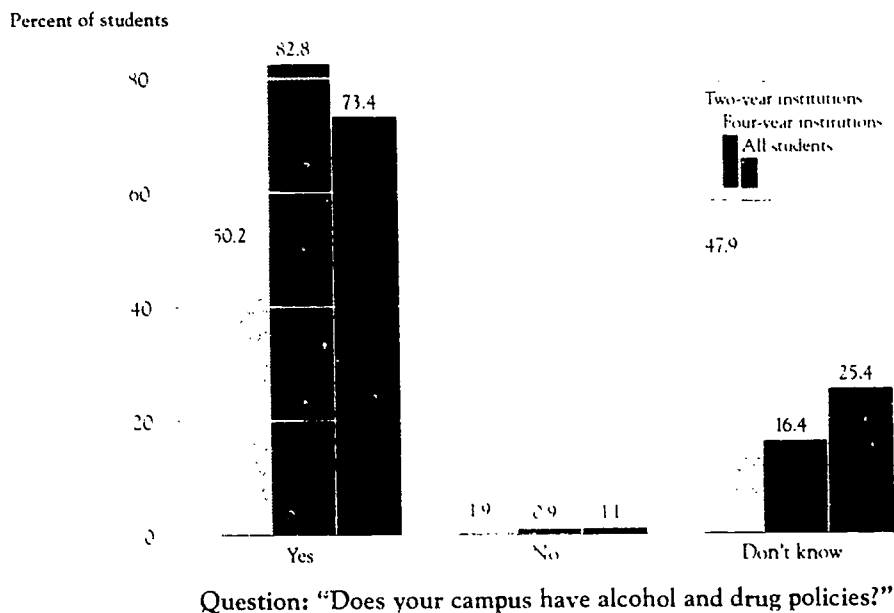


Figure 13
Perception of existence of drug and alcohol policies.

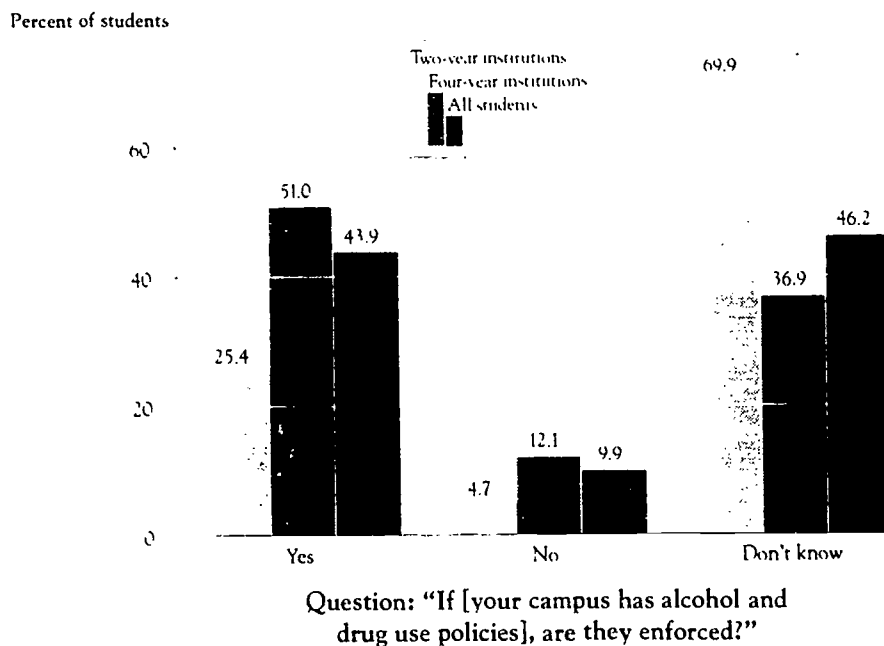
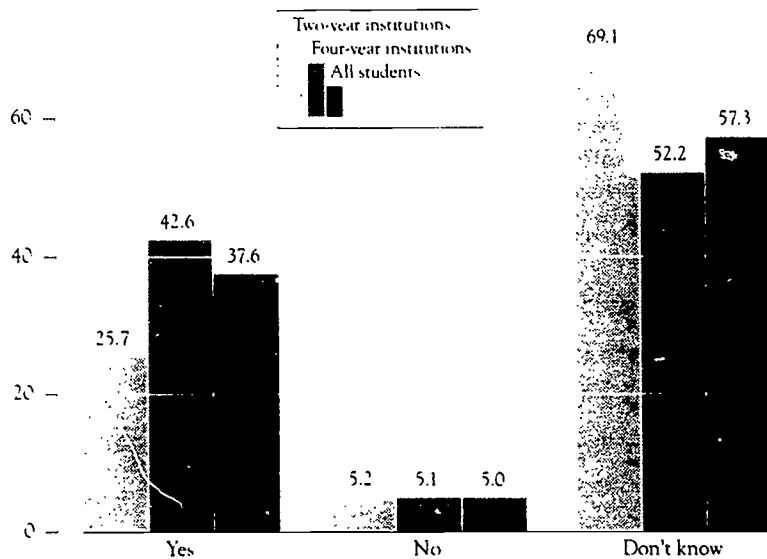


Figure 14
Perception of enforcement of drug and alcohol policies.

Percent of students

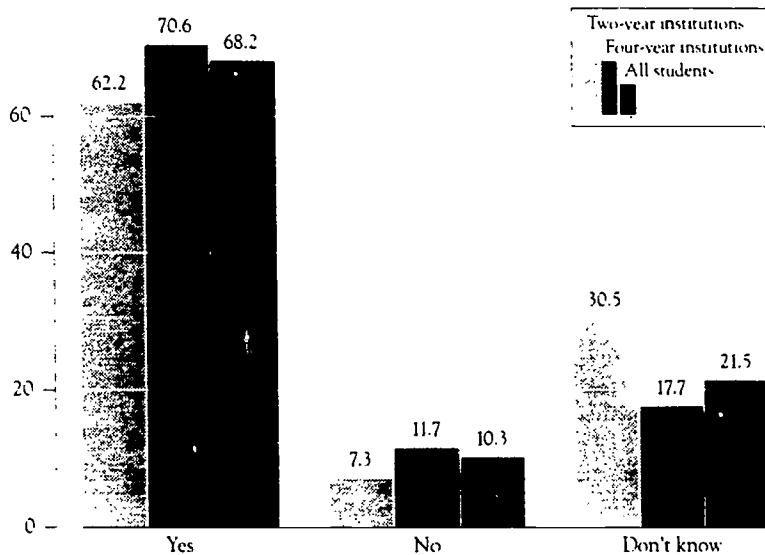


Question: "Does your campus have a drug or alcohol prevention program?"

Figure 15

Perception of existence of campus alcohol and drug program.

Percent of students



Question: "Do you believe your campus is concerned about the prevention of drug and alcohol problems?"

Figure 16

Perception of campus concern about alcohol and drug use.

Student Involvement

Successful prevention programming requires a critical mass of students, faculty, and staff who are committed to and involved in the creation of a drug-free environment. The data in Figure 17 describe the very limited extent to which students are actively involved in these efforts.

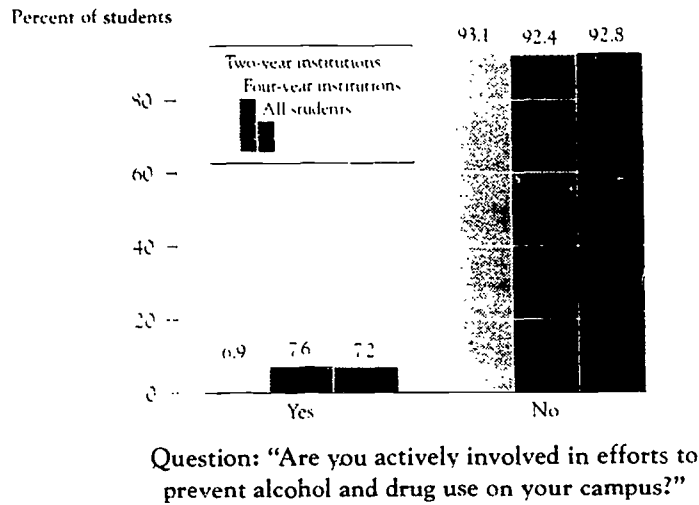


Figure 17

Student involvement in alcohol and drug prevention programs.

Desire for Availability of Alcohol and Drugs

What percent of students want alcohol and drugs available?

A frequently held perception is that college students drink or want to drink, and are ambivalent about other drugs. In contrast, some models of prevention assume that there is a critical mass of students who want to live in an alcohol- and drug-free environment. In order to determine the number of such students, a question was included on the Core Survey which asked whether students would or would not prefer to have alcohol and drugs available and used at social events in and around their campus. Figure 18 indicates their responses. Note that a full third presently indicate they would rather not have alcohol available and used; almost seven-eighths make that statement with regard to other drugs.

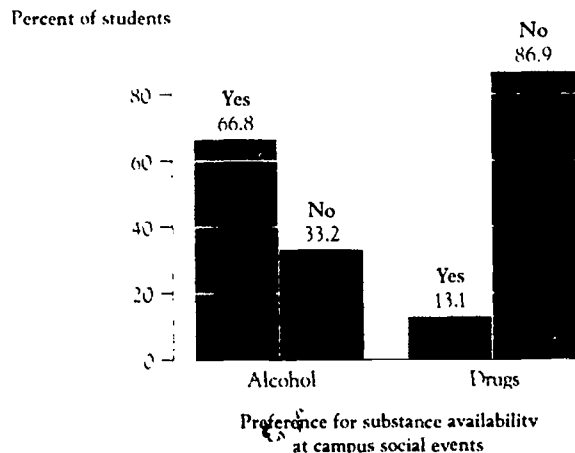


Figure 18

Preference for availability of alcohol and other drugs at social events.

It is also interesting to separate students into the 42% that binge on alcohol and the 58% that do not binge. Nearly 67% of the non-bingeing students would prefer an alcohol-free campus environment and almost 94% would prefer a drug-free environment. These data present a picture of student life that is very different from the conventional myths.

Although previous studies have shown that alcohol is perceived by students as a benign drug and the other drugs are perceived as quite harmful, data from the Core Survey show a linear association between the quantity of alcohol consumed and preference for the availability and use of other drugs in social situations in and around campus.

Figure 19 shows that relationship. Note that as the level of alcohol use increases, the preference for having other drugs available and used also increases.

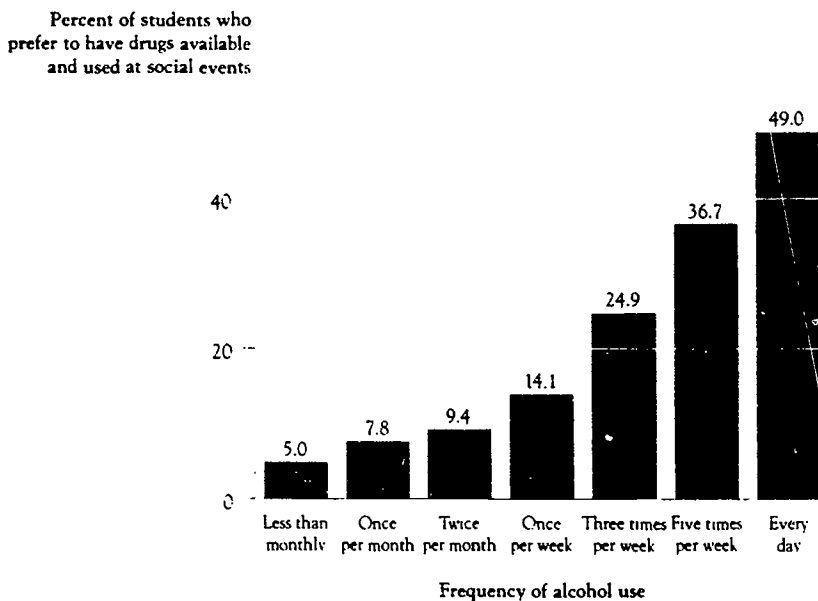


Figure 19

Preference for availability of drugs by frequency of alcohol use.

Characteristics of students who do not want alcohol and drugs available

Some distinctive characteristics of students who do not want alcohol and drugs available at social events are that they are more likely to be married and they are less likely to be binge drinkers. (See Figures 20 and 21.) They also report fewer incidents of regretting their actions at a later time, missing a class, driving while intoxicated, becoming nauseated and vomiting, and having hangovers as a result of their drinking or drug use. (See Figure 22.)

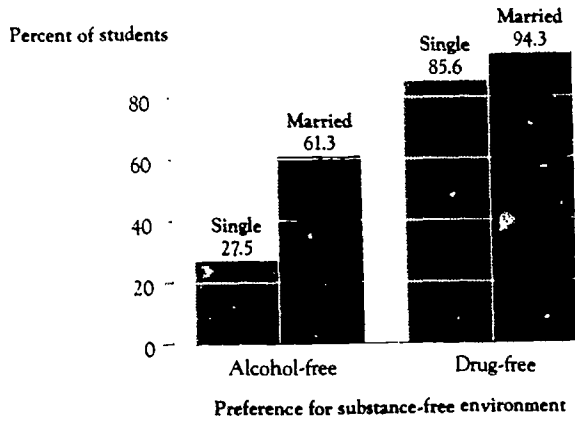


Figure 20

Preference for non-availability of alcohol and other drugs by marital status.

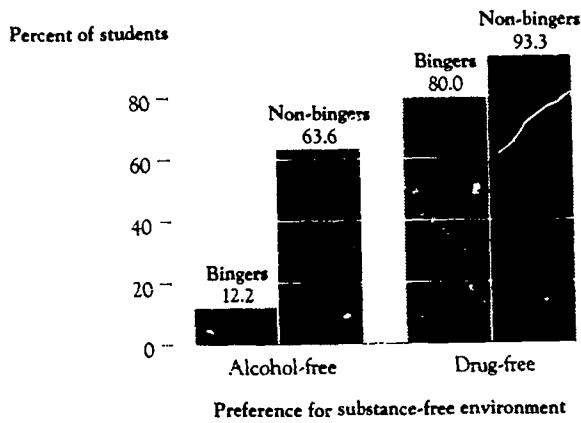


Figure 21

Preference for non-availability of alcohol and other drugs by binge drinking behavior.

Consequences resulting from drinking or drug use experienced by students at least once in past year

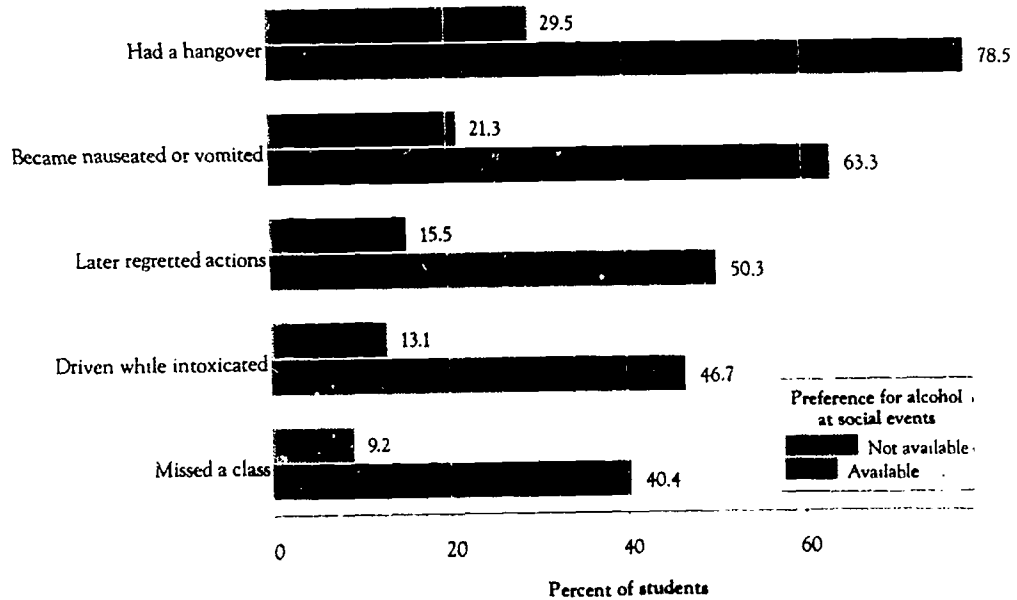


Figure 22

Preference for availability of alcohol and top five consequences of drinking.

Selected Trends in Alcohol and Drug Use Data, 1989–1991

By administering the Core Survey on a repeated basis, it is possible to discern trends over time. What follows is a description of some of the more noteworthy changes which emerged from the analysis of the 37 institutions that completed pre-and post-data collections. We wish to stress that this is a preliminary look at the emerging patterns, and a more complete examination of trends will appear in a forthcoming monograph to be published in the fall of 1992 by the FIPSE Core Analysis Grantee Group.

Perceptions

There was little difference in students' perceptions of their campuses regarding the presence of alcohol and drug policies, the enforcement of those policies, and their institutions' concern about alcohol and drug use over this time period. However, there was a substantial increase in student awareness of campus substance abuse prevention programs, which jumped from 37.6% to 49.2%. This suggests that the FIPSE-funded drug prevention programs are becoming visible on college campuses.

Alcohol and Alcohol Binges

During this time period, there was a decrease in the average number of drinks consumed per week, from 4.95 drinks to 4.80 drinks. Correspondingly, there was an increase in the number of students who reported an absence of binge drinking in the last two weeks, with the percentage of non-bingers rising from 56% to 60%. Thus, more students are choosing not to binge, and the data also indicate that those who do binge are bingeing less frequently.

Students who were involved in alcohol and drug prevention programming consumed less alcohol per week than their peers in 1989 (3.82 drinks on average) and drank still less in 1991 (2.80 drinks). This is likely attributable to the impact of their heightened awareness as they set about the task of educating others and supporting a drug-free environment.

Comment

While the analyses reported here do not establish causality, the presence of FIPSE programs during the pre-post period strongly suggests that these campus efforts are having an impact. Proactive prevention efforts appear to be impacting more strongly on the less-problematic non-committed drinkers. These impacts contribute toward the development of critical masses of students interested in creating substance-free college environments. This focus on environmental change is likely to bring about significant positive effects over time, even on those students at high risk. In addition, the findings noted here may also reduce the risks of accidents and injuries in the short run and the development of addictive problems in the long run.

Conclusions from the 1989–1991 FIPSE Cohort

The data collected support the general view that alcohol is the primary “drug of choice” of American college students, although significant numbers of students are involved with a variety of other drugs. Marijuana, cocaine, hallucinogens, and amphetamines are present on campuses in proportions that present challenges to students, faculty, and administrators.

While there has been a long-standing awareness of alcohol issues as they relate to college students, we can now more fully document the degree to which it is used. We can also document the extent to which students engage in binge drinking, a particularly dangerous practice associated with violence, crime, drunk driving, and physical injury. Equally important, academic institutions have perhaps underestimated its effects on the learning process. As indicated in this report, missed classes, poor performance on tests and projects, and academic underachievement are associated with involvement with alcohol. These effects are most likely mirrored with other drugs and exacerbated when alcohol and other drugs are used in combination.

Students are unsure about where their colleges stand on alcohol and drug policies. Approximately three-fourths of the students believe that their campuses have such policies, even though all campuses certify that they have them. Only 47% of students believe that their campuses actually enforce their policies. Only 38% report awareness of campus programs designed to address these issues, although 68% of the students see their campuses as concerned about alcohol and drug abuse. To date, only 7% of the students have been actively involved in efforts at substance abuse prevention.

This report shows that 33% of the students do not want alcohol available at campus events and 87% do not want other drugs available. These numbers represent a potential for changing the campus climate and are an untapped resource for campus prevention programming. These students need institutional support to create the drug-free environment that is now a national priority. The data also show that there are students who need intervention and treatment for substance abuse difficulties if they are to fulfill their educational goals and the educational mission of the institutions which they attend.

The positive trends are that from 1989 to 1991 students reported a slight decrease in the number of drinks consumed per week, and in the number of alcohol binges in the last two weeks. In addition, there was a 33% increase in the number of students reporting an awareness of campus alcohol and drug prevention efforts.

In the last decade, we have witnessed the phenomenon of cigarette smoking becoming increasingly unacceptable. This process has involved large numbers of individuals coming together to make their presence felt. In the university setting, drug and alcohol abuse prevention efforts have the same potential for achieving dramatic results if a critical mass of students can come together to change behavioral norms on campus. We believe that the 33% who do not want alcohol available can provide the nucleus of that new critical mass, and we expect that many others may join them when they realize that a positive social and academic life can exist without the use of alcohol and other drugs. The Core Survey will help us measure the effects of these efforts as we compare data collected in future years with the baseline data outlined in this report.

Appendix A. Core Instrument

Core Instrument

Grantee Group of the Drug Prevention Program | Processed by: UCS/Office of Measurement Services
 University of Minnesota
 2520 Broadway Drive - Room 130
 St. Paul, MN 55113

Please use a number 2 pencil.

For official use only:

A	0	1	2	3	4	5	6	7	8	9
B	0	1	2	3	4	5	6	7	8	9
C	0	1	2	3	4	5	6	7	8	9
D	0	1	2	3	4	5	6	7	8	9
E	0	1	2	3	4	5	6	7	8	9

1. Classification:

- Freshman
- Sophomore
- Junior
- Senior
- Grad/professional
- Not seeking a degree

2. Age:

0	1
2	3
4	5
6	7
8	9

3. Ethnic origin:

- American Indian/Alaskan Native
- Hispanic
- Asian/Pacific Islander
- White (non-Hispanic)
- Black (non-Hispanic)
- Other

4. Marital status:

- Single
- Married
- Separated
- Divorced
- Widowed

5. Gender:

- Male
- Female

6. Is your current residence as a student:

- On-campus
- Off-campus

7. Are you working?

- Yes, full-time
- Yes, part-time
- No

9. Approximate cumulative grade average: (choose one)

<input type="radio"/> A+	<input type="radio"/> A	<input type="radio"/> A-	<input type="radio"/> B+	<input type="radio"/> B	<input type="radio"/> B-	<input type="radio"/> C+	<input type="radio"/> C	<input type="radio"/> C-	<input type="radio"/> D+	<input type="radio"/> D	<input type="radio"/> D-	<input type="radio"/> F
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8. Living arrangement: (mark all that apply)

- Residence hall
- Approved housing
- Fraternity or sorority
- With roommate(s)
- Alone
- With parent(s)
- With spouse
- With children
- Other

10. The primary focus of your coursework at the moment: (choose only one)

- Regular college courses
- Basic skills
- English as a second language
- Other

11. Student status:

- Full-time (12+ credits)
- Part-time (1-11 credits)

12. Campus situation on alcohol and drugs:

	yes	no	don't know
a. Does your campus have drug and alcohol policies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. If so, are they enforced?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Does your campus have a drug and alcohol prevention program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Do you believe your campus is concerned about the prevention of drug and alcohol use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Are you actively involved in efforts to prevent drug and alcohol use problems on your campus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Place of permanent residence:

- In-state
- USA, but out of state
- Country other than USA

14. Think back over the last two weeks. How many times have you had five or more drinks* at a sitting?

- None
- Once
- Twice
- 3 to 5 times
- 6 to 9 times
- 10 or more times

15. Average # of drinks* you consume a week

0	1
2	3
4	5
6	7
8	9

16. At what age did you first use... (mark one for each line)

	Never	10-11	12	13	14	15	16-17	18-25	26+
a. Tobacco (smoke, chew, snuff)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Alcohol (beer, wine, liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Marijuana (pot, hash, hash oil)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Cocaine (crack, rock, freebase)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Amphetamines (uppers, speed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Sedatives (downers, ludes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Hallucinogens (LSD, PCP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Opiates (heroin, smack, horse)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Inhalants (glue, solvents, gas)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Designer drugs (ecstasy, MDMA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Steroids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Other drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*A drink is a bottle of beer; a glass of wine; a wine cooler; a shot glass of liquor; or a mixed drink.

17. Within the last year about how often have you used...
(mark one for each line)

	Never used	Once/month	Two/th month	3 times/week	Every day
a. Tobacco (smoke, chew, snuff)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Alcohol (beer, wine, liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Marijuana (pot, hash, hash oil)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Cocaine (crack, rock, freebase)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Amphetamines (uppers, speed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Sedatives (downers, ludes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Hallucinogens (LSD, PCP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Opiates (heroin, smack, horse)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Inhalants (glue, solvents, gas)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Designer drugs (ecstasy, MDMA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Steroids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Other drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. How many of the students on your campus do you think use...
(mark one for each line)

	None	A few	Many	All
a. Tobacco (smoke, chew, snuff)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Alcohol (beer, wine, liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Marijuana (pot, hash, hash oil)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Cocaine (crack, rock, freebase)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Amphetamines (uppers, speed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Sedatives (downers, ludes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Hallucinogens (LSD, PCP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Opiates (heroin, smack, horse)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Inhalants (glue, solvents, gas)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Designer drugs (ecstasy, MDMA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Steroids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Other drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Where have you used...
(mark all that apply)

	Never used	On campus	Off campus	Both	Other
a. Tobacco (smoke, chew, snuff)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Alcohol (beer, wine, liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Marijuana (pot, hash, hash oil)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Cocaine (crack, rock, freebase)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Amphetamines (uppers, speed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Sedatives (downers, ludes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Hallucinogens (LSD, PCP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Opiates (heroin, smack, horse)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Inhalants (glue, solvents, gas)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Designer drugs (ecstasy, MDMA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Steroids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Other drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Please indicate how often you have experienced the following due to your drinking or drug use during the last year...
(mark one for each line)

	Never	Once	2-5 times	6-9 times	10 or more times
a. Had a hangover	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Performed poorly on a test or important project	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Been in trouble with police, residence hall, or other college authorities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Damaged property, pulled fire alarm, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Got into an argument or a fight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Got nauseated or vomited	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Driven a car while under the influence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Missed a class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Been criticized by someone I know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Thought I might have a drinking or other drug problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Had a memory loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Done something I later regretted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Been arrested for DWI/DUI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Have been taken advantage of sexually or have taken advantage of another sexually	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Tried unsuccessfully to stop using	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Thought about or tried to commit suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Been hurt or injured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Have any of your family had alcohol or other drug problems: (mark all that apply)

<input type="radio"/> Mother	<input type="radio"/> Mother's parents
<input type="radio"/> Father	<input type="radio"/> Father's parents
<input type="radio"/> Stepmother	<input type="radio"/> Aunts/uncles
<input type="radio"/> Stepfather	<input type="radio"/> Spouse
<input type="radio"/> Brothers/sisters	<input type="radio"/> Children

22. Some students have indicated that alcohol or drug use at parties they attend in and around campus reduces their enjoyment, often leads to negative situations, and, therefore, they would rather not have alcohol and drugs available and used. Other students have indicated that alcohol and drug use at parties increases their enjoyment, often leads to positive situations, and, therefore they would rather have alcohol and drugs available and used. Which of these is closest to your own view?

	Have available	Not have available
With regard to drugs?	<input type="radio"/>	<input type="radio"/>
With regard to alcohol?	<input type="radio"/>	<input type="radio"/>



Appendix B. Characteristics of the Survey Population

Item	Total	Four-year institutions	Two-year institutions
Classification			
Freshman	34.1 %	32.8 %	39.0 %
Sophomore	24.9	20.8	35.0
Junior	17.4	20.5	7.9
Senior	16.8	20.7	6.1
Graduate or professional	4.3	4.5	4.1
Not seeking a degree	2.4	0.7	6.9
Age			
19 and under	39.0	41.9	32.3
20 or 21	27.5	29.6	21.5
22 or 23	11.1	12.1	8.4
24 or 25	4.8	4.5	5.4
26 to 30	6.6	5.0	10.8
31 to 40	7.2	4.8	13.6
41 and over	3.8	2.1	8.0
Ethnic origin			
American Indian/Alaskan Native	1.4	1.2	2.0
Hispanic	5.4	3.0	11.7
Asian/Pacific Islander	4.7	3.9	6.7
White (non-Hispanic)	81.7	85.7	70.9
Black (non-Hispanic)	5.4	5.2	6.0
Other	1.5	1.0	2.6
Gender			
Female	57.9	57.3	58.7
Male	42.1	42.7	41.3
Place of residence			
On-campus	37.6	49.9	7.1
Off-campus	62.4	50.1	92.9
Employment status			
Full-time	13.5	9.8	23.2
Part-time	47.0	47.2	46.1
Not working	39.5	43.0	30.7

NOTE: Due to rounding, numbers do not always add up to 100%.

About the Committee

The FIPSE Core Analysis Grantee Group was formed in 1988 to develop an evaluation instrument that would assist institutions of higher education in investigating the nature, scope, and consequences of alcohol and drug use on their campuses. The questionnaire the group developed, **The Core Alcohol and Drug Survey**, a statistically valid and reliable instrument, was designed for ease of administration and scoring and is specifically targeted to the postsecondary population. In addition, because it is used on numerous campuses, data from the Core Alcohol and Drug Survey can be aggregated as shown in this report and direct comparisons can be made between an institution and the aggregated totals.

Members of the Committee include individuals associated with FY 1987 and FY 1988 FIPSE institution-wide, drug prevention grants. Committee members represent large and small, two-year and four-year, residential and non-residential, and private and public institutions. The following individuals comprise the working FIPSE Core Analysis Grantee Group:

Committee Members

Cheryl A. Presley, Ph.D., Chair of the FIPSE Core Analysis Grantee Committee, is the Coordinator for Research, Evaluation, and Quality Assurance at the Student Health Program Wellness Center of Southern Illinois University-Carbondale (SIUC). She is the Project Director for the Core Analysis Grant which is responsible for this publication.

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Program Officer

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